

# 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 ..... 05/03/2021 14:25 (SGT)  
Date of Accident ..... 03/03/2021 18:10 (SGT)  
Exact Location of Accident ..... Near Ang Mo Kio Ave 3, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ5281X

### 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 ..... Hiace  
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 - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... DMCVSNA00048312000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOW YONG JIE  
NRIC No ..... S9118089H  
Date Of Birth ..... 24/05/1991  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/12/2013
Driving experience .....	7 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96789207
Alt. Phone Number .....	-
Email Address .....	joeychow@abwinleasing.sg
Address .....	BLK 611 CLEMENTI WEST ST 1 #08-260
Address complement .....	-
Postcode .....	120611
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 .....	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 .....	3
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 ALONG ANG MO KIO AVE 3 TOWARDS CTE. THE TRAFFIC LIGHT WAS RED WHEN I REACHED THE JUNCTION. MY VEHICLE WAS AT A STATIONARY POSITION WHEN I FELT A SUDDEN IMPACT FROM THE REAR PORTION OF MY VEHICLE. MY VEHICLE MOVED FORWARD SIMULTANEOUSLY DUE TO THE IMPACT AND COLLIDED ONTO VEHICLE GBJ4394K IN FRONT OF ME. I WENT DOWN TO CHECK, VEHICLE SLP5711Y COULD NOT STOP ON TIME DUE TO BRAKE PROBLEM.

#### 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 .....	SLP5711Y
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Wish
Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	LAU SZE HAO FABIAN
NRIC No .....	S9905620G
Contact Number .....	(Phone) +65-84684018

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 .....	GBJ4394K
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Commercial vehicle
Name of Driver .....	YEW SING HUAT
Passport No/FIN .....	G8395887T
Contact Number .....	(Phone) +65-91884793
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

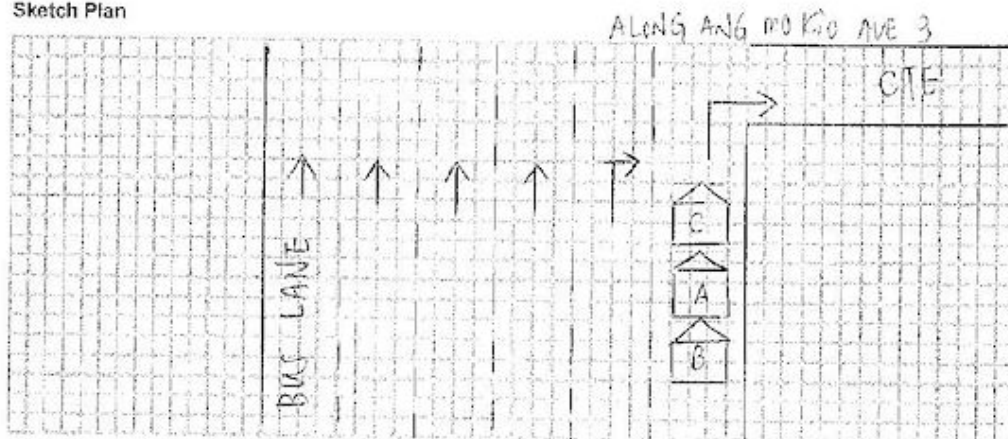
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 (a "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 envelope/postage 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/are 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

