

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	28/01/2020 16:13
Date Of Accident	25/01/2020 16:45
Exact Location Of Accident	SLIP ROAD ALONG MARINE PARADE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV2511E
Insured/Policyholder	
Name Of Registered Owner	GOH KIM LENG
NRIC No	S1644654H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94782283
Alternative Phone No	OFFICE-94782283

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
Exact Purpose for which vehicle was being used at time of accident	
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	2019-V8008640-VDP-R002
Cover Note Number	

Driver

Name of Driver	GOH JIN LEE
NRIC No	S9235089D
Date Of Birth	23/09/1992
Occupation	INDOOR
Date Of Driving Pass	27/07/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-92778963
Fax Number	
Contact Number	
Email Address	DAMIEN92GOH@GMAIL.COM

Address	60 DAKOTA CRESCENT #14-233
Postcode	390060
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : JOYCE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED.

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	SHB6644Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PETER GUNASEKARAN S/O ABRAHAM KARUPPIAH
NRIC/Passport Number	S6940909A
Contact Number	93582014
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

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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.

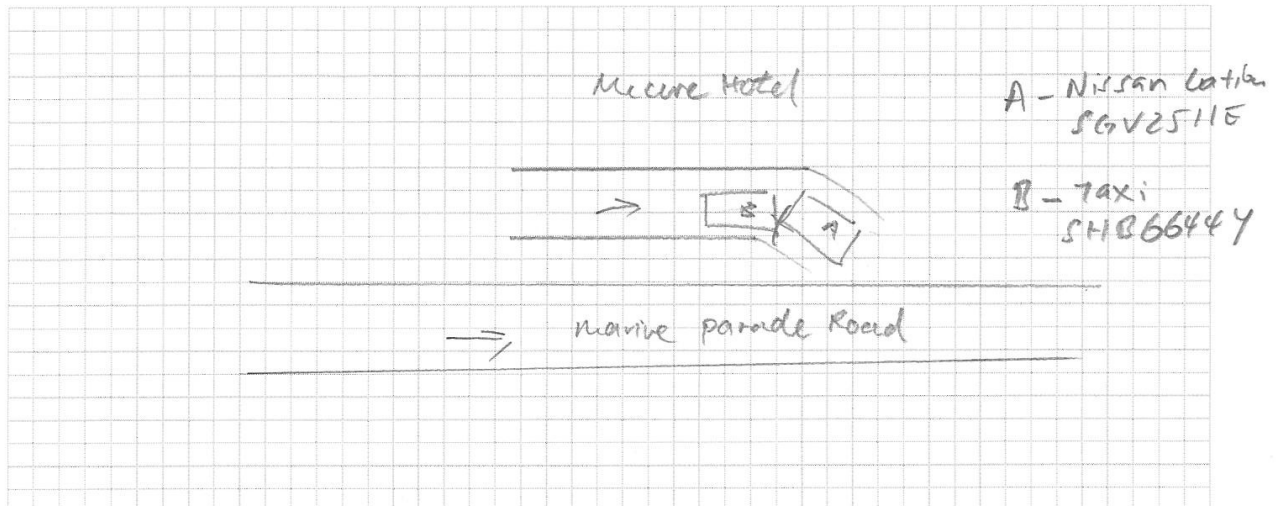
Policyholder's Signature
Date & Time:

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

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

Individual Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Car A was leaving the slip road outside of Meure hotel.
- Car A was stationary and Car B hit into the back of the Car A
CAR A → NISSAN LATIO SGV2511E
CAR B → TAXI SHB6644Y
Insurance Co. _____
Vehicle No. _____ Date of Accident _____
<input type="checkbox"/> Reporting Only
<input type="checkbox"/> Own Damage Claim
<input checked="" type="checkbox"/> Third Party Claim
Other w/s

DECLARATION

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

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.:

Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

GOH JIN LEE

Birth Date: 23 Sep 1992

Issuing Date: 27 Jul 2017

002707867C

FOR KFS
ACCIDENT CLAIM
USE ONLY

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9235089D



Name

GOH JIN LEE

吴俊利

Race

CHINESE

Date of birth

23-09-1992

Sex

M

Country of birth

SINGAPORE

S9235089D

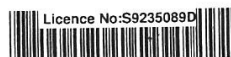
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE

27 Jul 2017

FOR KFS
ACCIDENT CL
USE ONLY



Licence No: S9235089D



NRIC No. S9235089D



Date of issue

05-10-2007

Address

APT BLK 60 DAKOTA CRESCENT
#14-233
SINGAPORE 390060

NP 428A

4110757

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



Renewal Certificate

ORIGINAL

Name/Address
MR GOH KIM LENG

60 DAKOTA CRESCENT #14-233
SINGAPORE 390060

Policy No. : 2019-V8008640-VDP-R002
Policy Type : Drive And Save Plus
Policy Period : 09-12-2019 to 08-12-2020
Date of Issue : 11-12-2019 Singapore
Agency No. : Z0002471
Gross Premium : SGD*****960.14

IMPORTANT NOTICE

We would remind you that you must disclose to us, fully and faithfully, the facts that you know or ought to know, otherwise, you may not receive any benefits from your policy. Please ensure that this document is prepared correctly. If any error is found, please return it immediately to the Company for correction.

In consideration of the Insured having applied and having paid or agreed to pay the stated premium herein the insurance is hereby continued in force for the period shown herein. This document is to be read in conjunction with the Terms, Conditions, Warranties, Clauses and endorsements in your original policy/certificate (unless subsequently amended).

This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact us or visit the General Insurance Association (GIA) or SDIC web-sites (www.gia.org.sg or www.sdic.org.sg)

Details of Coverage :

Business/Profession: Sales manager
of the Insured

Risk Number : 1 Drive And Save Plus

Particulars of Motor Car:

Registration Number: SGV2511E
Make : NISSAN - LATIO
Type of Body : SALOON/SEDAN
Cubic Capacity : 1498.00
Year of Manufacture: 2007
Engine Number : HR15155342A
Chassis Number : JN1BAAC11Z0005051

Sum Insured : Market Value

Type of Cover : Comprehensive

Description	Annual Premium	Limit
Basic Premium	SGD 1,200.17	
Less NCB (20.000%)	SGD 240.03	
Total Due:	SGD 960.14	

Excess Type : SECTION I

Driver(s)	Standard Excess
MR GOH KIM LENG	SGD 600.00

GPG10HJ

Page - 1-... 2/

GST Regn No. M90366503P

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 greateasterngeneral.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



accident scene photos





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUFS 20012290 Vehicle Registration No: SGV 2511E

Name (as shown in NRIC) : _____ NRIC/FIN/Passport No : _____

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 25/01/2020 Time of Accident : 1645

Place of Accident : Slip Road along Marine Parade Road

Insurance Company : Great Eastern Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To upload accident scene photo.

Policyholder / Driver's Signature
 Date: _____

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