

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	08/04/2021 10:09 (SGT)
Date of Accident	22/03/2021 08:00 (SGT)
Exact Location of Accident	Penjuru Rd, 609128 24, Singapore 609128
Additional Location Information	CWT COMMODITY HUB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3339J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABWIN LEASING PTE LTD
Company Reg No	2XXXXX802Z
Email Address	coletteteo@abwinleasing.sg
Mobile Phone No	(Phone) +65-88389699
Alternative Phone No	(Office) +65-88389699

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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	DMCVSNA00048312000
Cover Note Number	-

DRIVER

Name of Driver	GOH CHONG HAN
NRIC No	SXXXX694B

Date Of Birth	30/12/1999
Occupation	Outdoor
Date Of Driving Pass	19/06/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88160929
Alt. Phone Number	-
Email Address	coletteteo@abwinleasing.sg
Address	BLK 275C JURONG WEST ST 25 #12-81
Address complement	-
Postcode	643275
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	No
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 TO 24 PENJURU CWT COMMODITY HUB TO COLLECT MY PARCELS FOR MY DELIVERY. I DROVE TO THE LOADING / UNLOADING BAY AS USUAL. ALL OUT OF SUDDEN MY VEHICLE COLLIDED ONTO AN OBJECT WHICH PARKED OUT OF THE PARKING LOT.

DUE TO THE BAD DAMAGED I WAS STUCKED ON MY SEAT AND INJURED MYSELF. SCDF AND AMBULANCE REACHED TO ASSIST AND I WAS SENT TO HOSPITAL.

ATTACHMENT(S)

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	GOH CHONG HAN
Address	BLK 275C JURONG WEST ST 25 #12-81
Address Complement	-
Post Code	643275

Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBD3339J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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.



