

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 05/10/2021 12:28 (SGT)
Date of Accident 01/10/2021 16:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information MACPHERSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ8765Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LIM KIM HAI ELECTRIC CO (S) PTE LTD
Company Reg No 1XXXXX744R
Email Address jiehui@limkimhai.com.sg
Mobile Phone No (Phone) +65-62923711
Alternative Phone No (Office) +65-62923711

VEHICLE PARTICULARS

Manufacturer Toyota
Model HIACE VAN TURBO 4DR AT
Variant -
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company Great Eastern General Insurance Limited
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2021-V0108911-VCF-R002
Cover Note Number 01/07/2021 TO 30/06/2023

DRIVER

Name of Driver LOW KUM HONG
NRIC No SXXXX570D

Date Of Birth	08/01/1967
Occupation	Outdoor
Date Of Driving Pass	29/04/1987
Driving experience	34 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83881382
Alt. Phone Number	-
Email Address	jiehui@limkimhai.com.sg
Address	APT BLK 580 HOUGANG AVE 4 #05-624 (S) 530580
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH 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	GBB2267A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	LAU XIAN JUN
NRIC No	SXXXX383E
Contact Number	(Phone) +65-85009189
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH2285R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	LOW KUM HONG
Gender	Male
Phone No	(Phone) +65-83881382
Address	APT BLK 580 HOUGANG AVE 4 #05-624 (S) 530580
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	RAFFLES HOSPITAL - 8 DAYS MC
Injured person in which vehicle?	GBJ8765Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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.




Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Matheson Road

A: GBJ 8765Y

B: GTBB 2267A

C: GBH 2285R

1. BN 1 AD 1 CD

Describe Circumstances of the Accident

Refer to attached police report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

