

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 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 Report	16/09/2020 17:42
Date Of Accident	03/09/2020 11:00
Exact Location Of Accident	PUNGGOL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK796E
Insured/Policyholder	
Name Of Registered Owner	ABWIN LEASING PTE LTD
Co Reg No	201223082Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88389699

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 (A)
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	NO
Policy Number	DMCVSNA00048312000
Cover Note Number	

Driver

Name of Driver	HANI RAMADAN ABADER
Passport No/FIN	G3566812N
Date Of Birth	07/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2020
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81759139
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 191 BOON LAY DRIVE #01-184
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SIM HWEE LING GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THURSDAY MORNING AROUND 1100HRS. I WAS TRAVELLING PUNGGOL PLAZA TO MAKE AN ERRAND. WHILE I WAS ON MY WAY TO PUNGGOL PLAZA, I HAVE REACH THE CROSS JUNCTION OF THE ROAD TO MAKE AN U-TURN AND BESIDE ME WAS A TAXI SHC 111C. WHEN THE TRAFFIC LIGHT IS IN MY FAVOUR, I PROCEED TO U-TURN AND BESIDE ME THE TAXI SHC 111C WAS TURNING RIGHT. SUDDENLY THE TAXI HAVE JAM BRAKE AND MY VEHICLE WAS BESIDE HIM HAVE COLLIED ON TO HIS REAR PORTION OF HIS VEHICLE.

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	SHC111C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ROY
NRIC/Passport Number	
Contact Number	84285955
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

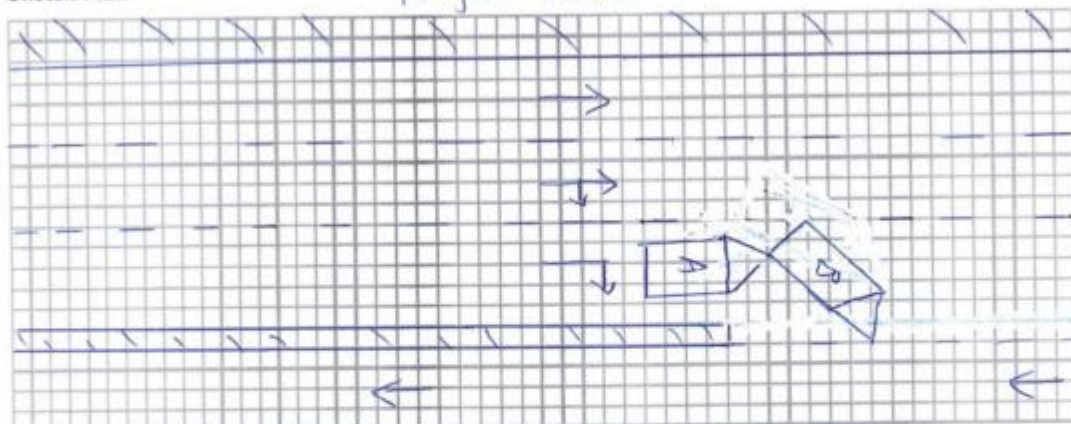
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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' 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.

Policyholder's Signature / Date
& Time

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

Witness by Reporting Centre
Personnel

Sketch Plan



A - GDK 796 E
B - SHC 111 C

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

Local Driving Licence

8459

635779. SHARKIA

02/06/2013

CAIRO-EGYPT

مكان الأستاذ

Deliv'r a

VALID FOR ONE YEAR FROM

05/07/2020 تاريخ الاصدار

Date d'émission

Authority's Signature



Essayy

№ 066405

[illegible]

3. NAME: HANI RAMADAN ABADER
 4. EGYPT
 5. 07/01/1975
 6. EGYPT

A	A 
B	B 
C	B  C1  C 
D	B  D  C1  C 
E	B  C1  C  D  

I _____ IV _____
 II _____ V _____
 III _____ VI _____

Exclusion (pays)

24

Identification Card



Identification Card

FA2314152

VISIT PASS
Immigration Regulations

FIN G3566812N

MULTIPLE JOURNEY VISA ISSUED

Date of Issue	Date of Expiry
05-02-2020	05-02-2021

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

