

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 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 09/12/2024 16:28 (SGT)
Reported by Actual Driver
Date of Accident 07/12/2024 14:40 (SGT)
Exact Location of Accident Seletar, Singapore
Additional Location Information woodlands south flyover towards TPE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE8678G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

Shin Khai Construction Pte Ltd

2XXXXX471K

pat@shinkhai.com

(Phone) +65-64418818

VEHICLE PARTICULARS

Manufacturer Hino Fy1euka Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Goods vehicle Transmission Manual CC 12913 Vehicle Fuel Diesel First Regisration Date 18/10/2023 Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMCPHQ24-004945

DRIVER

Name of Driver	Wu Win Yap
Work Permit No	GXXXX993X
Date Of Birth	
Opermation	25/02/1985
***************************************	Outdoor
Driving Pass Date Driving License Pass Class	12/08/2014
	4
Driving License Validity	Valid
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male ,
Mobile Number	(Phone) +65-84330536
Alt. Phone Number	
Email Address	pat@shinkhai.com
Address	No 26, Jln Laman Setia 5/11 Taman Setia 81550
Address complement	Gelang Patah Johor
Postcode	
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	
The second of th	_
Insurance Company of Other Vehicle Owned by Driver	
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
- BU	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? Translator's name	No
사람들은 사람들은 아니는	
Translator's phone number	
Translator's email	
Original language used in the statement	
DETAILS OF POLICE ACTION	
는 마음이 경영을 가입니다. 그리는 그런 경영을 보고 있는 것이 되었다. 프로그램 보고 되었다. 그는 전투를 보고 있다. 기사를 가입니다 그 수 있다. 보니다 스크리 	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	INU
ii yes, against wildin:	
CIRCUMSTANCES OF ACCIDENT	
	th Flyover towards TPE at Lamp Post 652, I was on the Extreme left
lane of the three lanes, slow moving vehicles ahead due to Road v	work, suddenly Vehicle (B) SNH976B filter from the slip road into my
lane and collided with my Vehicle (A) XE8678G causing damage t	o the front LH portion of my vehicle.
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Tras life any video copidiod by Car Camera:	INO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNH976B
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	Chiotiso
Vehicle Colour	
Vehicle Category	Private hire
Name of Driver	LAW KAR HENG
Contact Number	
Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

Luncerstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to gollect, use, disclose. and/or process my personal detulpersonal 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 (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/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 sentement of the claims and any necessary investigations relating to
- (it) awastigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any annuiries by me;
- (iv) administering my claims (including the making of correspondence, statements, involves, 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) couplying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) oil insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, mayiare 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 law yers/law firms), which may be sized outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &

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

Personnel

Witnessed by Reporting Centre

Skeich Plan

Firms

Describe Circumstances of the Accident	en grand beginnere som a sem av en an annann stærensem annament en er en stæret for en andersem, an an an
on 7-12-240 al about 14:40 HRS to	shelst diving along
woodlands South flyover towards	TPE at lamp point on 2
I was on the extreme Left lane	of the three some
slow moving vehicle shead dub to Rea	d work suddenly veluces (B)
SNH976B - litter imm the slip food	into my lane and collided
with my vehicle (A) XE867.8G cause	as demente to the front
	J. J. Comments and
All sortions of my vehicle	
	THE RESERVE OF THE PARTY OF THE

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



Personne'

Witnessed by Reporting Centre