

# 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 ..... 04/04/2022 17:40 (SGT)  
Date of Accident ..... 02/04/2022 18:30 (SGT)  
Exact Location of Accident ..... Hougang Ave 2, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLN7701Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Tang Sow Boon (Zheng Shaowen)  
NRIC No ..... SXXXX887C  
Email Address ..... tangme167@gmail.com  
Mobile Phone No ..... (Phone) +65-94355734  
Alternative Phone No ..... +65-94355734

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2021-V0116918-VAW  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Tang Sow Boon (Zheng Shaowen)  
NRIC No ..... SXXXX887C

|  |                                  |
|--|----------------------------------|
| Date Of Birth .....  | 02/12/1975                       |
| Occupation .....   | Outdoor                          |
| Date Of Driving Pass .....   | 12/06/2002                       |
| Driving experience .....   | 19 YEARS AND 10 MONTHS           |
| Gender .....   | Male                             |
| Mobile Number .....  | (Phone) +65-94355734             |
| Alt. Phone Number .....  | +65-94355734                     |
| Email Address .....  | tangme167@gmail.com              |
| Address .....  | Blk 167 Bishan Street 13 #07-216 |
| Address complement .....   | -                                |
| Postcode .....   | 570167                           |
| 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 .....   | Collision - Change/cross lane |
| 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

Please refer to the sketch plan.

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | Yes |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                      |
|-----------------------------------|----------------------|
| Vehicle Registration Number ..... | XE853U               |
| Vehicle Manufacturer .....        | -                    |
| Vehicle Model .....               | -                    |
| Vehicle Variant .....             | -                    |
| Vehicle Colour .....              | -                    |
| Vehicle Category .....            | Commercial vehicle   |
| Name of Driver .....              | Cao Tairan           |
| Passport No/FIN .....             | GXXXX956T            |
| Contact Number .....              | (Phone) +65-83866887 |
| 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.

*[Signature]*

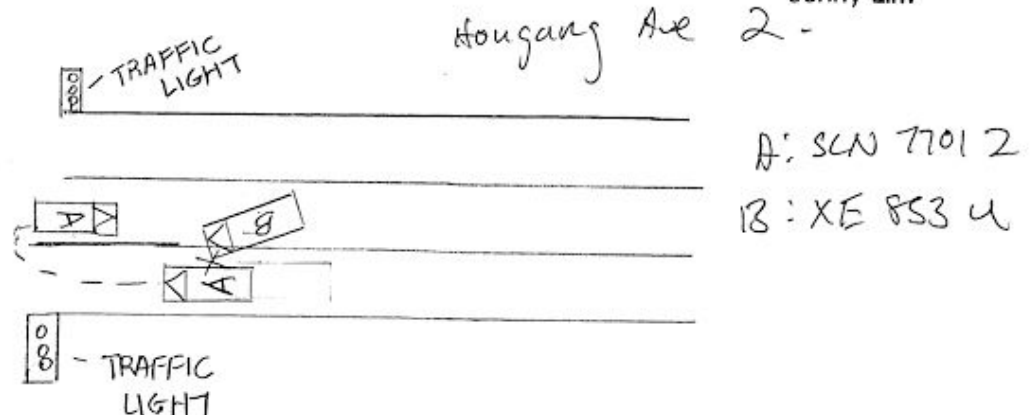
Policyholder's Signature / Date & Time  
- 4 APR 2022

Sketch Plan

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

*[Signature]*  
Witnessed by Reporting Centre Personnel

Jenny Lim



## Describe Circumstances of the Accident

I was driving on the extreme left lane, suddenly vehicle No KF 853 swerve into my lane. The vehicle hit my car. As a result of this action, my car does a 180° degree turn. Coming to a full stop of the traffic function of the road. My car was damaged on the right hand side.

## Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date &  
 Time - 4 APR 2022

