

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/03/2019 17:03
Date Of Accident	10/03/2019 13:50
Exact Location Of Accident	ALONG CTE BESIDE BRADDELL RD EXIT 10 B4 PIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW6882M
Insured/Policyholder	
Name Of Registered Owner	LIM KANG HOCK
NRIC No	S1505995H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93892997
Alternative Phone No	OFFICE-93892997

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2018-V8000280-VDP-R008
Cover Note Number	

Driver

Name of Driver	LIM KANG HOCK
NRIC No	S1505995H
Date Of Birth	29/11/1961
Occupation	INDOOR
Date Of Driving Pass	15/08/1979
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93892997
Fax Number	
Contact Number	OFFICE-93892997
Email Address	NOEMAIL

Address	36 JALAN PIRING
Postcode	799189
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	6
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	T/20190311/2085
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU1246Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg. 1

SKETCH PLAN

A- SDW 6882 M
B- SLU 1246 Z
C- SLG 9400 R
D- FBH 2523 D
E- SDG 8883 G
F- GBH 5381 B

Braddell Road Exit 10

F B A C D E

CTE
towards
Changi

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

林江福

Policyholder's Signature
Date & Time:

林江福

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

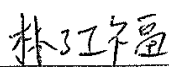
SKETCH PLAN

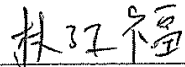
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: +65 6248 2888 Fax: +65 6327 3080



Certificate of Insurance

ORIGINAL

Road Transport Act 1987 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1959 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks and Compensation) Act. (Cap.189 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960. (Republic of Singapore)

FORM MX1

Policy No. : 2018-V8000280-VDP-R008 Risk# : 0001
Policy Type : Drive And Save Plus Cover : Third Party, Fire & Theft

DESCRIPTION OF VEHICLES:

Vehicle Registration : SDW6882M
Vehicle Make & Model : TOYOTA - CAMRY 2.0 AUTO

Name of Insured : LIM KANG HOCK

Period of Insurance : 09-11-2018 (0000 HRS) to 08-11-2019

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

- (a) The Policyholder.
The Policyholder may also drive a motor car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission.
- (c) In the event of the death of the Policyholder; i) any member of the Policyholder's family, or a paid driver who has been driving the car during the lifetime of the Policyholder & permission to drive had not been withdrawn prior to the death of the Policyholder; (ii) any other person who has been given permission to drive the vehicle prior to the death & such permission had not been withdrawn by the Policyholder.

- * Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other trade or business or use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of the Company

Authorised Signature

PVPOLRB1

30-10-2018

Great Eastern General Insurance Limited (Reg. No. 1920 00003W)
(A wholly-owned subsidiary of Great Eastern Holdings Limited)
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659
Tel +65 6248 2000 Fax +65 6532 2214 greasterngeneral.com

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S1505995H**

Name: **LIM KANG HOCK**

Birth Date: **29 Nov 1961**

Issue Date: **05 Jul 2003**

000628599D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1505995H**



Name: **LIM KANG HOCK**

林 江 福

Race: **CHINESE**

Date of birth: **29-11-1961** Sex: **M**

Country of birth: **SINGAPORE**




ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

PASS DATE: **15 Aug 1979**

ss 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Licence No: **S1505995H**



28A

4136010

NRIC No. **S1505995H**

Date of issue: **09-11-2007**

36 JALAN TARI PIRING
SINGAPORE 799189

NRIC No: **S1505995H** Date: **09/08/2012** No: **7118875**



**SINGAPORE
POLICE FORCE**



T/20190311/2085

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 4

Report No. T/20190311/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2019 13:28		Vide Report No.: E/20190310/0159		Station Diary No.: 91	
Informant's Particulars					
Name of Informant: LIM KANG HOCK			Address: 36 JALAN TARI PIRING SINGAPORE 799189		
ID Type / ID No.: NRIC NO / S1505995H			Contact No.: Home/Office: Mobile: 93892997		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 29/11/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Motor vehicle spray painter			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/03/2019 13:50	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY NEAR EXIT 10 (BRADDELL)				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2523D	Motorcycle				Seriously Damaged	0
GBH5381B	Van				Seriously Damaged	3
SDG8883G	Car				Seriously Damaged	0
SDW6882M	Car	TOYOTA	CAMRY 2.0 AUTO ABS AIRBAG	Beige	Seriously Damaged	2
SLG9400R	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190311/2085

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 4

Report No. T/20190311/2085

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU1246Z	Car				Seriously Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDW6882M	OVERSEAS ASSURANCE CORPORATION LIMITED	V8000280	09/11/2010	08/11/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM KANG HOCK		ID No. S1505995H
Related Vehicle	SDW6882M (Car)		Contact No. 93892997
Hospital/Clinic	MY FAMILY CLINIC (RIVERVALE)		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	10/03/2019		Date Discharge 10/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 10/3/19 at about 1350hrs, I was involved in a 6-vehicle collision along CTE on the leftmost lane while driving my car, a light champagne Toyota SDW6882M with 2 passengers inside (wife and son).

I believe the front 2 vehicles were already in an accident before the rest of the vehicles got involved.

The vehicles involved are as follows:

- 1 - SDG8883G
- 2 - FBH2523D (motorcycle)
- 3 - SLG9400R
- 4 - SDW6882M (my car)
- 5 - SLU1246Z
- 6 - GBH5381B

Vehicles 3, 4 and 5 had all avoided getting involved in the accident which 1 and 2 were in.

However, the driver of vehicle 6 then crashed into 5 which caused all the vehicles to surge forward and banging into one another.

The police and ambulance were at scene.

The 2 passengers in Vehicle 6 were conveyed to hospital on the spot. Meanwhile the driver from Vehicle



**SINGAPORE
POLICE FORCE**



T/20190311/2085

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
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3 of 4

Report No. T/20190311/2085

CONTINUATION OF REPORT

3 was placed under arrest by the police.

All the vehicles sustained varying damages.

My wife, son and wife later sought for our own medical attention and were all issues at least 3 days of MC each.

I am lodging this report at instructed by TP IO Jeya, tel: 65476232.



**SINGAPORE
POLICE FORCE**



T/20190311/2085

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

4 of 4

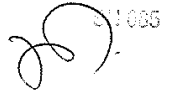
Report No. T/20190311/2085

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt LUBIS RATNO BIN REDWAN	Signature Of Informant: 林江福
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2019 13:28
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case: 
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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