# **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.
- 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 20/10/2021 13:46 (SGT) Date of Accident 19/10/2021 18:43 (SGT) Exact Location of Accident Singapore Additional Location Information NORTH BRIDGE ROAD Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

2500

Vehicle Registration Number SMK947G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN EUGENE NRIC No. S8717336D Email Address DARKONZ@GMAIL.COM Mobile Phone No (Phone) +65-96673426 Alternative Phone No +65-96673426

VEHICLE PARTICULARS

Manufacturer

Toyota Model LEXUS IS250 AUTO STD FL Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC

**INSURANCE COMPANY** 

Name of Insurance Company Great Eastern General Insurance Limited Type of Coverage Comprehensive Fleet Policy Policy Number 2020-V8009920-VDP-R001 Cover Note Number 27/11/2020 - 26/11/2021

DRIVER

Name of Driver TAN EUGENE NRIC No. S8717336D

Date Of Birth 23/06/1987 Occupation Indoor Date Of Driving Pass 17/11/2006 Driving experience 14 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96673426 Alt. Phone Number +65-96673426 Email Address DARKONZ@GMAIL.COM Address 10 LEICESTER ROAD #11-01 Address complement Postcode 358844 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE ATTACHED SKETCH PLAN BY DRIVER. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD8559L

 Vehicle Registration Number
 SHD8559L

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 WONG HENG CHIH

 NRIC No
 S1618185D

 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	TAN EUGENE
Gender	_
Phone No	_
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SMK947G
14/	
	Yes
Was this injured conveyed to hospital by ambulance?	No

	G Vehicle B: SHDS	ocation: North Bridge Road 2559L Vehicle C:
y Vehicle A: SM/L 947	venicle biv	venice c.
	>	
	-	
	A	>
	1 / B/	· ·
	1	Π
	1 11	
		75
	1 1 1	V 1
SCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
I was travelling	a along North Bri	doe Road on the most
D 11 A	= 1 1 1	
Klohd Vane		Afron to turn Right
Into Moner	Orenar Road. W	ien approachtno Upper Circula
Road Vehicle	B which was to	union not did not stop
to alve wan	thus umpact o	on the Right side of min
while		7
11377611		
Vah B:	Wong Hens	e kih
Vah B:	Wong Heng	
Vah B:	Wong Heng	ehih 81618185D.
Vah B:	Wong Heng	
Væh B: □Claim OD/TP at Ah Lin		S 1618185D.
☐ Claim OD/TP at Ah Lin	n Motor V Claim OD TP at c	S t 6 18 185 D.  Other workshop Reporting Only
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop :		S t 6 18 185 D.  Other workshop Reporting Only
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop : Email address :	n Motor V Claim OD TP at c	S & & &   8   8   8   5   5   5   5   5   5   5
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop: Email address: & myself:	n Motor V Claim OD TP at c	S t 6 18 185 D.  Other workshop Reporting Only
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop: Email address: & myself: Email address:	n Motor Valaim OD/TP at o	St618185D.  Other workshop Reporting Only
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop: Email address: & myself: Email address:  Myself: Email address: Note: Please take note that	n Motor	St6/8/85D.  Other workshop Reporting Only :
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop: Email address: & myself: Email address:  Mote: Please take note that you own policy. Kindly chec	n Motor Valaim OD/TP at o	St6/8/85D.  Other workshop Reporting Only :
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop: Email address: & myself: Email address:  Note: Please take note that you own policy. Kindly chece	n Motor Valaim OD TP at o copy of my efile accident report to t your insurer have 14 days timefranck with your own insurer for more i	St6/8/85D.  Other workshop Reporting Only :
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop: Email address: & myself: Email address:  Note: Please take note that you own policy. Kindly chece	n Motor Valaim OD TP at o copy of my efile accident report to t your insurer have 14 days timefranck with your own insurer for more i	St6/8/85D.  Other workshop Reporting Only :
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop: Email address: & myself: Email address:  Note: Please take note that you own policy. Kindly chec	n Motor Valaim OD TP at o copy of my efile accident report to t your insurer have 14 days timefranck with your own insurer for more i	St618185D.  Other workshop Reporting Only :
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop: Email address: & myself: Email address:  Note: Please take note that you own policy. Kindly chec	n Motor Claim OD TP at of copy of my efile accident report to tyour insurer have 14 days timefranck with your own insurer for more it lars are true in every respect.	St618185D.  Other workshop Reporting Only :  me for you to submit own damage claim under information.
Claim OD/TP at Ah Lin Remarks: Please forward a My workshop: Email address: & myself: Email address:  Note: Please take note that you own policy. Kindly chec	n Motor Valaim OD TP at o copy of my efile accident report to t your insurer have 14 days timefranck with your own insurer for more i	St6/8/85D.  Other workshop Reporting Only :

#### 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.
- 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.
- 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.
- 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 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:
  - 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:
  - 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:

