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#### 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 witholding 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.
- 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.

Date Of Report         25/08/2020 19:56           Date Of Accident         22/08/2020 15:25           Exact Location Of Accident         WOODLANDS AVE 12           Country/State of Loss         SINGAPORE           DETAILS OF OWN VEHICLE           Vehicle Registration Number           Insured/Policyholder           Name Of Registered Owner         LIANG LONG MARINE PTE LTD           Co Reg No         2XXXXXX701C           Email Address         NOEMAIL           Mobile Phone No         LOCAL) +65-96289934           Vehicle Particulars         OFFICE-96289934           Warrian State Phone No         OFFICE-96289934           Vehicle Particulars         WORKING           Model         DYNA 150 MANUAL 3SEATER           Exact Purpose for which vehicle was being used at time of accident         WORKING           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         COMMERCIAL VEHICLE           Insurance Company         GREAT AMERICAN INSURANCE COMPANY           Type Of Coverage         THIRD PARTY           Pietet Policy         NO           Policy Number         MOMVCO00008	Research Control of the Control of t	ACCIDENT STATEMENT
Date Of Accident         22/08/2020 15:25           Exact Location Of Accident         WOODLANDS AVE 12           Country/State of Loss         SINGAPORE           DETAILS OF OWN VEHICLE           Vehicle Registration Number         GBB5288U           Insured/Policyholder           Name Of Registered Owner         LIANG LONG MARINE PTE LTD           Co Reg No         2XXXXX701C           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-96269934           Vehicle Particulars         OFFICE-96269934           Manufacturer         TOYOTA           Model         DYNA 150 MANUAL 3SEATER           Exact Purpose for which vehicle was being used at itime of accident         WORKING           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         COMMERCIAL VEHICLE           Insurance Company         GREAT AMERICAN INSURANCE COMPANY           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         MOMV/CO00008105-00-000           Cover Note Number         YEO CHIN TAN           NRIC No         SXXXXX502E	Date Of Penert	to the Control Males and Contr
Exact Location Of Accident Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number GBB5288U  Insured/Policyholder  Name Of Registered Owner Core Roy 2xxxxxx701C  Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96269934 Alternative Phone No OFFICE-96269934  Vehicle Particulars  Manufacturer TOYOTA Model DYNA 150 MANUAL 3SEATER  Exact Purpose for which vehicle was being used at time of accident Vehicle Category CoMMERCIAL VEHICLE  If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE  Insurance Company Name of Insurance Company GREAT AMERICAN INSURANCE COMPANY Type Of Coverage THIRD PARTY Floet Policy No Policy Number MOMVC000008105-00-000  Cover Note Number  Driver YEO CHIN TAN NRIC No SXXXX502E Date Of Birth 01/05/1951 Occupation OutDoor Date of MALE Mobile Number Gender MALE Mobile Number Fax Number Contact Number  For Contact Number  OFFICE-81573783		
Country/Siate of Loss    DETAILS OF OWN VEHICLE		
Vehicle Registration Number GBB5288U Insured/Policyholder Name Of Registered Owner Co Reg No 2XXXXX701C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96269934 Vehicle Particulars Manufacturer TOYOTA Model DYNA 150 MANUAL 3SEATER Exact Purpose for which vehicle was being used at two of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company GREAT AMERICAN INSURANCE COMPANY Type Of Coverage THIRD PARTY Pleet Policy NO Policy Number MOMVC000008105-00-000 Cover Note Number  Driver NAME of Driver YEO CHIN TAN NRIC No SXXXXX502E Date Of Birth O1/05/1951 Occupation OUTDOOR Date Of Driving Pass 15/07/1969 Driving Experience 51 YEARS AND 1 MONTH Gender MALE Mobile Number Contact Number Contact Number OFFICE-81573783	COLOR BELLINOUS INC. COLORDINA.	
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner LIANG LONG MARINE PTE LTD CO Reg No 2XXXXX701C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96269934 Alternative Phone No OFFICE-96269934 Vehicle Particulars Manufacturer TOYOTA Model DYNA 150 MANUAL 3SEATER Exact Purpose for which vehicle was being used at time of accident time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category NO NO NOMERCIAL VEHICLE Insurance Company SREAT AMERICAN INSURANCE COMPANY Type Of Coverage THIRD PARTY Fliest Policy NO Pollicy Number MOMVC000008105-00-000 Cover Note Number  Driver Name of Driver NAME OF Birth OCCUpation OUTDOOR Date Of Birth OCCUpation Diving Experience 51 YEARS AND 1 MONTH Gender MALE Mobile Number Contact Number OFFICE-81573783		
