



## 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 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	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

Vehicle Registration Number	GBD161Z
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	C. K. TOH CONSTRUCTION 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	Commercial vehicle
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	-

Date Of Birth	09/05/1964
Occupation	Outdoor
Date Of Driving Pass	28/05/1985
Driving experience	36 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96339839
Alt. Phone Number	-
Email Address	sales@cktohconstruction.com
Address	BLK 800 YISHUN RING ROAD #04-4381
Address complement	-
Postcode	760800
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	-
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?	-
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

#### 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

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

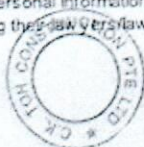
## IMPORTANT NOTICE

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 willful 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. 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.

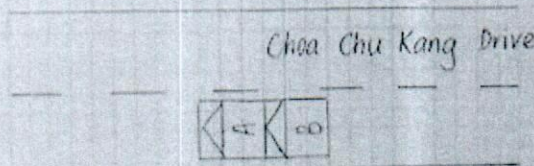


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





**Describe Circumstances of the Accident**

I was travelling straight along Choa Chu Kang Drive.  
 As the car in front of me slowed down, I followed to slow down  
 and come to a stop. Out of sudden, I felt an impact  
 from my rear. When I alighted to check, I realised vehicle  
 B had collided onto the rear portion of my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.



*[Handwritten signature]*



*[Handwritten signature]*





**Describe Circumstances of the Accident**


I was travelling straight along Chan Chu Kang Drive. As the car in front of me slowed down, I followed to slow down and come to a stop. But of sudden, I felt an impact from my rear. When I alighted to check, I realised vehicle R had collided into the rear portion of my vehicle.

**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: 

Witnessed by Reporting Centre Personnel: 





## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 claim 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 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

Vehicle Registration Number: GBD161Z  
INSURED/POLICYHOLDER  
Is company? Yes  
Name Of Registered Owner: C. K. TOH CONSTRUCTION PTE LTD  
Company Reg No: 200000492G  
Email Address: sales@oktohconstruction.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: Commercial vehicle  
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: -

### DRIVER

Name of Driver: NG AH CHAI  
NRIC No: SXXX218D

Accident report SS0C21AJ0001

Page 1 of 12

Date Of Birth: 09/05/1964  
Occupation: Outdoor  
Date Of Driving Pass: 28/05/1985  
Driving experience: 36 YEARS AND 5 MONTHS  
Gender: Male  
Mobile Number: (Phone) +65-96339839  
Alt. Phone Number: -  
Email Address: sales@oktohconstruction.com  
Address: BLK 800 YISHUN RING ROAD #04-4381  
Address complement: -  
Postcode: 760800  
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: -  
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? -  
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

### 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

Vehicle Registration Number: GBF8432D  
Vehicle Manufacturer: -  
Vehicle Model: -  
Vehicle Variant: -  
Vehicle Colour: -  
Vehicle Category: Commercial vehicle  
Name of Driver: LEE HUEY CHENG  
Passport No/FIN: TXXX094G  
Contact Number: -  
Address: -

Accident report SS0C21AJ0001

Page 2 of 12

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

### SKETCH PLAN

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This form must be completed by the Policyholder and/or the Authorized Driver.
- Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 claim 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.
- 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 be permitted to collect, use, disclose and/or process my personal data/personal information set out in the Report and any other personal information provided by me or generated by my insurer collectively the "Personal Information" and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in this accident (all insurers) who have insured vehicles involved in the accident shall be collectively referred to as the "Insurers"; the Insurers, the Insurers' law enforcement firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 making of correspondence, statements, invoices, reports or notices to me, which could include disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelops/personal packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes");  
(b) all insurers who have insured vehicles involved in the accident and the Insurers' law enforcement firms, may be 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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including the Insurers' law enforcement firms), which may be used outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

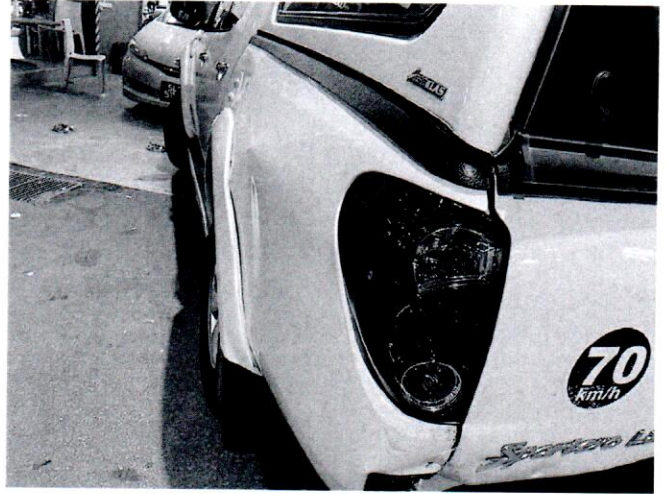
Sketch Plan



IMAGES #4



IMAGES #5



IMAGES #6



IMAGES #7

