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 Actual 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 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 First Submission 02/09/2024 16:42 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 31/08/2024 17:00 (SGT) Exact Location of Accident Near 469 Sengkang W Wy, Singapore 790469 Additional Location Information ALONG SENGKANG WEST WAY TOWARDS SENGKANG EAST WAY Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML9508B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ABSOLUT CAR LEASING PTE. LTD. Company Reg No 201428763R **Email Address** ABSOLUTCAR.LPL@GMAIL.COM Mobile Phone No (Phone) +65-88780388 Alternative Phone No

VEHICLE PARTICULARS

Toyota Model Sienta Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private hire Transmission Auto CC 1496 Vehicle Fuel First Regisration Date

Manufacturer

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNA00025422300

DRIVER

Chassis no

Name of Driver NUR RAHIMI BIN MOHAMED AMIN NRIC No. S8807927B Date Of Birth 06/03/1988 Occupation Outdoor Driving Pass Date 13/04/2010 Driving License Pass Class Driving License Validity Driving experience 14 YEARS AND 4 MONTHS Gender Male Mobile Number (Phone) +65-94523069 Alt. Phone Number Email Address REMYAMIN63@GMAIL.COM Address BLK 249 BUKIT BATOK EAST AVENUE 5 Address complement #04-178 Postcode 650249 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 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 PASSENGER 1 Name **UNKNOWN** Gender Female 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 SUMMARY AND SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG9455X
Vehicle Manufacturer	_
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.

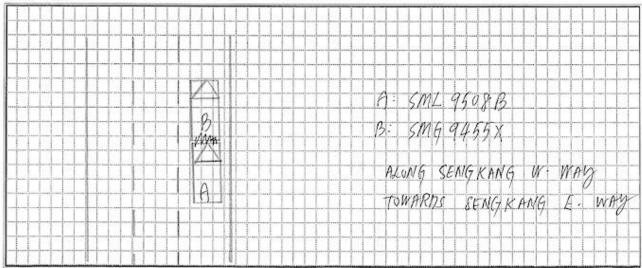
REG. No. 201428763R.

Policyholder's Signature / Date & Time

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

Witnesded by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

Describe Circumstance of the Accident			
ON 31/8/004 At ABOUT Spm, I WAS	DRIVING MY VEHICLE	A (SML 9508B) ALONG	SENGRANG WEST
WAY TOWARDS SENGRANG EAST WAY, SUI			
NOT STOP ON TIME AND MY FRANT !			
REAR PORTION OF VEHICLE OCSMG			

Declaration

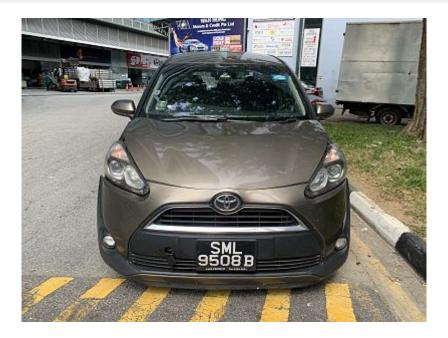
I/We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre Personnel (Name as in NRICNO card)

2











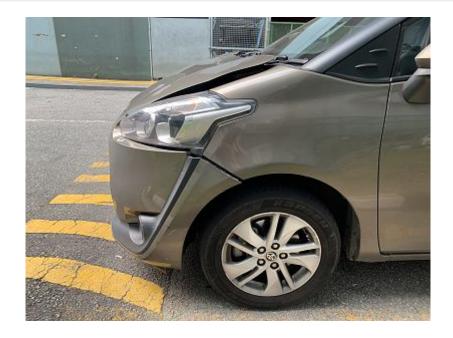
























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with

	whom you submitted the Original Report.	•
	ADDENDUM	
A)) PARTICULARS OF PERSON MAKING THE AMENDMENTS:	
	Original Report No: 5W0E24920008	ehicle Registration No: SML 9508B
	Original Report No: <u>AWOE 2492000 & Ve</u> Name (as shown in NRIC): <u>ABGULUT CAR LEASING</u> NI	TE. LID RIC/FIN/Passport No: 2XXXXX7638
	(*Vehicle Driver/Policyholder) (*) Please delete as appropri	
	Address:	Singapore (
	Contact (Tel): Me	
	Email Address: ABGOLYTCAR - LPL @ GMail · CON	
	Place of Accident: MONG SENGKANG WEST WAY	FOWEROS TAICHANG FAST WAS
	Insurance Company: ALLIANZ	TOWNING SENGICTING EAST WITH
	Insurance Company:	
B)	ADDITIONAL INFORMATION /AMENDMENTS:	
	I have made a report on the above-mentioned accident and make the following amendments:	would like to include additional information or
		nois age
	To include privage HIRE	FO PRIVATE HIRE
	10 INCLUDE PRIVAGE HIRE	MICKER
	-	
		216 (20
		(1/3/2)
		- HALLANDE
		VV

Policyholder / Actual Driver's Signature Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): QUZANA BIE EDROS
Date: 62/09/2024

vJun2022

