SC15224J0003 / CHIN MENG MOTORS ENTRY DATE & TIME: 19/04/2022 16:45 (SGT) SUBMITTED BY: CMM02 VERSION: 1 (19/04/2022 16:45 (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

- 9. Information provided mast by as distinct and second as positive 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 insurance Association of Singapore (GIA) for archiving the insurance Association of Singapore (GIA) for archi 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	19/04/2022 16:45 (SGT) 17/03/2022 10:30 (SGT) Outram, Singapore OUTRAM ROAD TOWARDS CANTONMENT ROAD Singapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	GBK9967U
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No	Yes ETONHOUSE INTERNATIONAL PRE-SCHOOL PTE LTD (Phone) (Office) +
VEHICLE PARTICULARS	
Manufacturer Model 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? Vehicle Category Transmission	Toyota Hiace - No - Claiming third party Commercial vehicle Manual
CC	2982
INSURANCE COMPANY	
Name of Insurance Company Type of Coverage	Tokio Marine Insurance Singapore Ltd Comprehensive

22-MQ000531-R01

KOH HOCK ENG

Accident report SC15224J0003

Fleet Policy Policy Number

DRIVER

Name of Driver

Cover Note Number

Date Of Birth	
Occupation	Outdoor
Date Of Driving Pass	
Gender	Male
Mobile Number	(Phone)
Alt. Phone Number	-
Email Address	
Address	
Address complement	-
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	
	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry
Tioda Gariago	ыу
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?	
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s)	I
soliciting/offering accident claims assistance?	No
gg	· · ·
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	
	ONG OUTRAM ROAD TOWARDS CANTONMENT ROAD. AS I WAS ALONG LANE ONE, AS HE IS DRIIVING ON LANE 2 SUDDENLY, I
	MY LEFT HAND MIRROR. THE LORRY HAD HIT MY LEFT SIDE.
REASON FOR LATE REPORT IS DUE TO A PRIVATE SETTLEN	
The state of the s	······································
ATTACHMENT/C\	
ATTACHMENT(S)	
Are assident photos available for attachment?	Vaa
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera? Was there any audio recorded?	No
vvas iliele ally audio lecolueu?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

YN4804B

CN4804B

Commercial VB

C

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

SKETCH PLAN

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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 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)

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
- (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 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 & Time

Sketch Plan

A: GBK 99674 S: YN4804B

Personnel

Witnessed by Reporting Centre

Describe Circumstances of the Accident
On 17 march 2022, et about 1030 his. I was diviny
along outron Rend To words Contonning Rd.
As I was passing by The belog in came 1. as I pass
Over take along larg one as he is down on lone ?
Sudde to I Kenned a sember sound of my left God.
I saw the my let hand mapped The longer had but
As I was passing by the leeky in lane 1. as I pass Over take, along lare one, as he is draw on lane 2 Suddenly, I keeped a sentel sound of my lift God I saw film my lift hand making. The looky had left my lift sold.
ng ap 1
State 1/2
The special section of the section o
Reason for late report is due to a private settlement that fa
19/4/2022
10 191412022

Declaration

IWVe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

& Time

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

Witnessed by Reporting Centre Personnel











