A CIC	TAIN ATTAILE
<u> 450</u>	IGNMENT
rom: Date:	Veh No: SLR4178H. Yr Regn: 2017, Augus
stimated Cost:	Type: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD / TP/WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspect Vehicle No:	Make: Toyola Sventa. c.c 1496.
t Workshop m/s	Colour While A/C: Insured / Std / NI / NA
	Sp.Reading //5 410 T/Radio: Insured / Std / NI / NA
sured	Eng/No:
olicy No.	C/No: NSP1707041694.
laims No.	Gen. Cond: Good / Fair / Poor / Burnt
um Insured: Excess:	Steering, morder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
ake of Veh:	Modí: Nil (S/Rim) / STD A/Rim or
	Tyre Size: F: 185/70 R/5
(Policy Condition)	R: 18570R15
emark The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO NOKO OF
al. or Market Value:	Front Rear
OAC Accident Rport: Consistent? : Yes or No	R/Bal. of mm R/Bal. of mm
IA / PR Seen: Consistent?: Yes or No	L/Bal. Ob mm L/Bal. ob mm
st. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 12 109/22
ım Sum: % 3 Val.: Yes or No	Survey held at Premium Carz
A / DEV / DED / CAUDO	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
A / REV / REP. / 24 HRS Vehicle: IN / OUT	
ate: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
TP Bridget Direct.	
m∨ :	
PV:	
Nett:	
7,000	
to/Time Fig Page in 2	`
te/Time, File Pass to? : Preli. Report	Days Of Repair:
te/Time, File Return to?	Resurvey No. of Trip: Survey Fee:
	Transportation:
Add Fe	e: Site Insp (\$) 8+R88
	: Interview (\$) Photos

SS3022990001 / Soc Leon Motor Works ENTRY DATE & TIME: 09/09/2022 14:37 (SGT) SUBMITTED BY: Leong Sum Pheng VERSION: 1 (09/09/2022 14:37 (SGT))



SINGAPORE ACCIDENT STATEMENT

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
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.

4. The issue and acceptance of this Form by instructe companies is not an admission of policy hability on the part of the instructed 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 09/09/2022 14:37 (SGT) Reported by Driver 09/09/2022 12:30 (SGT) Date of Accident **Exact Location of Accident** Ubi Rd 1, Singapore **UBI ROAD 1** Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLR4178H**

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHEAH SIEW MUI** NRIC No SXXXX821Z **Email Address** josephinecheah@gmail.com (Phone) +65-94308569 Mobile Phone No

VEHICLE PARTICULARS

Alternative Phone No

Manufacturer Toyota Model Sienta 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

CC

INSURANCE COMPANY

Name of Insurance Company EQ Insurance Company Ltd Policy Number / Cover Note Number DMPPHQ22-5700

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

CHEAH SIEW KEOW SXXXX048C 13/02/1968 Indoor

Private use

Private car

Auto

1496

No - Claiming third party

Date Of Driving Pass 11/09/1996 Driving experience 26 YEARS Gender Female Mobile Number (Phone) +65-81881025 Alt. Phone Number **Email Address** josephinecheah@gmail.com Address BLK 882 TAMPIINES ST 84 #08-78 Address complement Postcode 521882 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Sibling 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 Raining Road Surface Wet 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement **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 DETAILS OF OTHER VEHICLE PROPERTY 1 Vehicle Registration Number SCW680E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category Name of Driver

(Phone) +65-97688975

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

IMPORTANT NOTICE

- 1. Rease 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
- 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)

Funderstand, 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 ms 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 mo;
- (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")

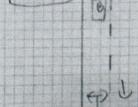
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the 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.

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A-SLR4178H 6=96W680F



2	19/9/2022 at about 12-30pm, my venicle of (SLR4178H) las stationary along wis Road I writing for the main road rather to clear. Out of sudden, while B (SCW 68DE) came from behind and hit into the new portion of my while A.
N	as stationing along libiroad I uniting for the many road
1	rathe to clear, Out of Sudden, while B [SCW 6506] came
1	rom behind and hit into the new porting of my while it
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De	claration
rw	e declare the foregoing particulars are true in every respect.
	9/8/2022
	Jasephin 9/8/20>>
201	cyholder's Signature / Date & Driver's Signature (# driver is not the policyholder) / Date Witnessed by Reporting Centre
	e & Time Personnel
N.	