

## 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 .....	13/06/2023 14:13 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	23/05/2023 07:25 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARDS TUAS
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKW5538G
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN CHUN HAN
NRIC No .....	[REDACTED]
Email Address .....	[REDACTED]
Mobile Phone No .....	[REDACTED]
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Attrage
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 .....	1300

#### INSURANCE COMPANY

Name of Insurance Company .....	Great Eastern General Insurance Limited
Policy Number / Cover Note Number .....	V5006613

#### DRIVER

Name of Driver .....	TAN CHUN HAN
NRIC No .....	[REDACTED] 935D
Date Of Birth .....	[REDACTED]
Occupation .....	Indoor

Date Of Driving Pass .....	08/08/1978
Driving experience .....	44 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	[REDACTED]
Alt. Phone Number .....	-
Email Address .....	[REDACTED]
Address .....	[REDACTED]
Address complement .....	-
Postcode .....	[REDACTED]
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 - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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
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


PLEASE REFER TO ATTACHED.

#### 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 .....	SHC4946J
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	JAHAYA BIN AMAD
NRIC No .....	[REDACTED]

Contact Number .....	
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

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6. 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.
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.
- (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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigation, 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:

27 May 23

Driver's Signature

(If driver is not the policyholder)

Date & Time:

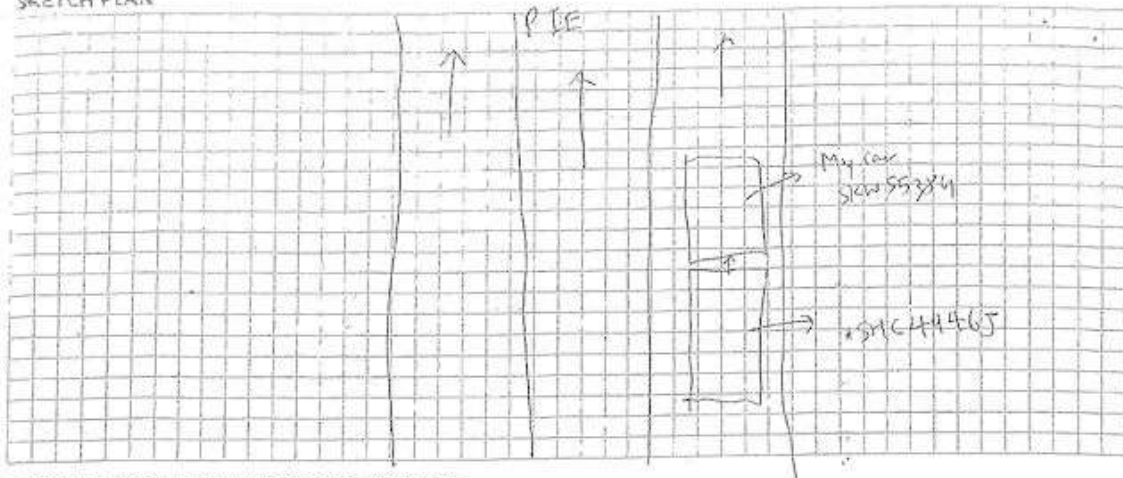
27 May 23

Reporting Centre Personnel's Signature

Name: Kaili Mj Dada

NRIC/ID No: B17821298

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 May 2013, 7.25am, I was on my way to work on Pan Island Freeway (P.I.F.) towards Tuas. I was on the extreme right lane (Lane 1). The traffic was moderately heavy.

The car in front of me slowed down and it made an emergency stop. I stopped behind the car. However, the <sup>taxi</sup> behind me (SHC 49465) did not stop in time. The taxi bumped onto my car behind.

I was ~~driven~~ out of my car and we went over to the side of the freeway to exchange particulars. The driver, Taha, asked me to go to make a report and make an insurance claim & for my repairs.

We left the site accident site thereafter.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Ta*

*Ta*

Police Officer's Signature  
Date & Time

On my signature  
I declare that the above particulars are true  
Date & Time

Police Officer's Signature  
Name: ST 23010003  
Reference: 51725702



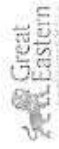
EXCESS APPLICABLE

Policy Excess	Sum Insured
SECTION 1	\$5000
Age Below 16 or Above 69	\$21,000
Age 20 to 69 (Less Than 2 Yrs)	\$21,000
Age 20 to 69 (Over 2 Yrs)	\$5,000
Age 20 to 69 (Over 2 Yrs)	\$5,000
Windstorm	\$3,000
Standard Excess (Section 1)	\$5,000
Min. Excess - TAN CHUAN	

BENEFIT TABLE

Coverage	Sum Insured
1. Insurance On The Vehicle	
Loss or damage by fire or theft	Up to Actual Value
Accidental Loss or Damage by other insured classes	Up to Actual Value
"Savings Benefit" in the event of an accident	General
Rental Vehicle	DEQ authorized Workshop
Replacement Driver	General
2. Liability To Third Parties	
Death Or Bodily Injury	Unlimited
Damage To Property	Up to \$50,000,000
Legal Fee	\$50,000
3. Medical Expenses	Up to \$5,000
4. Death Or Permanent Disability	
Insured	\$315,000
Authorized Driver (and/or Passenger(s))	\$50,000
Additional Optional Benefits	
NCC Protector (For policyholders with 40% and 60% MCD)	Applicable
Limit of Use \$500 per day up to 7 days	If applicable

Great Eastern does not guarantee the amount of any claim payable under this policy. The actual amount payable will depend on the facts and circumstances of each case. Please refer to the policy wording for full details of the terms, conditions and exclusions of this policy.



SINGTEL CAR PROTECT

POLICY DETAILS

Policy Number	W600813
Policyholder	TAN CHUAN HAN
Mailing Address	BLK 211A PULVERPOOL WALK #11-023 SINGAPORE 321211
Premium	\$5,042.00 (inclusive of GST)
Period of Insurance	28/03/2022 to 28/03/2023
Date of Issue	28/03/2022 01:10:15

INSURED VEHICLE DETAILS

Vehicle Information	Vehicle Details
Vehicle Registration Number	SGR5583
Vehicle Make & Model	MYTUBA - ATITUDE
Vehicle Type	Passenger
Year of Registration	2018
Engine Capacity	1700
Engine Number	3402-1700-000
License Number	MB871A33-000000

COVERAGE DETAILS

Coverage	Excess
Third Party	Market Value
Third Party	Not Applicable
Self Drive Discount	Not Applicable
Non-Claim Discount	50%
NCC Protector	No
Limit of Use (\$500 per day up to 7 days)	No
Total Premium (inclusive of GST)	\$5,042.00

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