Insured/Policyholder         LIANG LONG MARINE PTE LTD           Co Reg No         2XXXXX701C           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-96269934           Alternative Phone No         OFFICE-96269934           Vehicle Particulars         TOYOTA           Model         DYNA 150 MANUAL 3SEATER           Exact Purpose for which vehicle was being used at time of accident         WORKING           Are you claiming under your own insurance policy repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         COMMERCIAL VEHICLE           Insurance Company         GREAT AMERICAN INSURANCE COMPANY           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         MOMVC000008105-00-000           Cover Note Number         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         0UTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         OFFICE-81573783		
Name Of Registered Owner         LIANG LONG MARINE PTE LTD           Co Reg No         2XXXXX701C           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-86269934           Alternative Phone No         OFFICE-96269934           Vehicle Particulars           Manufacturer         TOYOTA           Model         DYNA 150 MANUAL 3SEATER           Exact Purpose for which vehicle was being used at me of accident         WORKING           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         COMMERCIAL VEHICLE           Insurance Company         GREAT AMERICAN INSURANCE COMPANY           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         MOMVC000008105-00-000           Cover Note Number         VEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number		GBB5288U
CO Reg No         2XXXXX701C           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-96269934           Vehicle Particulars         TOYOTA           Manufacturer         TOYOTA           Model         DYNA 150 MANUAL 3SEATER           Exact Purpose for which vehicle was being used at time of accident         WORKING           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         COMMERCIAL VEHICLE           Insurance Company         GREAT AMERICAN INSURANCE COMPANY           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         MOMVC000008105-00-000           Cover Note Number         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783	Insured/Policyholder	
Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-96269934           Alternative Phone No         OFFICE-96269934           Vehicle Particulars         TOYOTA           Model         DYNA 150 MANUAL 3SEATER           Exact Purpose for which vehicle was being used at time of accident         WORKING           Are you claiming under your own insurance policy repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         COMMERCIAL VEHICLE           Insurance Company         GREAT AMERICAN INSURANCE COMPANY           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         MOMVC00008105-00-000           Cover Note Number         TO'ver           Driver         SXXXX502E           Date Of Driver         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783	Name Of Registered Owner	LIANG LONG MARINE PTE LTD
Mobile Phone No         (LOCAL) +65-96269934           Alternative Phone No         OFFICE-96269934           Vehicle Particulars         TOYOTA           Model         DYNA 150 MANUAL 3SEATER           Exact Purpose for which vehicle was being used at time of accident         WORKING           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         COMMERCIAL VEHICLE           Insurance Company         GREAT AMERICAN INSURANCE COMPANY           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         MOMVC000008105-00-000           Cover Note Number         MOMVC000008105-00-000           Driver         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783	Co Reg No	2XXXXX701C
Alternative Phone No OFFICE-96269934  Vehicle Particulars  Manufacturer TOYOTA  Model DYNA 150 MANUAL 3SEATER  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?  If No, Please state action to be taken THIRD PARTY  Vehicle Category COMMERCIAL VEHICLE  Insurance Company GREAT AMERICAN INSURANCE COMPANY  Type Of Coverage THIRD PARTY  Fleet Policy NO  Policy Number MOW/C000008105-00-000  Cover Note Number  Driver  Name of Driver YEO CHIN TAN  NRIC No SXXXX502E  Date Of Birth 01/05/1951  Occupation OUTDOOR  Date Of Driving Pass 15/07/1969  Driving Experience 51 YEARS AND 1 MONTH  Gender MALE  Mobile Number  Contact Number  OFFICE-81573783	Email Address	NOEMAIL
Vehicle Particulars         TOYOTA           Manufacturer         TOYOTA           Model         DYNA 150 MANUAL 3SEATER           Exact Purpose for which vehicle was being used at time of accident         WORKING           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         COMMERCIAL VEHICLE           Insurance Company         GREAT AMERICAN INSURANCE COMPANY           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         MOMVC000008105-00-000           Cover Note Number         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Contact Number         OFFICE-81573783	Mobile Phone No	(LOCAL) +65-96269934
Manufacturer TOYOTA Model DYNA 150 MANUAL 3SEATER  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?  If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Arey Octobrooms ThiRD PARTY Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver NRIC No SXXXX502E Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender MALE Mobile Number  (LOCAL) +65-81573783  WORKING	Alternative Phone No	OFFICE-96269934
