



## 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 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 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

Vehicle Registration Number	GBL7594U
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#### 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 accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	1998
Vehicle Fuel	-
First Registration 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	SEAH LAY ENG
NRIC No	S7218873Z
Date Of Birth	05/06/1972
Occupation	Outdoor
Driving Pass Date	17/05/1993
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	31 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84382115
Alt. Phone Number	-
Email Address	audreyseah17@gmail.com
Address	BLK 131 MARSILING RISE #09-188
Address complement	-
Postcode	730131
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### 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?	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

#### 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 SHD2539J  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -  
 Vehicle Category Taxi  
 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

##### INJURED 1

Name of injured person SEAH LAY ENG  
 Gender 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? No

##### INJURED 2

Name of injured person LIM POH HUAT  
 Gender Male  
 Phone No (Phone) +65-82696550  
 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?	No

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## 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 processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurers(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' lawyer/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 any 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' lawyer/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/also be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including the Insurers' lawyer/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

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

## Sketch Plan

<p>Along OBE towards Changi before Braddell Exit</p>	↑	↑	↑	↑	<p>A - GBL7594U B - SHD2539J C - SWW129Z</p>
	△				
	C				
	A				
	B				

Describe Circumstance of the Accident

please refer to police report T1 20241227 17073

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*Leah*

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

*Leah*

Witnessed by Reporting Officer Personnel (Name as in NRIC/ND card)

*amul*  
30/12/2024



**SINGAPORE  
POLICE FORCE**



T/20241227/7073

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

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Report No. T/20241227/7073

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2024 17:01		Video Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: SEAH LAY ENG		Address: 131 MARSILING RISE #09-188 SINGAPORE 730131		
ID Type / ID No.: NRIC NO / S7218873Z		Contact No.: Home/Office: Mobile: 84382115		
Nationality: SINGAPORE CITIZEN		Email: AUDREYSEAH17@GMAIL.COM		
Sex: Female	Age: 52	Date of Birth: 05/06/1972	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Other car and light goods vehicle drivers		Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2024 12:30	Type of Location: Straight Road
Location:  LORONG CHUAN				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

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



**SINGAPORE  
POLICE FORCE**



T/20241227/7073

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

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Report No. T/20241227/7073

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	LIM POH HUAT		ID No. S6803100A
Related Vehicle	GBL7594U (Motor van)		Contact No. 82696550
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	03		Degree of Injury Slight
<b>Driver</b>			
Name	SEAH LAY ENG		ID No. S7218873Z
Related Vehicle	GBL7594U (Motor van)		Contact No. 84382115
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	03		Degree of Injury Slight

**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 SUIT.

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)





**SINGAPORE  
POLICE FORCE**



T/20241227/7073

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

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Report No. T/20241227/7073

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65476404

Signature Of Informant:

The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time:  
27/12/2024 17:01

Classification Of Case:

NP168