SS0C21AJ0001 / Soc Leon Motor Works ENTRY DATE & TIME: 19/10/2021 17:16 (SGT) SUBMITTED BY: Leong Sum Pheng VERSION: 1 (19/10/2021 17:16 (SGT))



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 Authorised 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
- 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.

- 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 19/10/2021 17:16 (SGT) Date of Accident 19/10/2021 13:30 (SGT) Exact Location of Accident Choa Chu Kang, Singapore Additional Location Information ALONG CHOA CHU KANG DRIVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Commercial vehicle

Vehicle Registration Number GBD161Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner C. K. TOH CONSTUCTION PTE LTD Company Reg No 2XXXXX402G **Email Address** sales@cktohconstruction.com Mobile Phone No. (Phone) +65-96339839 Alternative Phone No +65-96339839

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model L200 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

Transmission Auto CC 2477

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Type of Coverage Comprehensive Fleet Policy No Policy Number DMCPHQ21-001419 Cover Note Number

09/05/1964 Date Of Birth Outdoor Occupation Date Of Driving Pass 28/05/1985

Driving experience 36 YEARS AND 5 MONTHS

Gender

(Phone) +65-96339839 Mobile Number

Alt. Phone Number

Email Address sales@cktohconstruction.com

BLK 800 YISHUN RING ROAD #04-4381 Address

Address complement

760800 Postcode No

Is the driver the policyholder? 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 Collision - Head to Rear

Weather Conditions Clear Road Surface Dry

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? Yes

Was any other vehicle or property damaged? Number of Passengers (Including Driver) 1

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

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 THE ATTACHED REPORT.

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Vehicle Registration Number **GBF8432D**

Vehicle Manufacturer Vehicle Model

Vehicle Variant Vehicle Colour

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

SKETCH PLAN

IMPORTANT NOTICE

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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)

Lunderstand, 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 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 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' law yers/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 they law yers/law firms), which may be sited outside of Singapore, for one or mine of the above Purposes.

10 × 00/

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Choa Chu Kang Drive

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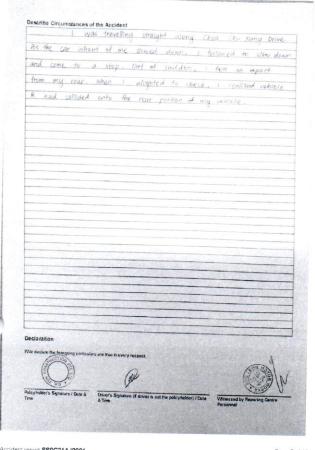
Declaration

We declare the foregoing particulars are true in every respect.











Accident report SS0C21AJ0001

Page 5 of 12

Accident report SS0C21AJ0001

Page 6 of 12





IMAGES #3



0C21AJ0001 / Soc Lean Motor Works ITRY DATE & TIME: 19/10/2021 17:16 (SGT) IBMITTED BY: Leong Sum Pheng IRSION: 1 (19/10/2021 17:16 (SGT))

SINGAPORE ACCIDENT STATEMENT

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Information provided must be as suntid and accurate as passible. Any with insrepresentation or witholding of material facts may allow insurance companies to repudiate

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ACCIDENT STATEMENT

Date of Submission Date of Accident Exact Location of Accident 19/10/2021 17:16 (SGT) 19/10/2021 13:30 (SGT) Choa Chu Kang, Singapore ALONG CHOA CHU KANG DRIVE Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

GBD161Z

Vehicle Registration Number

INSURED/POLICYHOLDER

is company? Name Of Registered Owner Company Reg No Email Address

Mobile Phone No Alternative Phone No

VEHICLE PARTICULARS Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of cacident accident accident Are you daiming under your own insurance policy for repair to your vehicle?
Vehicle Category
Transmission

CC

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER

Name of Driver NRIC No

Accident report SS0C21AJ0001

Mitsubishi L200

Employment

No - Claiming third party Commercial vehicle Auto 2477

C. K. TOH CONSTUCTION PTE LTD 2XXXX402G sales@cktohconstruction.com (Phone) +65-96339839 +65-96339839

EQ Insurance Company Ltd Comprehensive DMCPHQ21-001419

NG AH CHA

Page 1 of 12

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

09/05/1964 Date Of Birth Outdoor 28/05/1985 Occupation Date Of Driving Pass 36 YEARS AND 5 MONTHS **Driving** experience Male (Phone) +65-96339839 Gender Mobile Number Alt. Phone Number Email Address Address sales@cktohconstruction.com
BLK 800 YISHUN RING ROAD #04-4381

Address complement 760800 Postcode Posicione
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 Employee

Insurance Company of Other Vehicle Owned by Driver

Collision - Head to Rear Type of Accident Weather Conditions Road Surface Dry

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured on the Accident? Was any injured conveyed to hospital by ambulance? Was any other whole or properly damaged? Number of Passengers (including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident dalims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given if yes, against whom? No

REFER TO THE ATTACHED REPORT.

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

DETAILS OF OTHER VEHICLE PROPERTY 1

GBF8432D

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

Name of Dri Passport No/FIN Contact Number TXXXX094G

Address

Accident report SS0C21AJ0001

Page 2 of 12

SETTOH PLAN

SKETCH PLAN

IMPORTANT NOTICE

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Reformation's Signature / Date 6 Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Bursonnel

Sketch Plan

IMAGES #4



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P Accident report SS0C21AJ0001

Page 9 of 12

Accident report SS0C21AJ0001

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IMAGES #7