Model DYNA 150 MANUAL 3SEATER  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?  If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Army Order of Coverage THIRD PARTY Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number MOMVC000008105-00-000 Cover Note Number  Driver Name of Driver NRIC No SXXXX502E Date Of Birth O1/05/1951 Occupation Date Of Driving Pass Driving Experience S1 YEARS AND 1 MONTH Gender MALE Mobile Number  Contact Number  OFFICE-81573783	Vehicle Particulars	
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?  If No, Please state action to be taken  THIRD PARTY  Commercial Vehicle  Insurance Company  Name of Insurance Company  Fleet Policy  Policy Number  Cover Note Number  Driver  Name of Drive	Manufacturer	ТОУОТА
time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Rame of Insurance Company Type Of Coverage THIRD PARTY Type Of Coverage THIRD PARTY Type Of Coverage No Policy Number MOMVC000008105-00-000 Cover Note Number  Driver Name of Driver Name of Driver NRIC No SXXXX502E Date Of Birth O1/05/1951 Occupation Date Of Driving Pass Driving Experience S1 YEARS AND 1 MONTH Gender MALE Mobile Number Contact Number  Contact Number  OFFICE-81573783	Model	DYNA 150 MANUAL 3SEATER
for repair to your vehicle?  If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE Insurance Company Name of Insurance Company Rame of Insurance Company Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number MOMVC000008105-00-000 Cover Note Number  Driver Name of Driver NRIC No SXXXX502E Date Of Birth O1/05/1951 Occupation Date Of Driving Pass Driving Experience S1 YEARS AND 1 MONTH Gender MALE Mobile Number  Contact Number  OFFICE-81573783		WORKING
Vehicle Category  Insurance Company  Name of Insurance Company  Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number MOMVC000008105-00-000  Cover Note Number  Driver  Name of Driver NRIC No SXXXX502E Date Of Birth Occupation Date Of Driving Pass Driving Experience S1 YEARS AND 1 MONTH Gender MALE Mobile Number  Contact Number  GREAT AMERICAN INSURANCE COMPANY THIRD PARY	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company  Name of Insurance Company  GREAT AMERICAN INSURANCE COMPANY  Type Of Coverage  THIRD PARTY  Fleet Policy  NO  Policy Number  MOMVC000008105-00-000  Cover Note Number  Driver  Name of Driver  NRIC No  SXXXX502E  Date Of Birth  Occupation  Date Of Driving Pass  Driving Experience  51 YEARS AND 1 MONTH  Gender  MALE  Mobile Number  Contact Number  OFFICE-81573783	If No, Please state action to be taken	THIRD PARTY
Name of Insurance Company         GREAT AMERICAN INSURANCE COMPANY           Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         MOMVC000008105-00-000           Cover Note Number         Tover           Driver         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Vehicle Category	COMMERCIAL VEHICLE
Type Of Coverage         THIRD PARTY           Fleet Policy         NO           Policy Number         MOMVC000008105-00-000           Cover Note Number         TOTHER           Driver         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Insurance Company	
Fleet Policy         NO           Policy Number         MOMVC00008105-00-000           Cover Note Number         MOMVC00008105-00-000           Driver           Name of Driver         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Policy Number         MOMVC00008105-00-000           Cover Note Number         MOMVC000008105-00-000           Driver         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Type Of Coverage	THIRD PARTY
Cover Note Number         Driver           Name of Driver         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Fleet Policy	NO
Driver         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Policy Number	MOMVC000008105-00-000
Name of Driver         YEO CHIN TAN           NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Cover Note Number	
NRIC No         SXXXX502E           Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Driver	
Date Of Birth         01/05/1951           Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Name of Driver	YEO CHIN TAN
Occupation         OUTDOOR           Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	NRIC No	SXXXX502E
Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Date Of Birth	01/05/1951
Date Of Driving Pass         15/07/1969           Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Occupation	OUTDOOR
Driving Experience         51 YEARS AND 1 MONTH           Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Date Of Driving Pass	
Gender         MALE           Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Driving Experience	
Mobile Number         (LOCAL) +65-81573783           Fax Number         OFFICE-81573783	Gender	MALE
Fax Number  Contact Number  OFFICE-81573783	Mobile Number	
	Fax Number	100 mar (200 mar) (200 mar
EMail Address NOEMAIL	Contact Number	OFFICE-81573783
	EMail Address	NOEMAIL

