SH0H2499M001 / Hock Wah Motor Workshop Pte Ltd ENTRY DATE & TIME: 09/09/2024 17:08 (SGT) SUBMITTED BY: Teo Qin Xuan VERSION: 1 (09/09/2024 17:08 (SGT))

SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. 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.
- Any false reporting may be referred to the Police for investigation.
 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.
 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 09/09/2024 17:08 (SGT)

Reported by Both Policyholder and Actual Driver

Date of Accident 07/09/2024 14:30 (SGT)

Exact Location of Accident Near 206 Aljunied Rd, Singapore 389827

Additional Location Information ALONG PIE TOWARDS TUAS

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SMD4708R

Is company? No

Name Of Registered Owner CHONG HWEE QUEEN

NRIC No SXXXX369D

Email Address QUEENCHQ@GMAIL.COM Mobile Phone No. (Phone) +65-97429310

Alternative Phone No

Manufacturer Honda

Model JAZZ 1.3 CVT 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? No - Claiming third party

Vehicle Category Private car Transmission

Auto CC 1318 Vehicle Fuel Petrol

First Regisration Date 21/08/2018 Chassis no

JHMGK3850JX226634 Effective Date/Time of Ownership 21/08/2018 11:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd

Policy Number / Cover Note Number 24-MT105426-R03

DRIVER

Name of Driver CHONG HWEE QUEEN NRIC No SXXXX369D Date Of Birth 11/12/1988 Occupation Indoor Driving Pass Date 23/04/2007 Driving License Pass Class 3 Driving License Validity Valid Driving experience 17 YEARS AND 5 MONTHS Gender Female Mobile Number (Phone) +65-97429310 Alt. Phone Number Email Address QUEENCHQ@GMAIL.COM Address BLK 79A JALAN ANGIN LAUT - SINGAPORE 489303 Address complement Postcode 489303 Is the driver the policyholder? Yes 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 지하게 하는 시간에 사용하게 함께 가장하다. GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry 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) 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 ON THE STATED DATE & TIME, I WAS DRIVING ALONG PIE TOWARDS TUAS AND APPLIED BRAKE. OUT OF SUDDEN, I FELT AN IMPACT FROM REAR AND NOTICE THAT THE VEHICLE B (SNC1743B) COLLIDED ONTO MY REAR PORTION. Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SNC1743B



Vehicle Manufacturer					-
Vehicle Model	27 2774		1 2 2 2		-
Vehicle Variant				* 4	_
Vehicle Colour					-
Vehicle Category			11 10		Private car
Name of Driver					-
Contact Number					-
Address		1 1 1			-
Address complement		3 6 5	3 3		-
Postcode			0.0		-
Insurance Company Name			19	3.3	-
Nature Of Damage	2 0	0 00	2.12		-
Details of property damaged	in accident				-
No. Of Passenger (Including	Driver)				1

SKETCH PLAN

IMPORTANT NOTICE

- 1 Please report <u>correctly</u> the details of the accident to speed up the claims process
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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 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 Géneral 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 purposets) of

(r) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to

- (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
- (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. uso, 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

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

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

Sketch Plan -> vehicle A: SMD 4708R -> vehicle 8: SNC 1743B Along PIE towards Twas. vJust2022

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You had been advised by workshop that in the event that you	Reporting Only
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within the stipulated time-frame from the day of occurrence.	Claim OD/Pat other workshop
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Declaration	OR WORL
NWe declare the foregoing particulars are true in every respect	Sold Control of the C
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Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the	policyholder) Witnessed by Reporting Centre Person
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@ Accident report SH0H2499M001

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