

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 Actual 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	04/02/2023 09:53 (SGT)
Reported by	Driver
Date of Accident	31/01/2023 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DOVER ROAD TOWARDS CLEMENTI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1507T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HONG LEONG AIR CONDITION & ELECTRICAL WORK
Company Reg No	B09096700C
Email Address	ALBERT88999@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-66590739
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	1500

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	2022-V0117198-VCV

DRIVER

Name of Driver	LIM SENG KEE
NRIC No	S1436184G
Date Of Birth	22/09/1960
Occupation	Outdoor

Date Of Driving Pass	27/11/1979
Driving experience	43 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97618368
Alt. Phone Number	-
Email Address	ALBERT88999@YAHOO.COM.SG
Address	BLOCK 211 BUKIT BATOK STREET 21 #09-236
Address complement	-
Postcode	650211
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	LIGHT RAIN
Road Surface	Wet

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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK2915X
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN YING XUAN , YVETTE
NRIC No	S8720411A

Contact Number	(Phone) +65-96832736
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	SHB5301T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

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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]

[Signature]

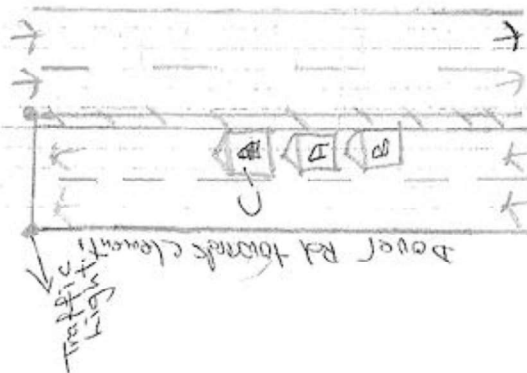
COMFORTDELGO ENGINEERING PTE LTD
380 UBI ROAD 3
SINGAPORE 408649

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A: GRF 1507 T
B: SJK 3915 X
C: SHB 5301 T

Describe Circumstances of the Accident

I was driving my Van GBF1507T on Dover Road towards Clement on the right Lane the front was a traffic light front few vehicle was stop the traffic was in Red and I have stopped the rear vehicle. JJK 2915X suddenly hit on to my Van rear portion and push my van to the front and hit the ~~rear~~ front taxi SHB53017 the rear portion Thrott all.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

COMFORTDELTA ENGINEERING PTE (LT)
320 UBI ROAD 3
SINGAPORE 408649

Witnessed by Reporting Centre Personnel

AUTHORIZATION LETTER

Date:

To Whom It May Concern:

I, Woo Siong Sen, Company Reg No B09096700

hereby like to authorized Lim Seng Kee, IC S1436184G

to make accident report behalf of company .

Your Sincerely



M

Signature / Company Stamp



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) Act Rules, 1996 Edition (Singapore)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (of Federation of Malaya)
 Road Transport Act 1987 (of Malaysia)
 Road Transport Act (Amendment) Act 2019 (of Malaysia)

Policy No. : 2022-V0117198-VCV
 Product Type : Commercial Vehicle
 Cover : Comprehensive Any Workshop
 Name of Insured : HOCK LEONG AIR CONDITION & ELECTRICAL WORKS
 Period of Insurance : From 08/07/2022 to 07/07/2023 (both dates inclusive)
Risk Number 001
 Vehicle Registration : GBF1507T
 Vehicle Make & Model : NISSAN NV200 1.5 MT ABS AIRBAG
 Hire Purchase : -

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 regulation 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 regulations 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

Annex 2 - Details of All Other Parties Involved in Chain Collision	
Total Number of Parties Involved : []	
Party 1	
Name and NRIC No.	—
Address	—
Insurance Company	—
Handphone No.	—
Vehicle Reg No.	SHB 5301 T
Make / Model	Toyota
Party 2	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	
Make / Model	
Party 3	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	
Make / Model	
Party 4	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	
Make / Model	
Party 5	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	
Make / Model	
Comments :	
Driver's Declaration : I declare that the information given in this report are true and correct. I undertake to assume full responsibilities for all consequences should any part given above be untrue.	





