SS3024920001 / Soc Leon Motor Works ENTRY DATE & TIME: 02/09/2024 11:48 (SGT) SUBMITTED BY: Leong Sum Pheng VERSION: 1 (02/09/2024 11:48 (SGT))

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 First Submission

Reported by **Date of Accident**

Exact Location of Accident Additional Location Information

Country/State of Loss

02/09/2024 11:48 (SGT)

Actual Driver

01/09/2024 20:50 (SGT)

PIE, Singapore

PIE EXIT TO CTE

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLN2581K

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No **Email Address** Mobile Phone No

Alternative Phone No

Yes

Kia

Cerato

SAMSAN ENGINEERING PTE LTD

201719812E

admin@hh-integrated.com (Phone) +65-91250089 (Office) +65-64932744

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category **Transmission**

CC

Vehicle Fuel

First Regisration Date

Chassis no

Effective Date/Time of Ownership

Employment

No - Claiming third party

Private car Auto 1591

Petrol

27/04/2017

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

EQ Insurance Company Ltd DMPPHQ23-010318

DRIVER

Name of Driver
Passport No/FIN

Date Of Birth
Occupation
Driving Pass Date

Driving License Pass Class Driving License Validity Driving experience

Gender Mobile Number

Alt. Phone Number

Email Address

Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance? 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?
Was notice of intended Prosecution given?
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

SHA4588U

HOSSAN DEWAN AMARAT

G8248368W

11/02/1987

24/09/2013

11 YEARS

(Phone) +65-91250089

admin@hh-integrated.com

BLK 878 WOODLANDS AVE 9 #10-292

Outdoor

3

Valid

Male

730878

Employee

Chain Collision

Clear

Dry

No

No

Yes

1

No

No

No

No

No

-



Vehicle Model
Vehicle Variant

Vehicle Colour

Vehicle Category

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKW8922K

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

-

Vehicle Colour

No. Of Passenger (Including Driver)

Vehicle Category Private car

Name of Driver - Contact Number - Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident - Contact Number - Contact Number

SKETCH PLAN

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- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the Insurers to the GIA Records Management Centre established by the General insurance Association of Singapore (GIA) for exchiving 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)

Lunderstand, admovindos, agres and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose sind/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 sattlement 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 additiont and the insurers' lawyers/law firms, may/are permitted to deflect. 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.

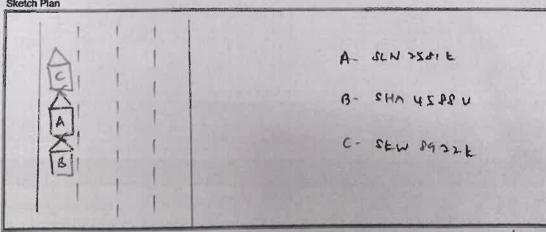
Policyholder's Seattle & Time

AGINEER UEN: 201719812

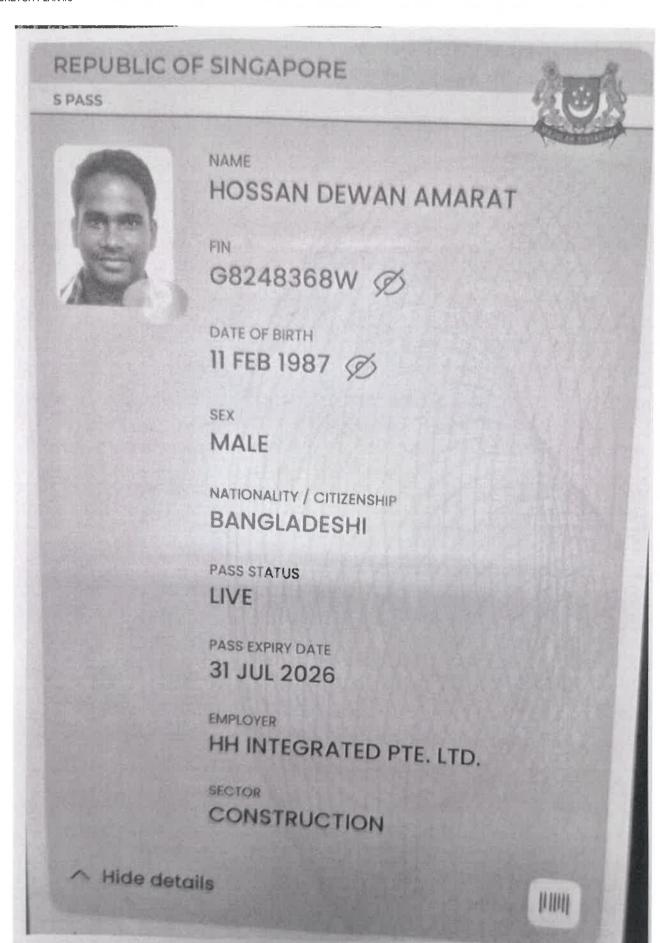
> Actual Driver Signature (il policyholder) / Date & Time onature (if driver is not the

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



| Describe Circumstance of the Accid | dent |
|--|--|
| FIE Vet | 1 11/4 POMY STOPPED. |
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| | |
| Declaration i// declare the foregoing particular | s are true in every respect. |
| UEN: G | |
| Policyholder School Date & Tin | PO Active Date Supply to 18 date in the |
| | Actual Original Signature (# driver is not the poscyholder) Witnessed by Reporting Centre Personn / Date & Time (Name as in NRICTD card) |
| un2022 | |
| | |







LICENCE NO.

G8248368W

CLASS AND ISSUE DATE
3 • 24 SEP 2013

EXPIRY DATE
05 MAR 2029

CERTIFICATE OF MERIT
NOT ELIGIBLE

DEMERIT POINTS

O

CARD SERIAL NO. 003499882E





