

# 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 .....              | 07/02/2022 13:54 (SGT)                           |
| Date of Accident .....                | 05/02/2022 14:40 (SGT)                           |
| Exact Location of Accident .....      | Near 492 Jurong West Street 41, Singapore 640492 |
| Additional Location Information ..... | OPEN SPACE CAR PARK                              |
| Country/State of Loss .....           | Singapore  |

## DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SLF9964K |
|-----------------------------------|----------|

### INSURED/POLICYHOLDER

|                                |                        |
|--------------------------------|------------------------|
| Is company? .....              | No                     |
| Name Of Registered Owner ..... | KHOO HWA PENG          |
| NRIC No .....                  | SXXXX381D              |
| Email Address .....            | JOHNKHOO6347@GMAIL.COM |
| Mobile Phone No .....          | (Phone) +65-94563382   |
| Alternative Phone No .....     | +65-94563382           |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Vezel                     |
| 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 .....   | 1496                      |

### INSURANCE COMPANY

|                                 |   |
|---------------------------------|---|
| Name of Insurance Company ..... | Great Eastern General Insurance Limited |
| Type of Coverage .....          | Comprehensive                           |
| Fleet Policy .....              | Yes                                     |
| Policy Number .....             | 2021-V0113678-VDF-R001                  |
| Cover Note Number .....         | -                                       |

### DRIVER

|                      |               |
|----------------------|---------------|
| Name of Driver ..... | KHOO HWA PENG |
| NRIC No .....        | SXXXX381D     |

|  |                                       |
|--|---------------------------------------|
| Date Of Birth .....  | 11/11/1966                            |
| Occupation .....   | Outdoor                               |
| Date Of Driving Pass .....   | 18/12/1984                            |
| Driving experience .....   | 37 YEARS AND 2 MONTHS                 |
| Gender .....   | Male                                  |
| Mobile Number .....  | (Phone) +65-94563382                  |
| Alt. Phone Number .....  | +65-94563382                          |
| Email Address .....  | JOHNKHOO6347@GMAIL.COM                |
| Address .....  | BLK 215 BUKIT BATOK STREET 21 #07-329 |
| Address complement .....   | -                                     |
| Postcode .....   | 650215                                |
| 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 .....   | Side Swipe |
| 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| 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? .....  | 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 ..... | GBB4549Z           |
| 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) ..... -

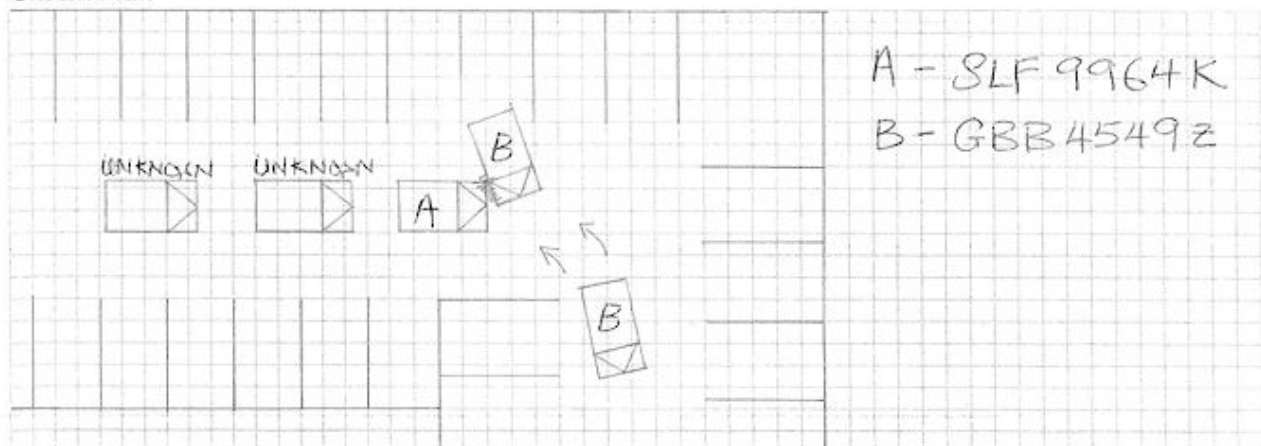
**SKETCH PLAN****IMPORTANT NOTICE**

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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**

