

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 Submission 05/02/2021 16:36 (SGT)
Date of Accident 04/02/2021 19:36 (SGT)
Exact Location of Accident Near 113 Aljunied Rd, Singapore 380113
Additional Location Information FROM GEYLANG EAST CENTRAL FILTER LANE TOWARDS
ALJUNIED ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA6399G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ABWIN LEASING PTE LTD
Company Reg No 201223082Z
Email Address joeychow@abwinleasing.sg
Mobile Phone No (Phone) +65-88389699
Alternative Phone No (Office) +65-88389699

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Goods vehicle

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number DMCVSNA00049062000
Cover Note Number -

DRIVER

Name of Driver YU YINGJIE
NRIC No S2722642F
Date Of Birth 01/01/1962

Occupation	Outdoor
Date Of Driving Pass	31/05/2008
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98503803
Alt. Phone Number	-
Email Address	joeychow@abwinleasing.sg
Address	7 LORONG 28 GEYLANG #07-12
Address complement	-
Postcode	398412
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JAMME
Gender	Male

PASSENGER 2

Name	MORNI
Gender	Male

PASSENGER 3

Name	ABUL
Gender	Male

PASSENGER 4

Name	SAKAR
Gender	Male

PASSENGER 5

Name	NAZMUL
Gender	Male

PASSENGER 6

Name	JARBBAR
Gender	Male

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

I WAS TRAVELLING FROM GEYLANG EAST CENTRAL. I TURNED INTO THE FILTER LANE TOWARDS ALJUNIED ROAD. THEREAFTER I GAVE RIGHT SIGNAL AND MOVED OUT MY VEHICLE FROM BUS LANE TO 2ND LANE. OUT OF SUDDEN VEHICLE SHD3524U CAME WITH FAST SPEED AND COLLIDED ONTO MY REAR RIGHT PORTION.

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	SHD3524U
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LOW CHAN KWAN
NRIC No	S1255316A
Contact Number	(Phone) +65-84994116
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

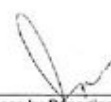
SKETCH PLAN

IMPORTANT NOTICE

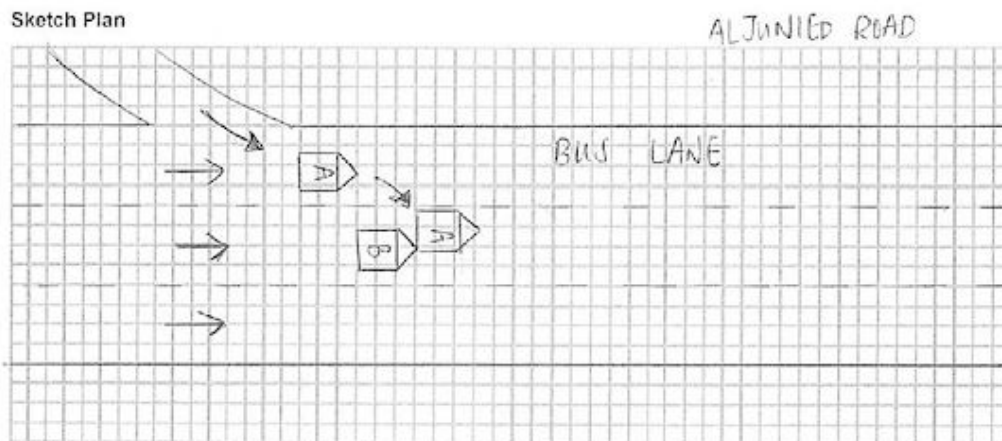
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 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' law firms/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 firms/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 firms/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