BLK 510A WELLINGTON CIRCLE Address

#11-63

Postcode 751510

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 WET

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JTB1426 (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

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

YES

1

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200822/7019.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

JTB1426

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Postcode

No. Of Passenger (Including Driver)

	DETAILS OF INJURED PERSON 1	
Name	YEO CHIN TAN	
Approximate Age		
Injuries Sustain	NECK & BACK	
Injured person in which vehicle?	GBB5288U	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		

# SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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) The 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - For complying with requirements under my regulations, laws or court orders.

WARING TO STATE OF THE STATE OF

Policy holder's signature Date / time: A

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

	And in case of the last of the		THE ACCIDEN				
lefer to	police	report	- T/2228	7019.	(c		
	1	3					
					)		
						 E F-C-UT-	

**DECLARATION** 

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- \* Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

  The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

  Any false reporting may be referred to the traffic police department for investigation.

	ACCIDENT DETAILS	生物 一种 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
Date of accident	22/08/2020	(DD/MM/YY)
Time of accident	1525	(HH:MM)
Exact location of accident	Along Woodlands Ave 12	

CHARLES OF THE	DETAILS OF VEHICLE
Vehicle registration number	GBB 5288 U
Vehicle make and model	Toyota Dyna
Type of vehicle	Saloon   MPV   CRV   Van   Lorry   Bus   Motorcycle   Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes D No d if no, please select: Third part claim D Reporting only D

	INSURANCE IN	FORMATION	
Insurance company	Great America		
Policy number			
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only

N	Liana Long Marine Pte Ltd	Male □ Female □
Name	Liang Long Marine Pte Ltd	IVIAIC L. Telliaic L
NRIC / Fin / Passport number		
Contact	9626 9934	
Address		

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)					
Name	Yeo Chin Tan	Male	Female 🗆			
NRIC / Fin / Passport number	S0908502E					
Contact	8157 3783					
Address	BIK 510 A Wellington Circle # 11-63	S( \$51 510)				
Email address	lianglong 64 @ singnet. com. sg					
Date of birth	01/05/1951					
Occupation	Indoor Outdoor					
Driving date pass	15/07/1969					