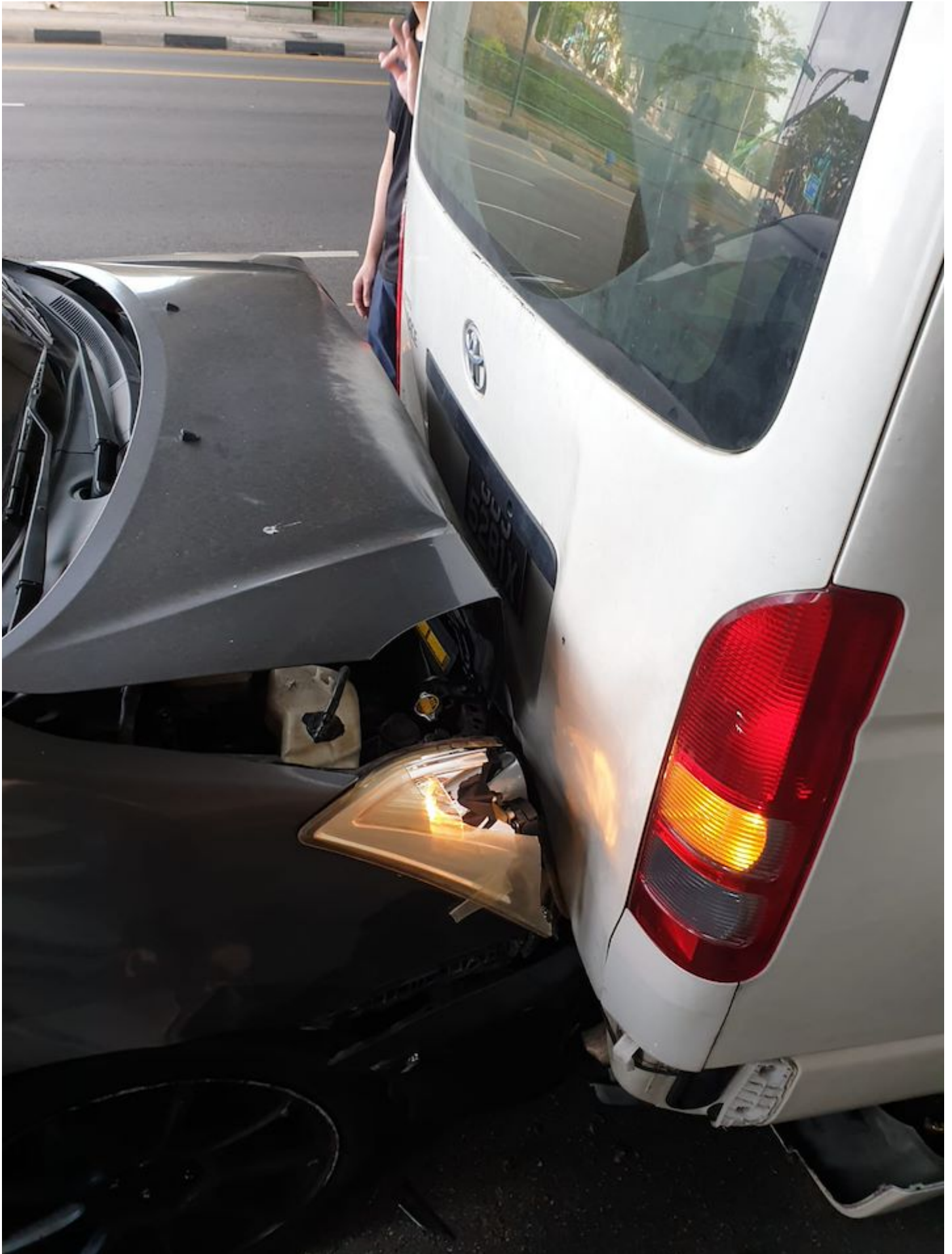
## Sketch Plan



A: GBJ 5281 X

B: SLP 5711 Y

C: GBJ 4394 K

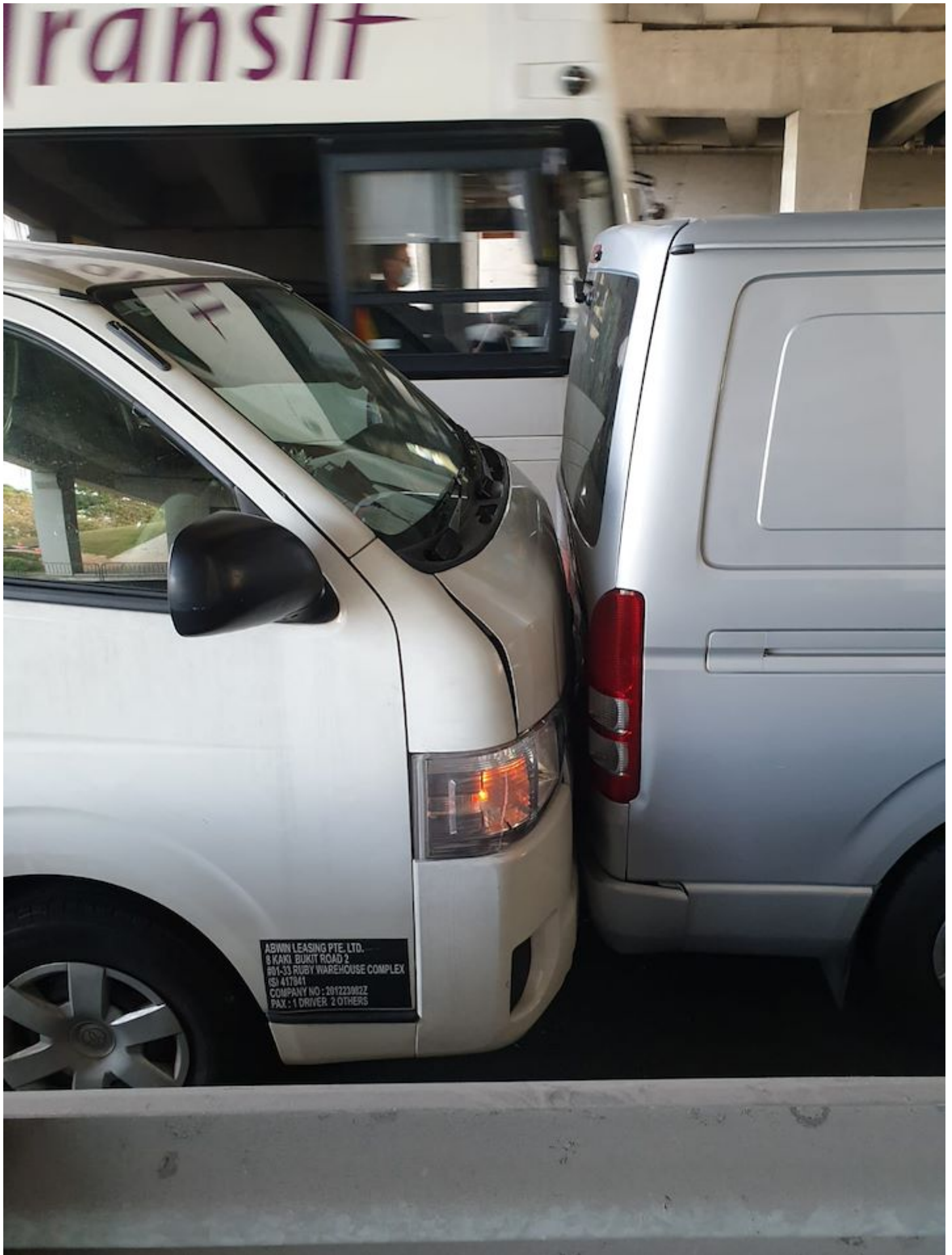










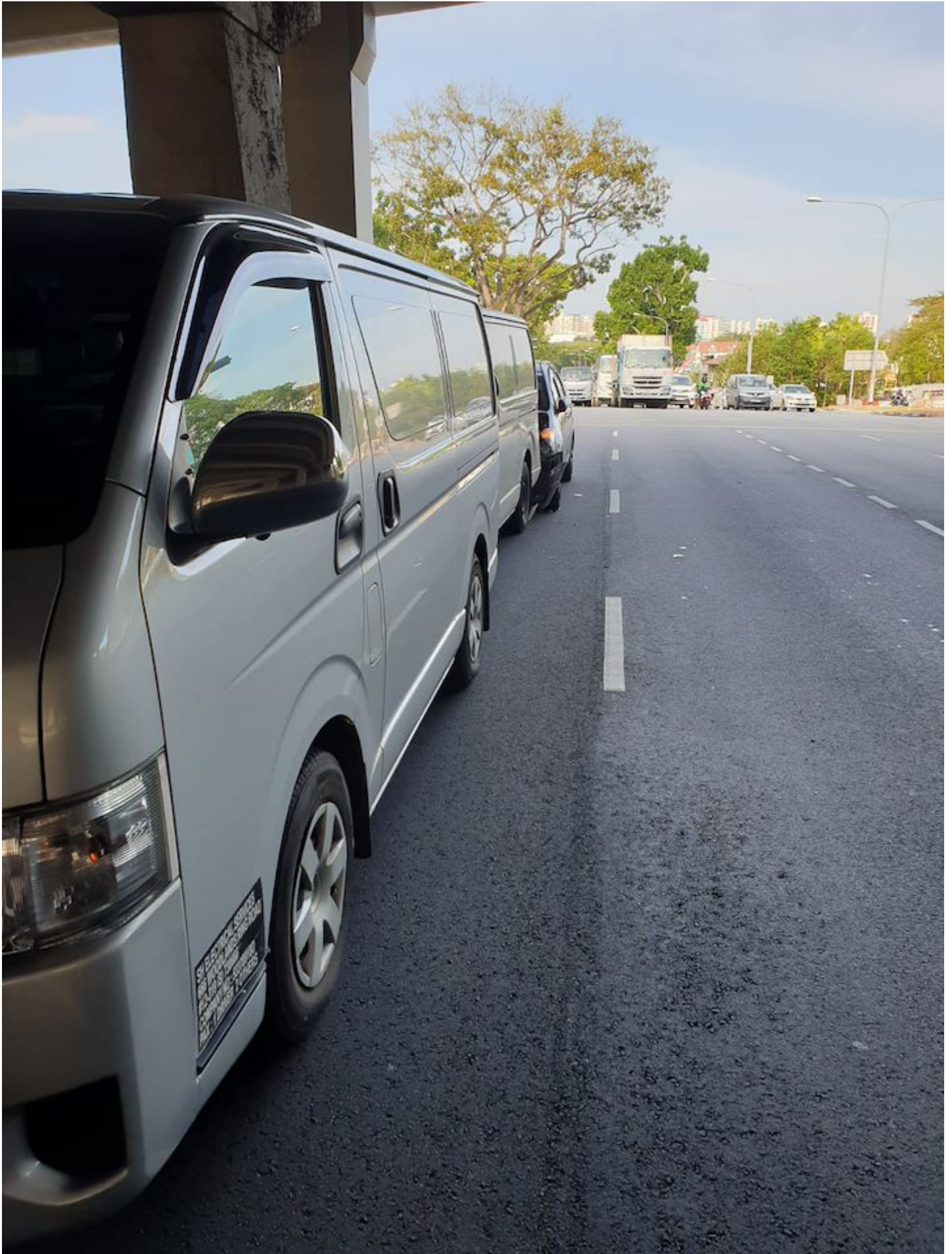




