SS0222130009 / S & H Motor Pte Ltd ENTRY DATE & TIME: 03/01/2022 18:14 (SGT) SUBMITTED BY: Wong Kee Nyuk VERSION: 1 (03/01/2022 18:14 (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 repodiate
- 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.
- 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 03/01/2022 18:14 (SGT) and the state of t Date of Accident 02/01/2022 15:00 (SGT) Exact Location of Accident Buangkok Cres, Singapore Additional Location Information Buangkok Crescent entrance to BLk 981A Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

SJA3869S

(Home) +65-98572426

INSURED/POLICYHOLDER Is company? Name Of Registered Owner Toyotsu Binter Automotive Parts Pte Ltd Company Reg No Language to Language the Language and the Language to the langu SXXXXXX551M Email Address karine.huang@toyotsubinter.com Mobile Phone No (Phone) +65-98572426 Alternative Phone No

VEHICLE PARTICULARS

Vehicle Registration Number

Manufacturer Honda Model Convenience of the second convenience Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Commercial vehicle Vehicle Category Transmission Auto 1339

INSURANCE COMPANY

EQ insurance Company Ltd Name of Insurance Company Type of Coverage Annual Control of the Coverage Control of the Coverage Cov Comprehensive Fleet Policy DMPPHQ21-008666 Policy Number Cover Note Number

DRIVER

Name of Driver Huang Meijuan July 2 17 to grave the court of SXXXX941F

Date Cf Sirth	09/12/1982
Occupation represents the control of	Outdoor
Date of Oriving Pass	10/11/2008
Driving experience	13 YEARS AND 2 MONTHS
Gende	Female
Mobile Number	
Alt. Phone Number	(Phone) +65-98572426
Email Address	karine.huang@toyotsubinter.com
Address	24 Pandan Road
Address complement	
Postcode	609275
Is the criver the policyholder?	No
If No, Flerationship of the Driver with the Insured	
Does Erriver Own Other Vehicles?	Employee
	No
Vehicle Fiegistration Number of Other Vehicle Owned by Driver	
Incurrence Corporate of Other Vehicle Owner by Driver	
Insurance Company of Other Vehicle Owned by Driver	
Algebra 1994 de la completa de la c	
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Raining
Road Suiface	Wet
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OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	
Number of vehicles involved in the accident	
Was ar ybody 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 criver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	er No
PASSENGER 1	
A company of the comp	
Name	
	Unknown
	unknown
The state of the s	unknown Female
Gende:	
Gende:	
Gende:	
Gende PASSENSER 2 Name	Female unknown
Gende PASSENSER 2 Name	Female
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Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

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Vehicle Registration Number	GBG1658K
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	
Vehicle Colour	e e e di salah
Vehicle Category	Commercial vehicle
Name of Driver personal experience in the property of the prop	Xu Xiaoliang
· Work Permit No	GXXXX008M
Contact Number	(Phone) +65-81988641
Address	-
Address complement	
Postcode Complementes accordinates accordinates accordinates accordinates a complementes accordinates accordi	g a rana garan baharan gara
Insurance Company Name	. -
Nature Of Damage	
Details of property damaged in accident	- <u>-</u>
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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- 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 enveloces/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 their law yers/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

Witnessed by Reputing Centre Resource

Sketch Plan

new to Attended

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

& Time

Driver's Skinature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre⁽⁾ Personnel While driving along Buangkok Crescent on 02/01/2022 @1500 hrs.

The road was two ways road. I was driving on the left lane road, I had signaled my right signal light, while approaching to turn right into Blk 981A Buangkok Crescent entrance just about 45 degree turn, a lorry (vehicle no: GBG1658K) suddenly appear on my right, I get shock and stopped my car, but realize that the lorry was in the wrong lane (see sketch plan). I remember the lorry was behind me while driving all the time. It could be he want to overtake me, thus change lane which is opposite lane and collided to my car.