Company of the second	CENERAL	NEOPMATION	OF THE ACCIDENT	129
Was driver an employee of	Yes	No□	OT THE ASSIDENT	- Indicates
the insured's company?			driver and insured:	
Accident captured by camera?	Yes 🗆	No D	diver and insured.	
Weather condition	Clear	Raining 🗆	Others:	
Road surface		Wet 🗷	Others.	_
	Dry 🗆	vvet	(Inclusive of driv	1021
No of passenger	01		(inclusive of driv	verj
	STREET,			ica)e
		PASSENGE	R1	1
Name	Mala =	Famala =		
Gender	Male 🗆	Female 🗆		
Alberta Visita V. Carlos de Veren estado	(Carried St.)	PASSENGE	02	1000
Name		PASSENGE		100
Gender	Male 🗆	Female		
Gender	Iviale U	i emale u		
ANGELLES OF THE STATE OF THE ST	The second	PASSENGE	D 2 2 THE TOTAL CONTRACTOR OF THE PARTY OF T	理验
Name	Blancon Francisco	PASSENGE		
Gender	Male 🗆	Female,	ou.	_
Gender	iviale 🗆	remale		
Design Control of the		DAGGEN CO		ke dila
<b>建筑市场公司等以下,</b>	Aldibad	PASSENGE	K4	E GR
Name	/			
Gender	Male 🗆	Female 🗆		
				AVI-TO
	型是一种	PASSENGE	R 5	Take 1
Name				
Gender	Male 🗆	Female 🗆	*	- 1
/				
		PASSENGE	R 6	344
Name				
Gender /	Male □	Female 🗆		
		DE POSERIO DE LA TRES		
DE LOS ASOS SESSOS ESTADOS EST		OTHER INFORM	MATION	
Was anybody injured?	Yes	No 🗆		
Was other vehicle damaged?	Yes D	No 🗆		
			100000	and the same
	DETAIL		TATION ACTION	
Reported to police?	Yes 🗷	No □ If y	es, please state which police station.	
Police station name				
		21-11 - 1200 - 200 - 200 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 -		en un
		WITNESS	51	
Name	POSITION AND ADDRESS OF THE PARTY OF THE PAR			
		WITNESS	52	716
Name				

	THIRD PARTY VEHICLE 1
Vehicle registration number	JTB 1426
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Alternative Market Control	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>2</b>	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
V2	
#自由使用中华区共2016年12月13	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
M 1011 M 2011 A	
ATTOMICS AND AND ADMINISTRA	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>多种种种的</b>	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND SECURITY OF THE SECURITY O	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

		INJURED PERSON 1		
Name	Yeo CH	in Tan		
Injuries sustained		and neck		
Which vehicle person in?	GBB 5	≥88 U		
Were seat belts worn?	Yes	No 🗆		
Was injured conveyed to	Yes 🗆	No Ø		
hospital by ambulance?				
ALCOHOLD TO THE RESIDENCE OF THE PARTY OF TH		INJURED PERSON 2	<b>《连续·高·华西州》《西西南州》(1987年)</b>	7.5
Name				Koenso
Injuries sustained				
Which vehicle person in?		- Table		
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
hospital by ambulance?	110000000000000000000000000000000000000			
	Marie William Co.			7.6
在特別的 美国市场外的支撑	Maria Constant	INJURED PERSON 3		20°51
Name	P TO STATE OF THE STATE OF		and the second leaves the second seco	100001
Injuries sustained				
Which vehicle person in?				-
Were seat belts worn?	Yes □	No 🗆		- 1
Was injured conveyed to	Yes 🗆	No 🗆	/	
hospital by ambulance?		/	/	
, , , , , , , , , , , , , , , , , , , ,	1			-
		/		
The latest the second		INJURED PERSON 4		被競
Name		INJURED PERSON 4		機
Name Injuries sustained		INJURED PERSON 4		
Injuries sustained		INJURED PERSON 4		燃
Injuries sustained Which vehicle person in?	Yes a			
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗅			
Injuries sustained Which vehicle person in? Were seat belts worn?	7/14/19/20/19/20	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	7/14/19/20/19/20	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	7/14/19/20/19/20	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	7/14/19/20/19/20	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	7/14/19/20/19/20	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	7/14/19/20/19/20	No 🗆		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No a		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No D No D INJURED PERSON 5		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No D No D INJURED PERSON 5		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No D No D INJURED PERSON 5		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No D No D INJURED PERSON 5		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes 🗆	No D No D INJURED PERSON 5		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆	No D No D INJURED PERSON 5		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes D Yes D	No D  NO D  NO D  NO D  NO D  INJURED PERSON 6		
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆	No D No D INJURED PERSON 5		