## Describe Circumstances of the Accident

On 05/02/2022 @ 1440 HRS, I was driving my Vehicle A (SLF9964K) at BLK 492 JURONG WEST ST-41 (OSCP). I was on the car park straight lane and suddenly Vehicle B (G8B 45492) from the bend was reversing in a very high speed. I stopped to let Vehicle B (G8B 45492) do the reversing and suddenly Vehicle B (G8B 45492) front right hand portion collided onto my vehicle A (SLF9964K) front left hand portion while reversing into the car park lot. I aligned to check and take photo but Vehicle B (G8B 45492) has shifted his vehicle from the accident scene. Vehicle B (G8B 45492) driver aligned and says "I have nothing to say and is already accident, go claim insurance." I want to do a police report in Hong Kong North NPP.

## 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



\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel





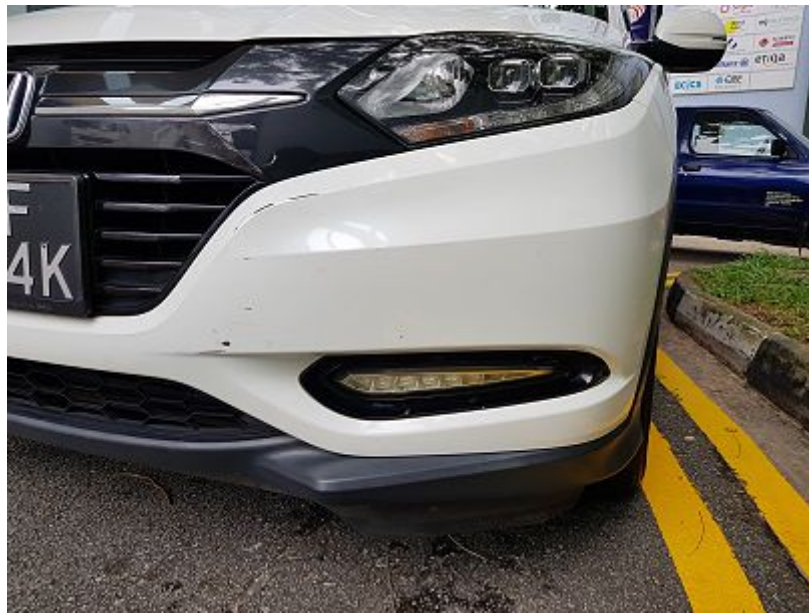












Service please visit  
 Street  
 Great Eastern Centre  
 #6248 2888 Fax: +65 6327 3080

# 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 MX1

Policy No. : 2021-V0113678-VDP-R001 Risk# : 0001  
 Policy Type : Drive And Save Plus Cover : Comprehensive

## DESCRIPTION OF VEHICLES:

Vehicle Registration : SLF9964K  
 Vehicle Make & Model : HONDA VEZEL 1.5X CVT ABS D/AIRBAG 2WD5DR

Name of Insured : KHOO HWA PENG

Period of Insurance : 19-09-2021 (0000HRS ) to 18-09-2022

## PERSONS 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 been 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 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

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

GPCSLKG

10-08-2021

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 greasterngeneral.com



Annex D

**NOTICE OF REPORTING**

This is to confirm that Khoo Hwa Peng, S1743381D (HP: 94563382) has reported to the Police a traffic accident which occurred on 05/02/2022 at about 1440hrs along B/492 Jurong West St41, OSCP. The traffic accident does not consist of the below following criteria:

- i) Involvement with Pedestrian/Cyclist
- ii) At this moment, involving parties did not obtain more than 3 days of Medical Leave.
- iii) No Government property/vehicle damaged
- iv) Hit and Run Accident
- v) No foreign vehicle was involved
- vi) Nobody involved in the accident was conveyed by ambulance

**Involving the following vehicles:**

- V1) SLF9964K, (Driver: Khoo Hwa Peng, S1743381D (HP: 94563382)
- V2) GBB4549Z, (Unknown Driver)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T190215 Lim Rong Feng

Date: 05/02/2022

Time: 1756hrs

S/D Ref: 68

Police Post/Unit: Hong Kah North NPP



A handwritten signature in black ink, likely of the issuing officer, SGT T190215 Lim Rong Feng.