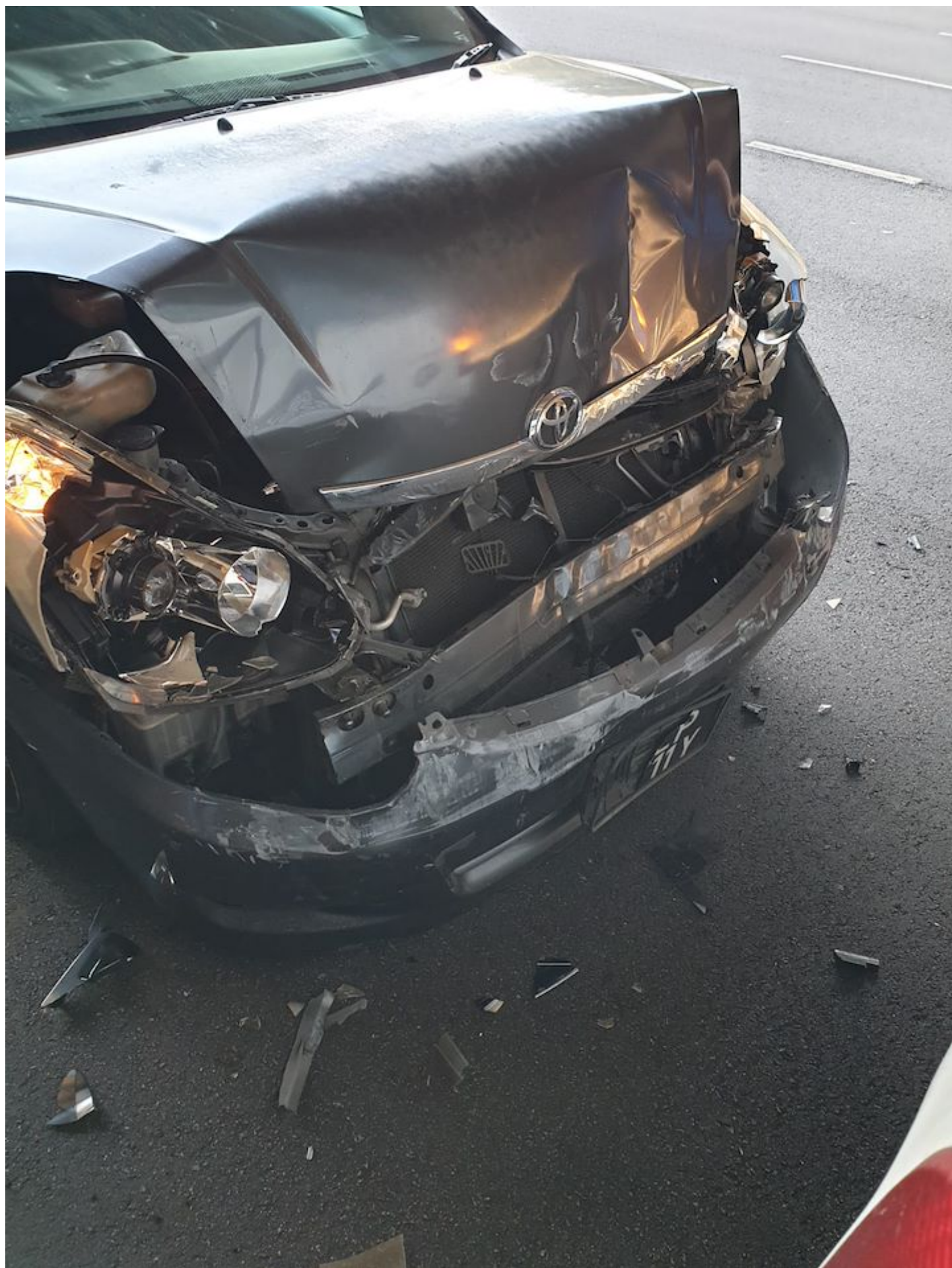



















































## Describe Circumstance of Accident

I WAS TRAVELLING ALONG ANG MO KIO AVE 3 TOWARDS CTE. THE TRAFFIC LIGHT WAS RED WHEN I REACHED THE JUNCTION. MY VEHICLE WAS AT A STATIONARY POSITION WHEN I FELT A SUDDEN IMPACT FROM THE REAR PORTION OF MY VEHICLE. MY VEHICLE MOVED FORWARD SIMULTANEOUSLY DUE TO THE IMPACT AND COLLIDED ONTO VEHICLE GBJ4394K IN FRONT OF ME. I WENT DOWN TO CHECK, VEHICLE SLP5711Y COULD NOT STOP ON TIME DUE TO BRAKE PROBLEM.

## 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