Report No. T/20200822/7019

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPOR	T OF A TRAF	FIC ACCIDENT				
Date/1 22/08/	Time Report 2020 16:55	Made:	Vide Report No.:	Station Diary No.:		
Inform	ant's Partic	culars				
Name (	of Informant HIN TAN		Address. 510A WELLINGTON CIRCLE SINGAPORE 751510	#11-63 WELLINGTON VIEW		
ID Type NRIC N	Type / ID No.: RIC NO / S0908502E		Contact No.: Home/Office:	Mobile: 97982257		
National SINGAP	ity: ORE CITIZ	'EN	Email: kennykubpom99@gmail.com			
Sex: Male	Age: 69	Date of Birth: 01/05/1951	Type of Informant: Driver	ALWAY AND		
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Oriving instructor/tester		ster	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 22/08/2020 15:25	Type of Location Bridge
Location:			122/00/2020 13:23	
woodlands av	e 12			
4 24			A CONTRACTOR	And the second
Weather: Raining		Road Surface: Wet		Road Speed Limit:
AND RESIDENCE AND ADDRESS OF THE PARTY OF TH		THE RESIDENCE OF STREET STREET, STREET		Road Speed Limit: Traffic Volume: Heavy

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GBB5288U	Lorry				Slightly Damaged	0
JTB1426	Lorry				Slightly Damaged	0



T/20200822/7019

2 of 3 Report No. T/20200822/7019

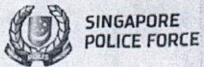
Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Pers				
	ans Injured: NIL	Lies of E	Pedestrian Cro	
Driver		Ose of F	edestriali Cro	ssing: NA
Name	YEO CHIN TAN		ID No.	S0908502E
Related Vehicle	GBB5288U (Lorry)	Contact No	97982257	
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	22/08/2020	Date	NIL	
No. of Days gran	ted Medical Leave   03	Degree o	-	
Passenger	The state of the s	Degree C	of Sligh	lt.
lame	Unknown Passenger		ID No.	NiL
elated Vehicle	JTB1426 (Lorry)		Contact No.	NIL
ospital/Clinic	NIL		Class of	Class: NIL Date of Expiry: NIL
			Driving Licence & Expiry	
ate	NIL	Date	NIL	Sec. Manual Sec.
o. of Days grante	ed Medical Leave   NIL	Degree of	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, T	

### Brief Details.

As I was driving my lorry (GBB5288U) along Woodlands Ave 12, the traffic light was red so I slowly come to a stop. Out of a sudden, i felt a huge impact from the rear of my lorry. I went down to check and found out that a malaysia trailer (JTB1426) cannot brake in time as it was also raining. My backbone was injure and I was granted with 3days MC.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20200822/7019

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414

Authentication Stamp NP168 Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 22/08/2020 16:55

Classification Of Case:



**INSURANCE COMPANY** 

## **GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

# CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

### Policy Details

Certificate Number

MOMVC000008105-00-000

Cover . Comin

: Commercial Vehicle (Third Party Only)

Policyholder Name

Liang Long Marine Pte Ltd

Chassis Number

: JTFAT35Y50K200573

NCD Entitlement

10% No Claim Discount

Engine Number

1KD1925278

Hire Purchase

N/A

Registration Number

: GBB5288U

Period of Insurance

From 29/11/2019 (00:00) To 28/11/2020 (23:59) (Both Dates Inclusive)

## Persons or Classes of Persons entitled to Drive

a) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

### Limitations as to Use

- a) Use in connection with Policyholder's business
- b) Use for carriage of passengers (other than for hire and reward) in conection with the Policyholder's business This Policy does not cover:
- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- \* 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

Excess (Section 1)

N/A

Excess (Section 2)

: N/A

Windscreen Excess

: N/A

#### **Driver Details**

Named Driver 01

: Any persons who is driving on the policyholder's order or with their permission

Name of Intermediary

: LCH Lockton Pte. Ltd.

Date of Issue

21/10/2019

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

**Great American Insurance Company** 

**Authorised Signatory** 

jchen