ENTRY DATE & TIME: 30/12/2024 11:00 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (30/12/2024 11:00 (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 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
- 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 30/12/2024 11:00 (SGT) Reported by Actual Driver Date of Accident 27/12/2024 12:30 (SGT) Exact Location of Accident Central Expw., Singapore Additional Location Information TOWARDS PIE (CHANGI) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Employment

No - Claiming third party

Vehicle Registration Number GBL7594U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ABS LEASING SERVICES PTE, LTD. Company Reg No 201819528D Email Address audreyseah17@gmail.com Mobile Phone No (Phone) +65-84382115 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv350 Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Commercial vehicle Transmission Auto CC 1998 Vehicle Fuel

First Regisration Date Chassis no

Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00011242402

DRIVER

Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	SEAH LAY ENG S7218873Z 05/06/1972 Outdoor 17/05/1993 3 Valid 31 YEARS AND 7 MONTHS Female (Phone) +65-84382115 - audreyseah17@gmail.com BLK 131 MARSILING RISE #09-188 - 730131 No Hirer No
Insurance Company of Other Vehicle Owned by Driver	_
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions	Chain Collision
Weather Conditions Road Surface	Clear Dry
OTHER INFORMATION	Jiy
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	LIM POH HUAT
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt, Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO POLICE REPORT T/20241227/7073	

Accident report SN0824CU0001

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD2539J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SNN129Z 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)

INJURED PERSONS DETAILS

SEAH LAY ENG

INJURED 1

Name of injured person

Female Phone No (Phone) +65-84382115 Address Address Complement Post Code Approximate Age Years Old
Injuries Sustained SLIGHT INJURY Injured person in which vehicle? GBL7594U Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο INJURED 2 Name of injured person LIM POH HUAT Male Phone No (Phone) +65-82696550 Address Address Complement
Post Code Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle? SLIGHT INJURY GBL7594U

Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

Yes

Νo

Service Corr Controls

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- i. Prouse report states the safette of the estillant to speed up the claims process.
- 2. This Form must be completed by the Policyholder endicative Adjust Suives.
- Information provided must be as truthlet and accounts as possible. Any willuf interspresentation or withouting of material facts may allow insurance companies to troughets policy finitility.
- 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 talse reporting may be referred to the Traffic Police Department for Investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for erchiving and that copies of this report visitor after be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you heldby consent to the archiving of this report at the centre and to opplies of this
 report being made available aforeseld.
- E. Consent under the Personal Data Protection Act (PDPA)

l understand, asknowledge, agree and consent that:

- (e) My insurer, my workshop and the General Insurence Association of Singapore ("GIA") maybe 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 Incorers) who have insured velidate(a) involved in this pooldent (all insurer(a) who have insured velidate(a) involved in this pooldent (all insurer(a) who have insured velidate(a) involved in this process to expectively referred to as the "insurers"), the insurers' townships firms, the Moneton' Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(a) 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 ancide my claims;
- (F) carrying out and/or dealing with my instructions or responding to any enoughes by mo:
- Ity) infinitiveleting my claims (kickliding the melling of correspondence, statements, involves, reports of notices to me, which could involve disclaims of cortain personal data about me to bring about delivery of the same as well as on the extense cover of employeeming packagos); and/or
- (v) complying with applicable (by in administering, processing, hereting and/or dealing with my dama. (collectively the "Purposes")
- (ii) all insurants) who have insured vahida(s) involved in this accident and the basurers' lawyershow firms, maybern permitted to collect, use, ductions and/or process in Percenal Information for one or more of the above Purposes; and
- (e) my Parsonal Information may/can be disclosed by any of the incurers and/or GIA to their third perty service providers or agents findulting their incurrence from Parsons. Which may be cited outside of Singapore, for one or more of the intere Parsons.