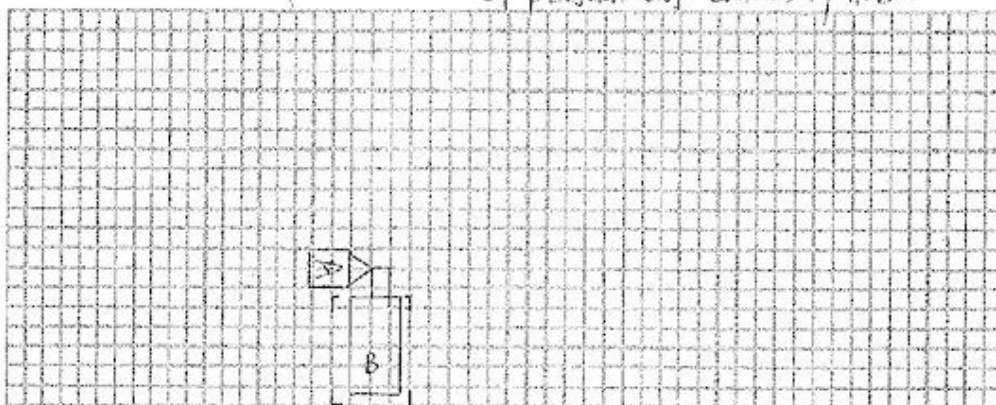
Policyholder's Signature / Date
& Time

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

Witness by Reporting Centre
Personnel

Sketch Plan

24 PENJARA CWT COMMODITY HUB

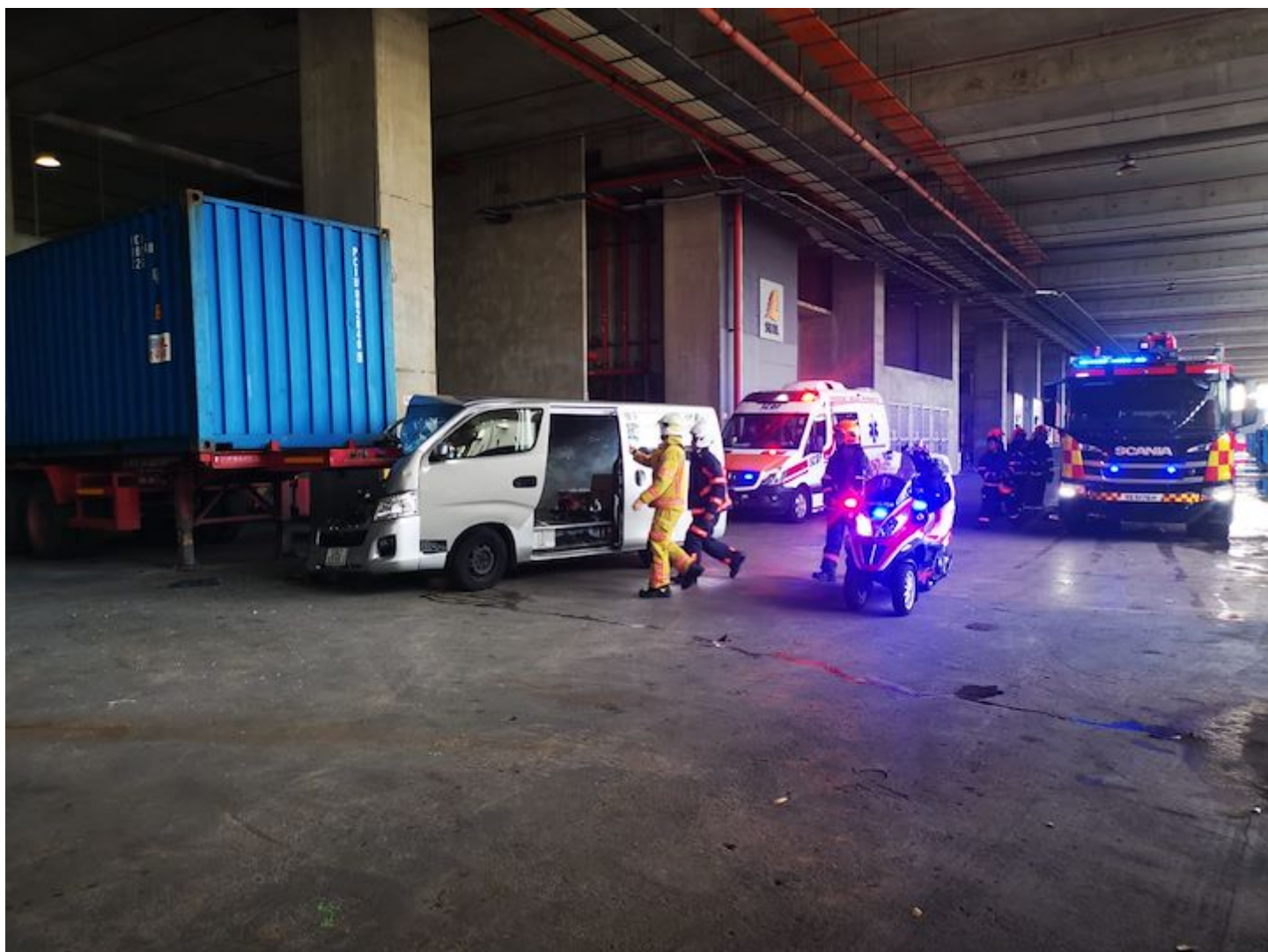


A = GBD3339J

B = container









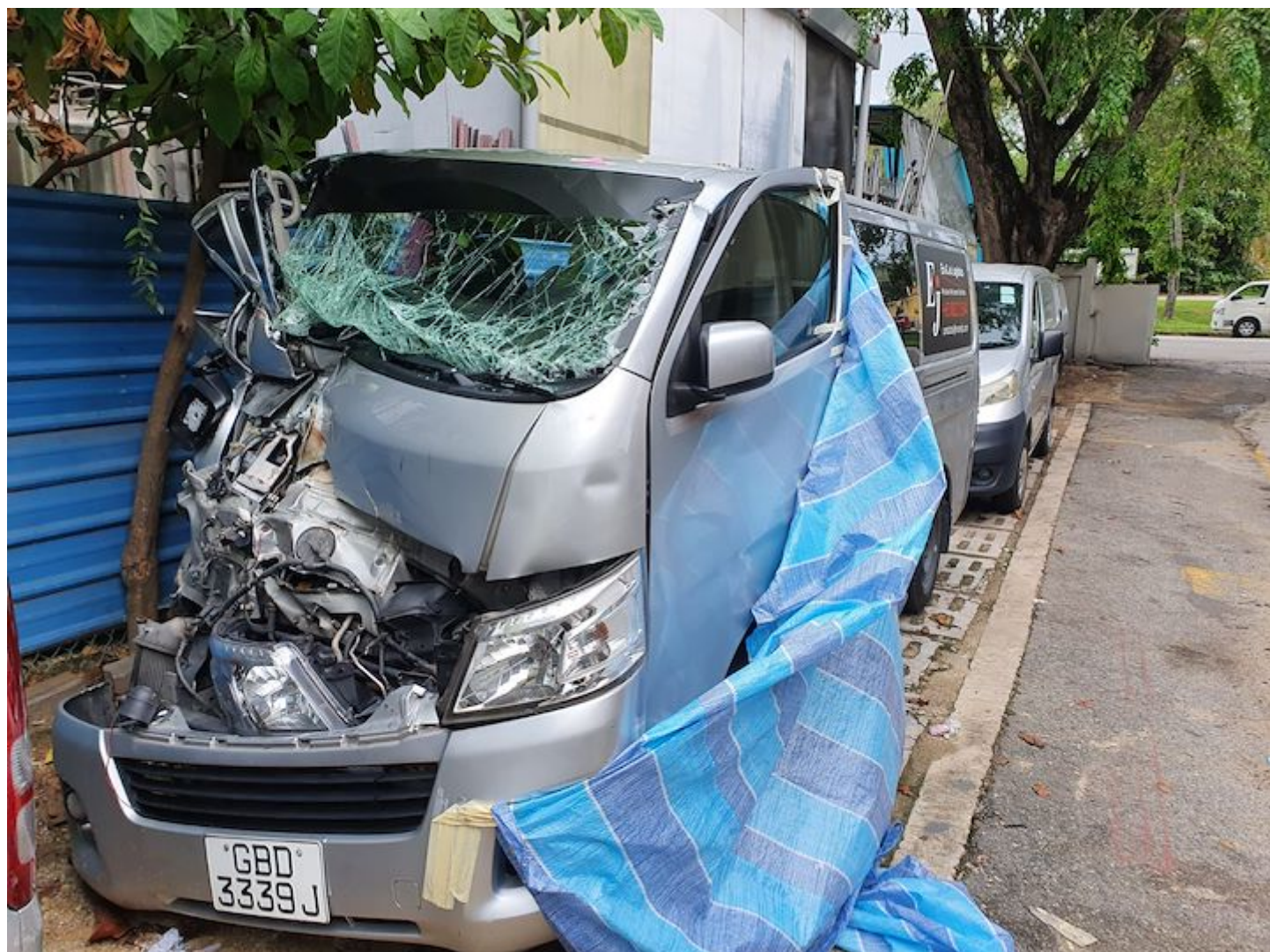


















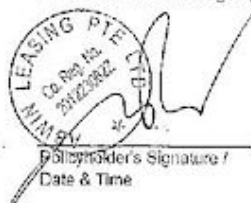
Describe Circumstance of Accident

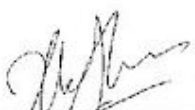
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Declaration

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