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 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

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	ACCIDENT STATEMENT	
Date Of Report	22/05/2020 15:03	
Date Of Accident	04/03/2020 23:20	
Exact Location Of Accident	ALONG KPE	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD3069M	
Insured/Policyholder		
Name Of Registered Owner	ABS LEASING SERVICES PTE LTD	
Co Reg No	201819528D	
Email Address	ENQUIRY@ABSLEASING.COM.SG	
Mobile Phone No		
Alternative Phone No	OFFICE-69339402	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	HIACE	
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?	NO	
If No, Please state action to be taken	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	YES	
Policy Number	DMCVSNW00000369200	
Cover Note Number		
Driver		
Name of Driver	MOHAMED FAUZI BIN MOHAMED	

NRIC No S7735815C Date Of Birth 25/12/1977 Occupation **OUTDOOR Date Of Driving Pass** 17/07/2007

Driving Experience 12 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88288360

Fax Number Contact Number

EMail Address BEVERLY@FENG-EXPRESS.COM Address BLK 475 JURONG WEST STREET 41

#02-372

Postcode 640475

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

0 (5: 10)

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

YES

2

NO

1

Police Station Address ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY:

SINGAPORE

NO

Police Station Contact **TEL NO**: 1800-2180000 - **FAX NO**: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Please refer to Police report: F/20200515/7019.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD342Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

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Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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 lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signetul 2020
Date & Time:

2018195280

υ

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Sketch Plan Pg. 2

KETCH PLAN		
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	DON: 04.03.2020
		20200515/7019.
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	· · · · · · · · · · · · · · · · · · ·	
Ne declare the seres ting parti	culars are true in every respect.	X = _/
licyholde 2 2 SMA TUZZO te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Cantre Person Proposignature Name: NRIC/FIN No.:

Page 5 of 15

IPING

ammercía)

6/2407/C

SN

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 18 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960

Road Transport Act, 1987 (Melaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

AN0597A

Cov. Type:C

ATE No.

DMCVSNW00003692000

Engine No.: 1KD2408865

Cha. No.: KDH2010141998

tark and Registration

GBD3069M

AUTOSAFE

r of Vehicle

of Policy Holder

ABS LEASING SERVICES PTE LTD

e date of the Commencement of so for the purposes of the Regulations, so or Eractment

07/01/2020

Excess Sect 1.

S\$1,500.00

Excess Sect. II

5\$1,500.00

EX ON WINDSCREEN.

\$\$100.00

Expiry of Insurance

06/01/2021

s or Classus of Persons entitled to drive*

on who is driving on the Policyholder's order or with their permission or to whom the hired.

that the person driving is permitted in accordance with the licensing or other laws or as to drive the Motor Vehicle or has been so permitted and is not disqualified by order of f Law or by reason of any enactment or regulation in that behalf from driving the Motor And provided further that the Motor Vehicle is registered under the Road Traffic Act gistration under the Road Traffic Act has not been cancelled at the time of the accident image.

ns as to use."

or racing, pace-making, reliability trial or speed-testing. milst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle, or the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

E PURCHASE CO.: ABS FINANCIAL PTE LTD AS HP OWNER.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

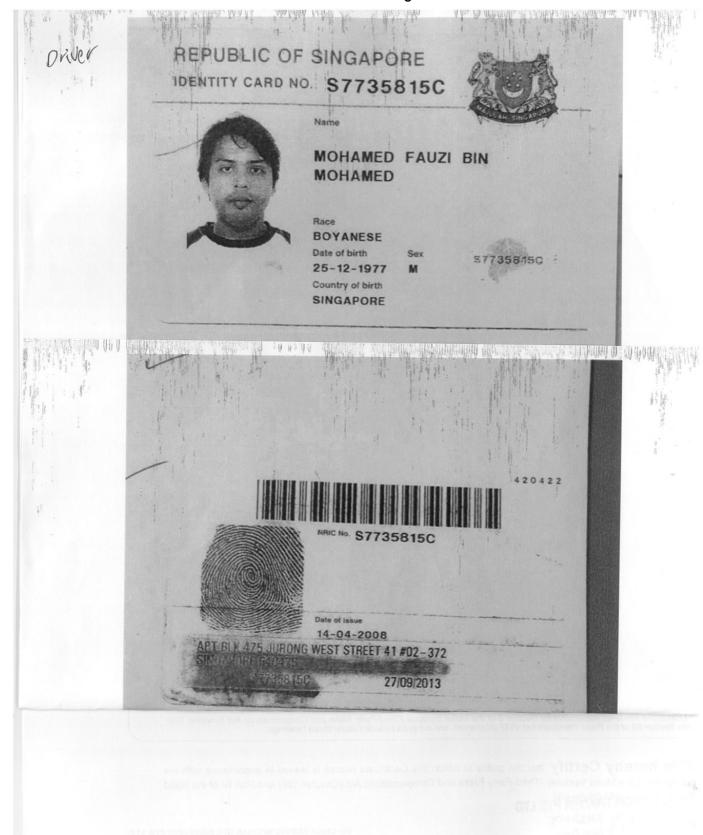
I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road

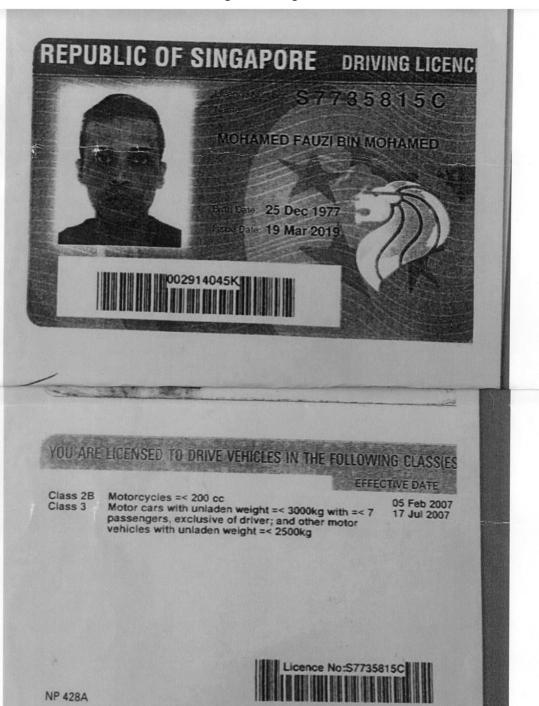
Traise Motor TRADER PTE LTD

Reg. No.: 201537467C Please see roverse Ming Drive

Singapore 575720 Tel: 6933 9400 Fax: 6456 0678

nunu SG MOZOR TRADER PTE LTD For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.





Police Report