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

  
 Witnessed by Reporting Centre  
 Personnel Jenny Lim









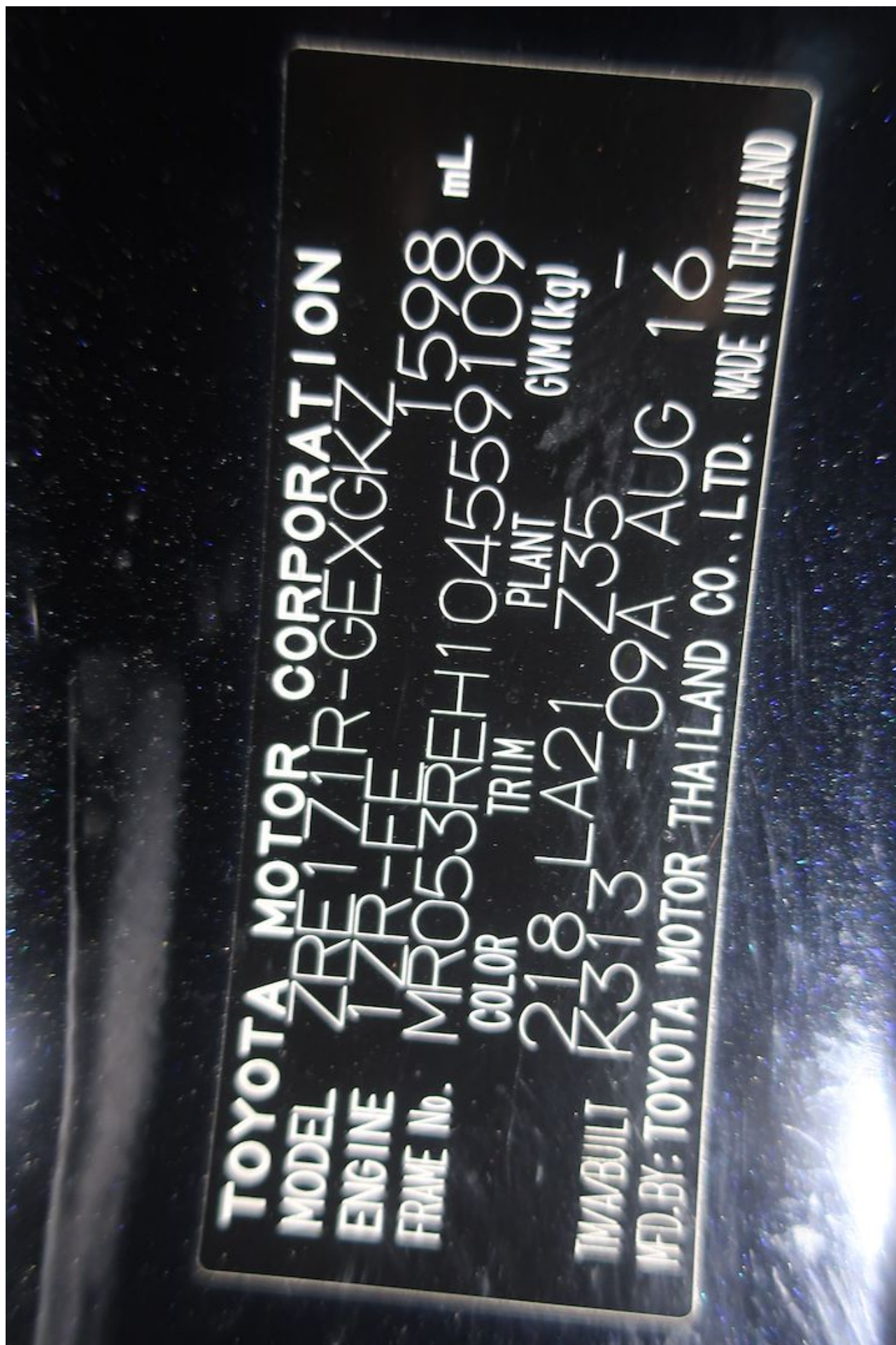














**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SL0322440002 Vehicle Registration No: SLN 7701Z  
 Name (as shown in NRIC): Tang Sow Boon (Zheng Shaowen) NRIC/FIN/Passport No: S7535887C  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 167 Bishan Street 13 #07-216 Singapore (570167)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 94355734  
 Email Address: \_\_\_\_\_  
 Date of Accident: 02/04/2022 Time of Accident: 18:30 hours  
 Place of Accident: Hougang Avenue 2  
 Insurance Company: Great Eastern General Insurance Limited

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. I would like to amend my report to "THIRD PARTY CLAIM".
2. To upload video footage.

Policyholder / Driver's Signature  
 Date: 06/04/2022

Reporting Centre Personnel's Signature  
 Name: Jenny Lim  
 NRIC/FIN No.: -  
 Date: 06/04/2022



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 MX1

Policy No. : 2021-V0116918-VAW  
Policy Type : AutoWise

Risk# : 0001  
Cover : Comprehensive

**DESCRIPTION OF VEHICLES:**

Vehicle Registration : SLN77012  
Vehicle Make & Model : TOYOTA COROLLA ALTIS 1.6 CVT

Name of Insured : TANG SOW BOON

Period of Insurance : 18-05-2021 (0000HRS ) to 17-05-2022

**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 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 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

GPCSSYJ

14-05-2021

Great Eastern General Insurance Limited (Reg. No. 1920 00003W)  
(A wholly-owned subsidiary of Great Eastern Holdings Limited)  
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