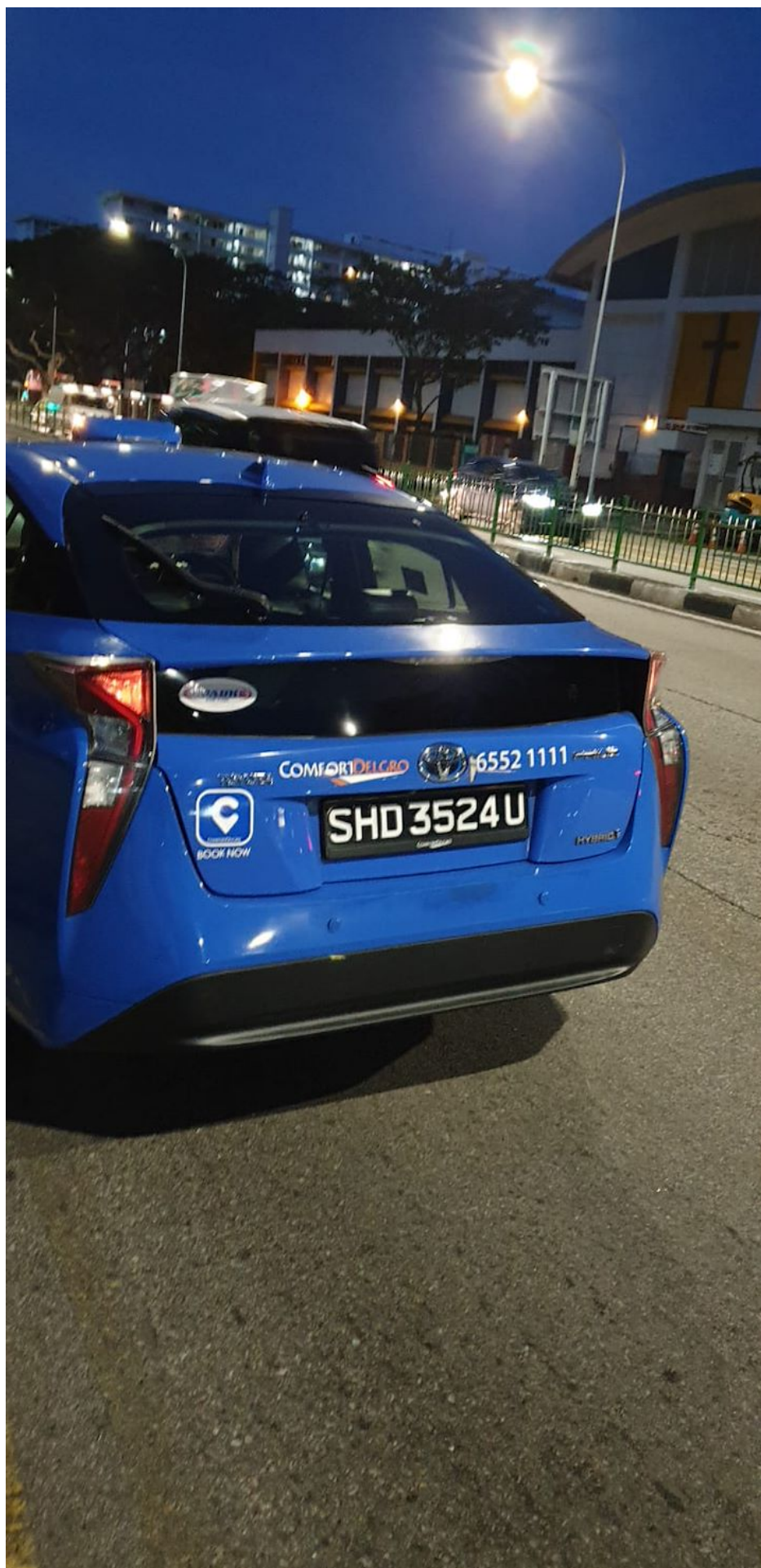

Witness by Reporting Centre
Personnel

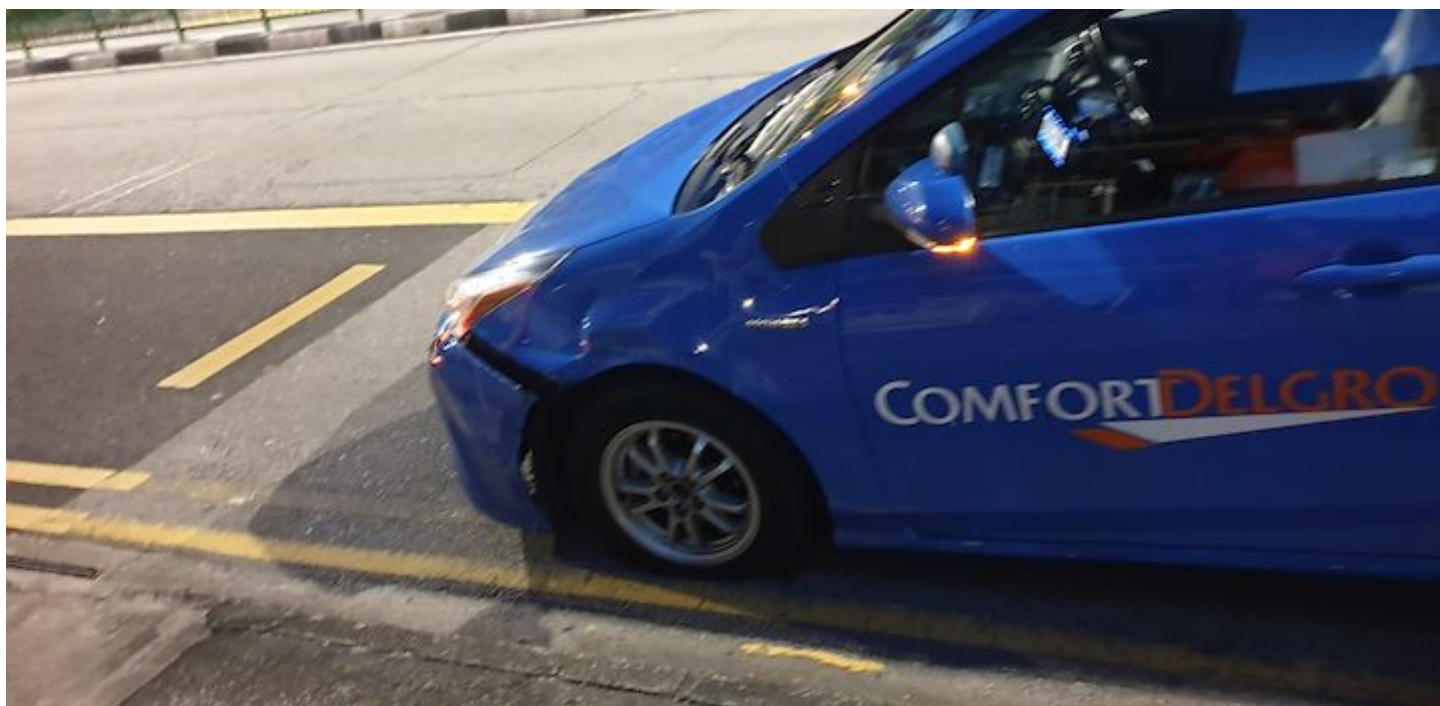
Sketch Plan

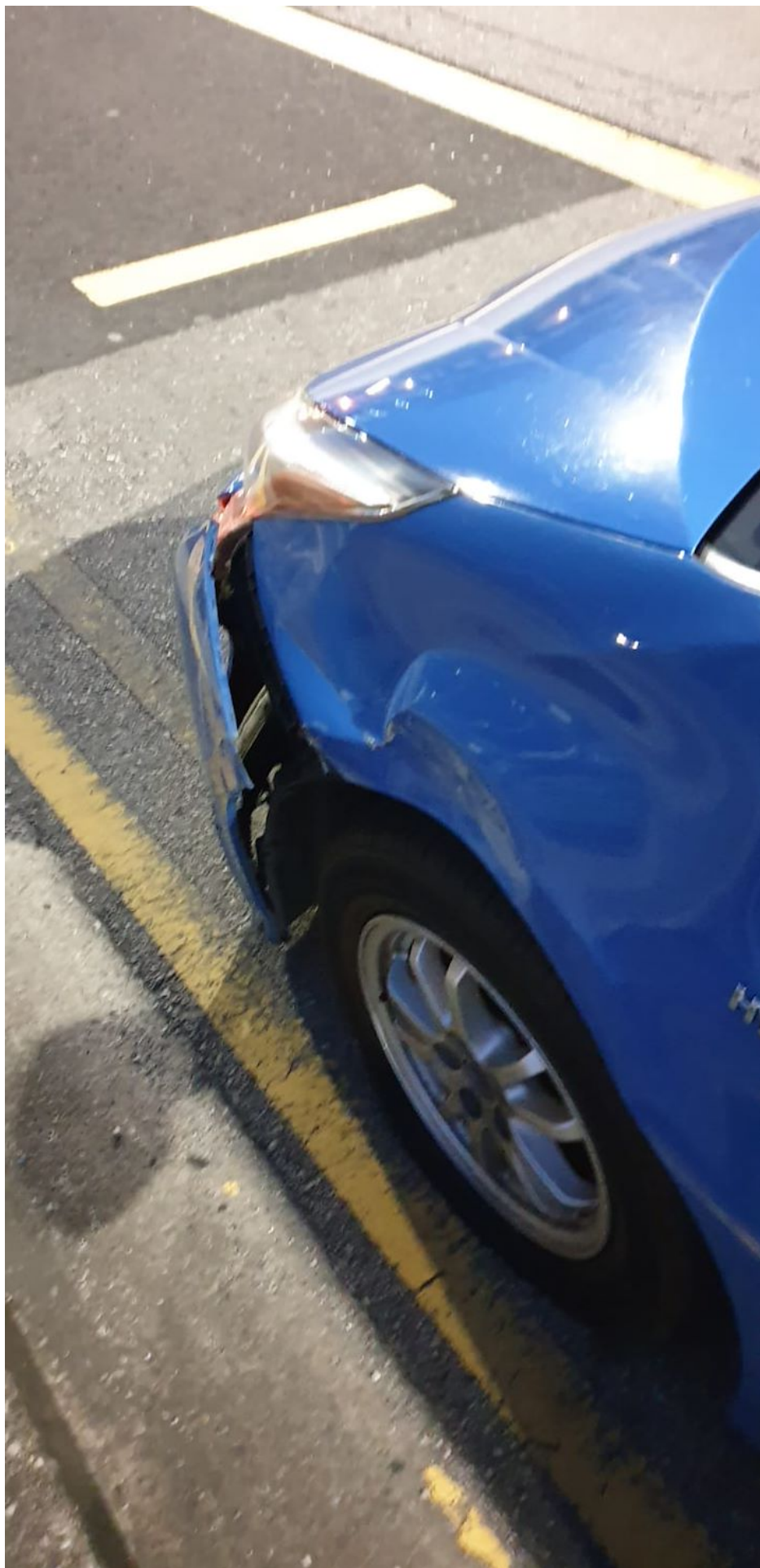


A: GBA 6399 G