11-18 AM

05-10-21



Witnessed by Reporting Centre Personnel















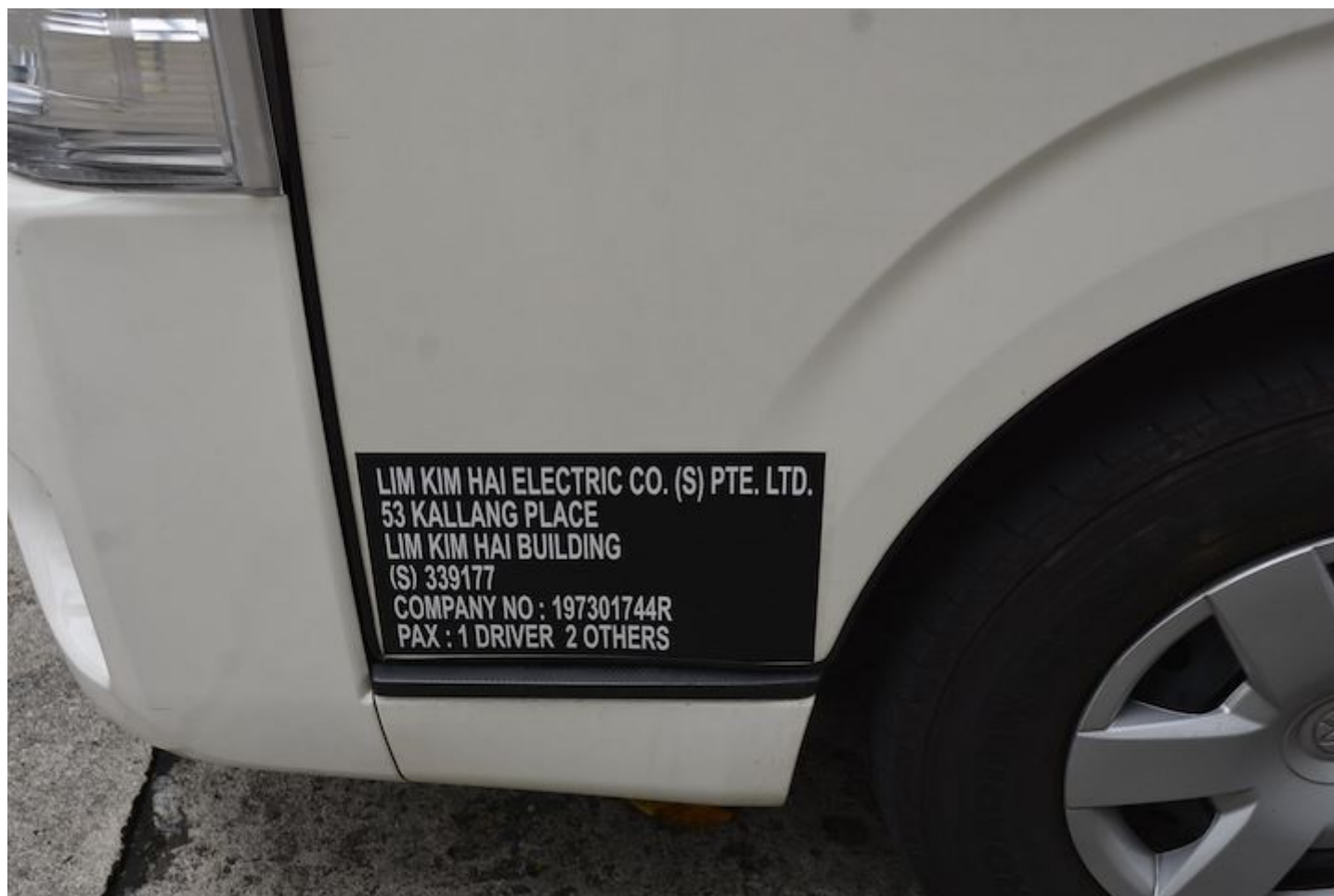




























**SINGAPORE
POLICE FORCE**



T/20211002/2021

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538755
Tel No: 1800-4890999

1 of 4

Report No. T/20211002/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/10/2021 10:33		Vide Report No.: G/20211001/0168		Stationary Diary No.: 20	
Informant's Particulars					
Name of Informant: LOW KUM HONG			Address: APT BLK 580 HOUGANG AVENUE 4 #05-624 SINGAPORE 530580		
ID Type / ID No.: NRIC NO / S1830570D			Contact No.: Home/Office: Mobile: 83881382		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 08/01/1967	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/10/2021 16:15	Type of Location: Straight Road
Location: MACPHERSON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Stationary Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB2267A	Lorry	TOYOTA		Blue	Slightly Damaged	0
GBH2285R	Lorry	TOYOTA		Blue	Slightly Damaged	0
GBJ8765Y	Van	TOYOTA	Hiace	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211002/2021

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Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20211002/2021

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lau Xian Jun	ID No.	S8586383E
Related Vehicle	GBB2267A (Lorry)	Contact No.	85009189
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOW KUM HONG	ID No.	S1830570D
Related Vehicle	GBJ8765Y (Van)	Contact No.	83881382
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	01/10/2021	Date Discharge	01/10/2021
No. of Days granted Medical Leave	08	Degree of Injury	Slight

Brief Details.

On 01/10/2021 at about 1615hrs, I was in my vehicle along Mac Pherson road towards city. I was at a traffic Junction near to 570 Mac Pherson and was at lane 1.

I was stopping behind lorry plate number GBH2285R within a half car length. Suddenly a vehicle from my rear bearing plate number GBB2267A rammed me from the rear causing a Collision as such I hit the front vehicle.

We then alighted from the vehicle to make a check, we then exchange contact details. Traffic police was at scene at that point of time.

The damages to my vehicle were the rear bonnet of my vehicle sustained a major dent and the front of my vehicle have a minor dent.

I wish to state that there is an in car camera in my vehicle. My vehicle was towed away by TP officer. That is all.



**SINGAPORE
POLICE FORCE**



T/20211002/2021

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20211002/2021

CONTINUATION OF REPORT

10/9/2021, 5:06 pm



**SINGAPORE
POLICE FORCE**



T/20211002/2021

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20211002/2021

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 /

Sgt 2 MOHAMAD YASHRIF BIN
MOHAMED YASIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/10/2021 10:33

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

OCBC Bank
Global Transaction Banking

Authentication Stamp
NP168



SN 77

SIGNATURE

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 Malaysia)
Road Transport Act 1987 (of Malaysia)
Road Transport (Amendment) Act 2019 (of Malaysia)

FORM M2300

Policy No. : 2021-V0108911-VCF-R002 Risk# : 0005
Policy Type : Commercial Vehicle Fleet Cover : Comprehensive

DESCRIPTION OF VEHICLES:
Vehicle Registration : GBJ8765Y
Vehicle Make & Model : TOYOTA HIACE

Name of Insured : LIM KIM HAI ELECTRIC CO (S) PTE LTD

Period of Insurance : 01-07-2021 (0000HRS) to 30-06-2023

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

Authorised Signature

Jiehui @ Lim Kimhai . com.sg

GPGICSS

07-07-2021