

# 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 Submission ..... 14/09/2021 13:02 (SGT)  
Date of Accident ..... 12/09/2021 00:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SIMS AVE AND GEYLANG LORONG 25  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB6013P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SINGLAND HEAVY MACHINERY & CONSTRUCTION PTE LTD  
Company Reg No ..... 2XXXXX202M  
Email Address ..... PHUAYWEI89@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90101189  
Alternative Phone No ..... +65-90101189

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Fb70bb1srdea  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 3000

### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 2021-V0096060-VCV-R006  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HO JUN YONG ALAN  
NRIC No ..... SXXXX673J

Date Of Birth .....	17/04/1999
Occupation .....	Outdoor
Date Of Driving Pass .....	15/03/2019
Driving experience .....	2 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87169660
Alt. Phone Number .....	-
Email Address .....	PHUAYWEI89@GMAIL.COM
Address .....	BLK 518 BEDOK NORTH AVE 2 #07-175
Address complement .....	-
Postcode .....	460518
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ALOYSIUS TAN KAI LE
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### 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 .....	SLK4467K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver ..... -  
 Contact Number ..... -  
 Address ..... -  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... HO JUN YONG ALAN  
 Gender ..... Male  
 Phone No ..... (Phone) +65-87169660  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... GBB6013P  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

**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. 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.
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.

**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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

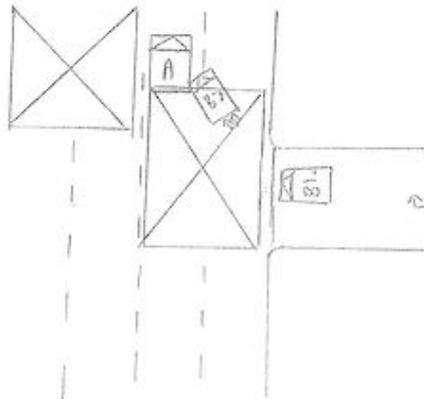
Driver's Signature (If driver is not the policyholder) / Date & Time

CONFORTDELGRO ENGINEERING PTE LTD  
EXTERNAL BUSINESS DIV, UBI BRANCH  
NAME & SIGNATURE: \_\_\_\_\_  
DESIGNATION: \_\_\_\_\_ DATE: \_\_\_\_\_

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Sims Ave and  
Geylang Lorong 25



Vehicle A: GBB6013P  
Vehicle B: SLK4424K

**Describe Circumstances of the Accident**

In the stated stated date & time, I, vehicle A (G886013P) was travelling straight at the stated location on lane 2. Suddenly, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B (SLK 4467K) turning out from Greengay Corong 25 and collided onto the rear right side portion of my vehicle causing damages.

**Declaration**

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

CONFORTDELGRO ENGINEERING PTE LTD  
EXTERNAL BUSINESS DEV. USJ BRANCH  
NAME & SIGNATURE: \_\_\_\_\_  
DESIGNATION: \_\_\_\_\_ DATE: \_\_\_\_\_

Witnessed by Reporting Centre Personnel

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

The Motor Policy to which this Certificate relates is issued in accordance with the provisions of the following Legislation :  
 Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.189 of the Revised Edition) (Singapore)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996 Edition (Singapore)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya)  
 Road Transport Act 1987 (of Malaysia)  
 Road Transport (Amendment) Act 2019 (of Malaysia)

FORM M2300

Policy No. : 2021-V0096060-VCV-R006 Risk# : 0001  
 Policy Type : Commercial Vehicle Cover : Third Party, Fire & Theft

DESCRIPTION OF VEHICLES:  
 Vehicle Registration : GBB6013P  
 Vehicle Make & Model : MITSUBISHI FB70BB1SRDEA

Name of Insured : SINGLAND HEAVY MACHINERY & CONSTRUCTION PTE LTD

Period of Insurance : 31-07-2021 (0000HRS ) to 30-07-2022

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE \*  
 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 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

- (1) Use in Connection with the Policyholder's business.
  - (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
  - (3) Use for social, domestic and pleasure purposes.
- The policy does not cover :-
- (1) Use for racing, pace-making, reliability trial or speed-testing.
  - (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
  - (3) Use for the carriage of passengers for hire or reward.

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 (of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

Authorized Signature

Copy: Stone - 5/7/2021

GGTLLJI

17-06-2021

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 2888 Fax +65 6327 3080 greateasterngeneral.com