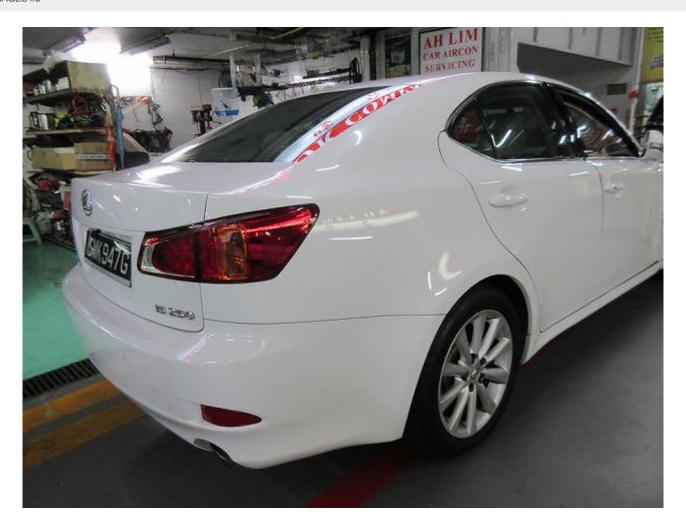
Reporting Centre Personnel's Signature Name:

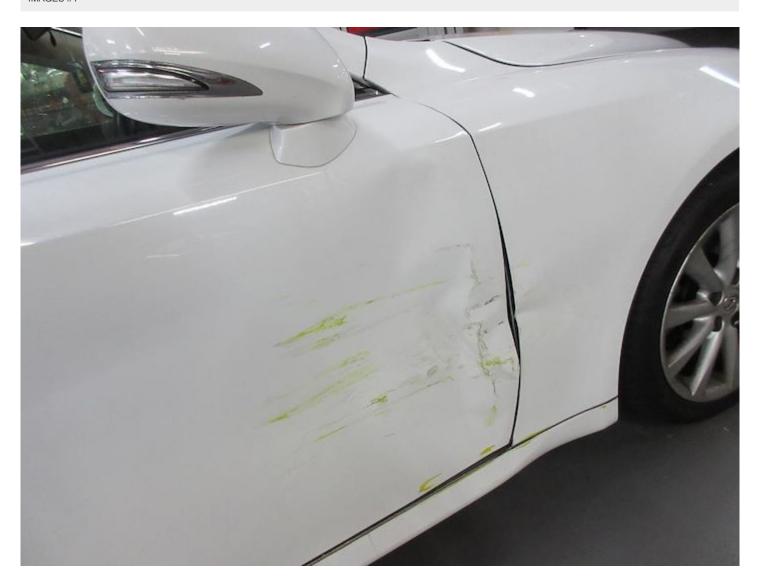
NRIC/FIN No.:





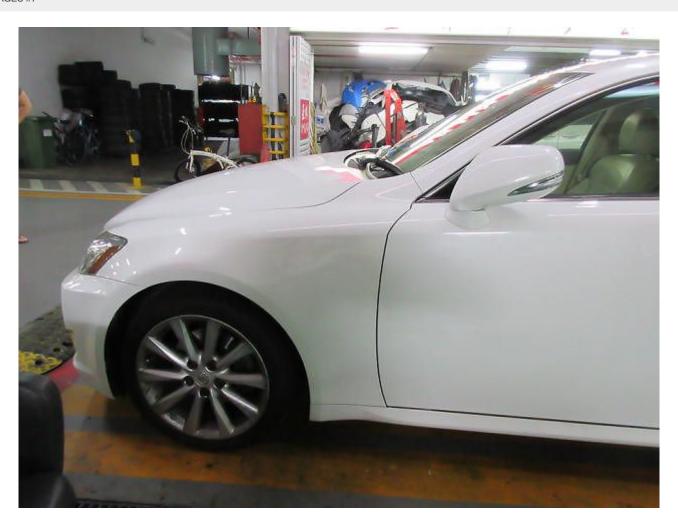


















For Customer Service please visit 1 Pickering Street #01-01 Great Eastern Centre Tel: +65 6248 2888 Fax: +65 6327 3080

# Certificate of Insurance



## ORIGINAL

The Motor Policy to which this Certificate relates is issued in accordance with the previsions of the following Legislation:
Motor Vehicles (Third-Party Risks and Compensation) Act (Cap.18% of the Sevised Edition) (Singapore)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1886 Edition (Singapore)
Motor Vehicles (Third-Party Risks) Rules, 1959 tof Federation of Malaya)
Road Transport Act 1887 (of Malaysia)
Road Transport (Amendment) Act 2019 (of Malaysia)

FORM WALL

Policy No. : 2020-V8009920-V07-R001 Policy Type : Drive And Save Plus

Risk# : 0001

Cover : Comprehensive

DESCRIPTION OF VEHICLES:

Vehicle Registration : SMK947G Vehicle Make & Model : LEXUS - IS 250

Name of Insured : TAN EUGENE

Period of Insurance : 27-11-2020 (0000HRS ) to 26-11-2021

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

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

Signed for and on behalf of the Company

Authorised Signature

16-11-2020

Great Eastern General Insurance Limited (Rep. No. 1920 00003W) (A wholly-owned subsidiary of Great Eastern Holdings Limited) 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659 Tcl +65 6248 2888 Fax +65 6532 2214 greateasterngeneral com



SPGISCH