Policyholder's Signalure / Opie 5 Time

Sketch Plan

Driver's Signature (il driver in not the periodicier) / Date & Time With reed by Reporting Contro Personnet His makes in NRICIO canti

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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20241227/7073

REPORT	OF A	TRAFFIC	ACCIDENT

Date/Time Report Made: 27/12/2024 17:01		Vide Report No.:	Station Diary No.:			
Informant's I	Particulars					
Name of Informant:			Address:			
SEAH LAY ENG			131 MARSILING RISE #09-188 SINGAPORE 730131			
ID Type / ID No,: NRIC NO / \$7218873Z			Contact No.: Home/Office:	Mobile: 84382115		
Nationality:			Email:			
SINGAPORE CITIZEN			AUDREYSEAH17@GMAIL.COM			
Sex: Age: Date of Birth: Female 52 05/06/1972			Type of Informant: Driver			
Race:			Language:			
Chinese			English			
Occupation:			Driving Licence Informatio	n;		
Other car and light goods vehicle drivers			Class: 3	Date of Expiry:		

General Information	of the Accident			da d
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accider 27/12/2024 12:30	nt: Type of Location: Straight Road
Location:			and the second distribution of the second	
LORONG CHUAN				
V Neich of J. P. Neil M. J. Barrell and M. Sangaran and M. San		777000044		
Weather: Clear	•	Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled	1	Traffic Volume: Heavy
Type of Collision: Between Moving V	ehicles - Head To Rear	etti viitti v	1	Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBL7594U	Motor van	NISSAN	NV350	Silver	Slightly Damaged	1
SHD2539J	Motor car	HONDA	GRACE	Brown	Seriously Damaged	1
SNN129Z	Motor car	MERCEDES BENZ	E CLASS	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2053 Report No. T/20241227/7073

CONTINUATION OF REPORT

Name	LIM POH HUAT				
	SIM CONTROLL		ID No.		S6803100A
Related Vehicle	GBL7594U (Motor van)			····	
	ODE 10040 (Motor Van)			ct No.	82696550
Hospital/Clinic	NIL		Close		
	Si-L-		Class Driving		Class: NIL
			Licenc		Date of Expiry: NIL
			Expiry		
Date Treatment	NIL	Date Disch	į.	NIL	
No. of Days granted Medical Leave (MC) 03				Slight	
Oriver		1.203.00.01.	ingury	Oligin	
Name	SEAH LAY ENG		TIO NO		
	1	1	HI NA		C70400707
Conception and the second and the se			ID No.		S7218873Z
Related Vehicle		Annual Control of the			
Related Vehicle	GBL7594U (Motor van)		ID No. Contac		84382115
Related Vehicle			Contac	1 No.	84382115
aib.	GBL7594U (Motor van)	A A A A A A A A A A A A A A A A A A A	Contac	il No.	84382115 Class: 3
	GBL7594U (Motor van)		Class of Driving	i No.	84382115
Hospital/Clinic	GBL7594U (Motor van)		Contac	of No.	84382115 Class: 3
Hospital/Clinic	GBL7594U (Motor van)	Date Discha	Class of Driving Licence Expiry I	of No.	84382115 Class: 3

Brief Details.

ON 27.12.2024 AT ABOUT 1230PM, I WAS DRIVING MY VEHICLE GBL7594U ALONG CTE TOWARDS CHANGI AIRPORT ON THE LEFT LANE BEFORE BRADDELL EXIT.

THE TRAFFIC WAS HEAVY , THE FRONT VEHICLE SNN129Z SLOWED DOWN AND STOPPED , I FOLLOWED

SUDDENLY I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE , WHICH CAUSED MY VEHICLE TO MOVE FORWARD AND COLLIDED TO THE FRONT VEHICLE. WHEN I ALIGHTED I REALISED IT WAS VEHICLE SHD2539J FAILED TO STOP ON TIME, CAUSING THE COLLISION AND DAMAGES TO THE FRONT AND REAR PORTION OF MY VEHICLE GBL7594U.

AFTER THE ACCIDENT, MY PASSENGER AND MYSELF FELT UNWELL, CONSULTED THE DOCTOR AND WERE GIVEN THREE DAYS MC.

DRIVER (FEMALE) -SEAH LAY ENG S7218873Z (3 DAYS MC)

PASSENGER (MALE)-LIM POH HUAT S6803100A (3 DAYS MC)



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20241227/7073

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2024 17:01
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case;
NP168 :	