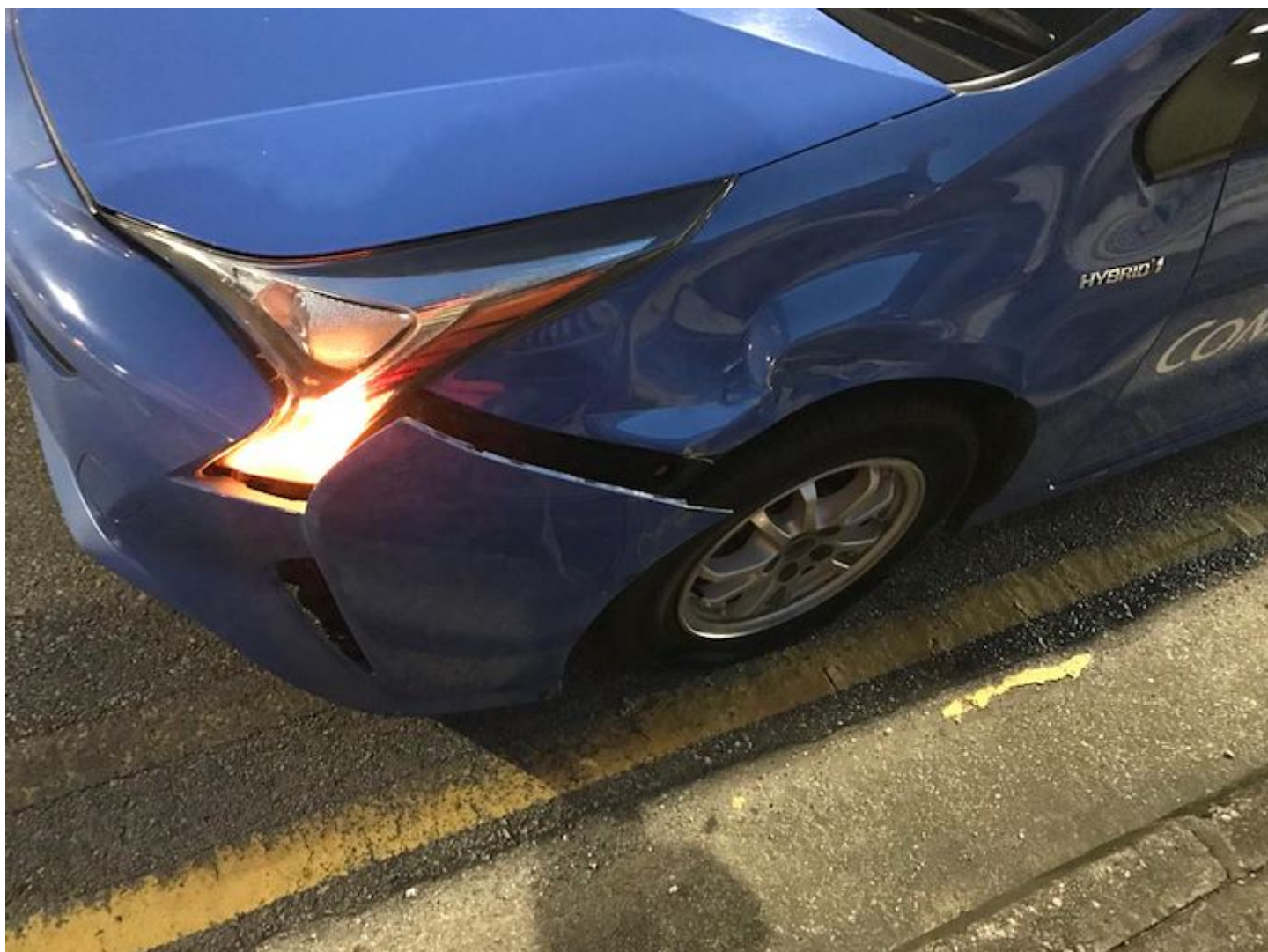
B: SHD 3524 H































Describe Circumstance of Accident


I WAS TRAVELLING FROM GEYLANG EAST CENTRAL. I TURNED INTO THE FILTER LANE TOWARDS ALJUNIED ROAD. THEREAFTER I GAVE RIGHT SIGNAL AND MOVED OUT MY VEHICLE FROM BUS LANE TO 2ND LANE. OUT OF SUDDENLY VEHICLE SHD3524U CAME WITH FAST SPEED AND COLLIDED ONTO MY REAR RIGHT PORTION.

Declaration

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



Policyholder's Signature /
Date & Time


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

Witness by Reporting
Centre Personnel