

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	29/04/2021 15:45 (SGT)
Date of Accident	23/04/2021 20:30 (SGT)
Exact Location of Accident	Near Woodlands, Singapore
Additional Location Information	ALONG WOODLANDS AVE 12 TOWARDS WOODLANDS RISE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK3681H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABWIN LEASING PTE LTD
Company Reg No	201223082Z
Email Address	coletteteo@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	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	DMCVSNA00053312000
Cover Note Number	-

DRIVER

Name of Driver	BHUPINDER SINGH SERAN S/O SURJIT SINGH
NRIC No	S7101476B

Date Of Birth	08/01/1971
Occupation	Outdoor
Date Of Driving Pass	24/05/2006
Driving experience	14 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87796610
Alt. Phone Number	-
Email Address	coletteteo@abwinlesaing.sg
Address	BLK 785A WOODLANDS RISE #03-134
Address complement	-
Postcode	731785
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	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT: T/20210427/2159

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	SMG4625E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	NERRE
Contact Number	(Phone) +65-87828286
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	SLW4322G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-91179227
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 3

Vehicle Registration Number	SLQ944U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96230665
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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, 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 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

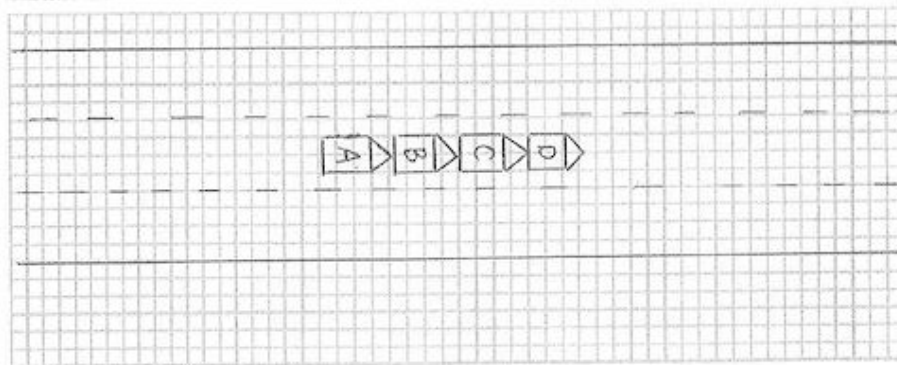


Driver's Signature (if driver is not policyholder) / Date & Time

Khanh

Witness by Reporting Centre Personnel

Sketch Plan

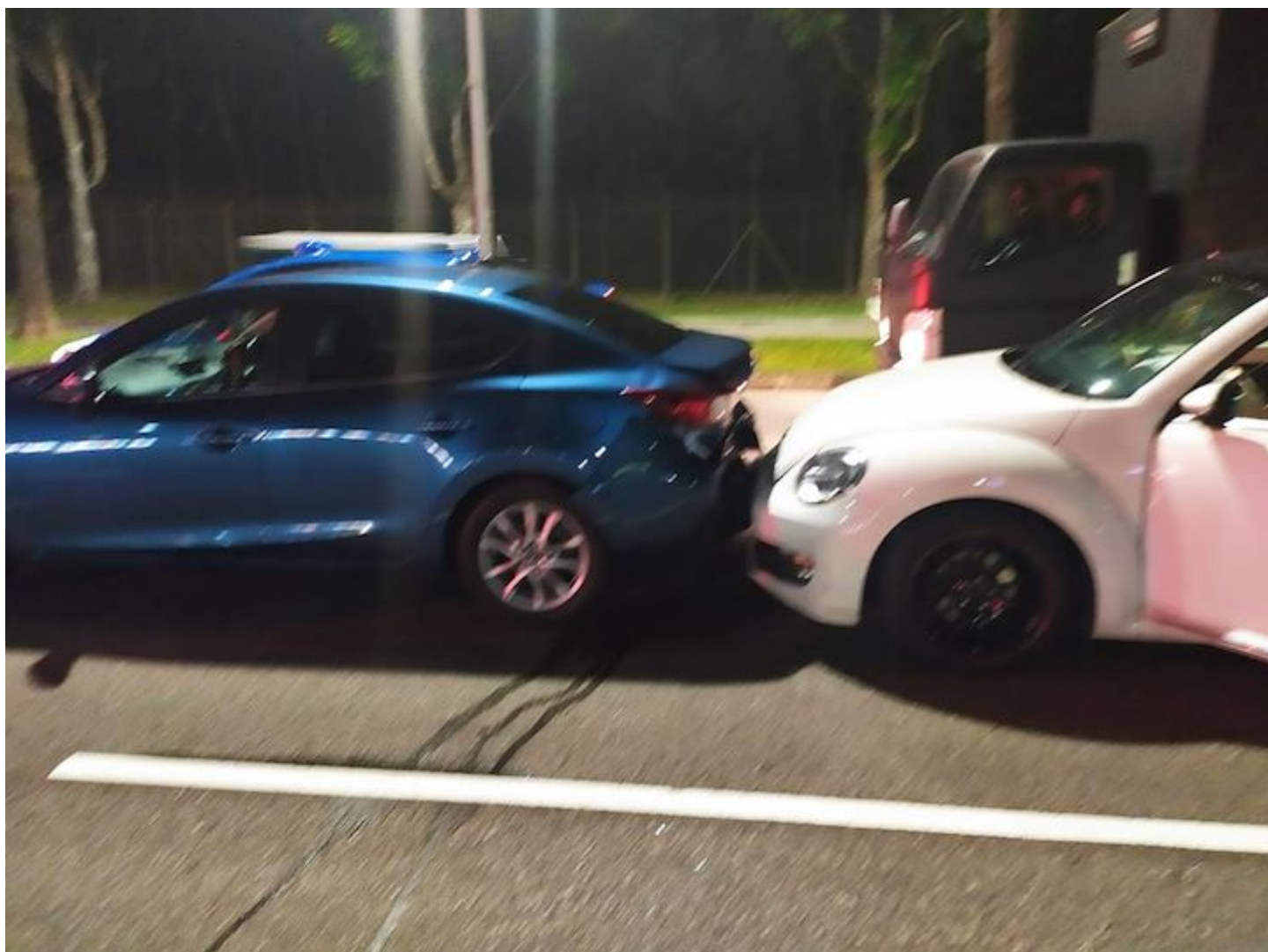


A : GBK 3681H

B : SMG 4625 E

C : SLW 4322 G

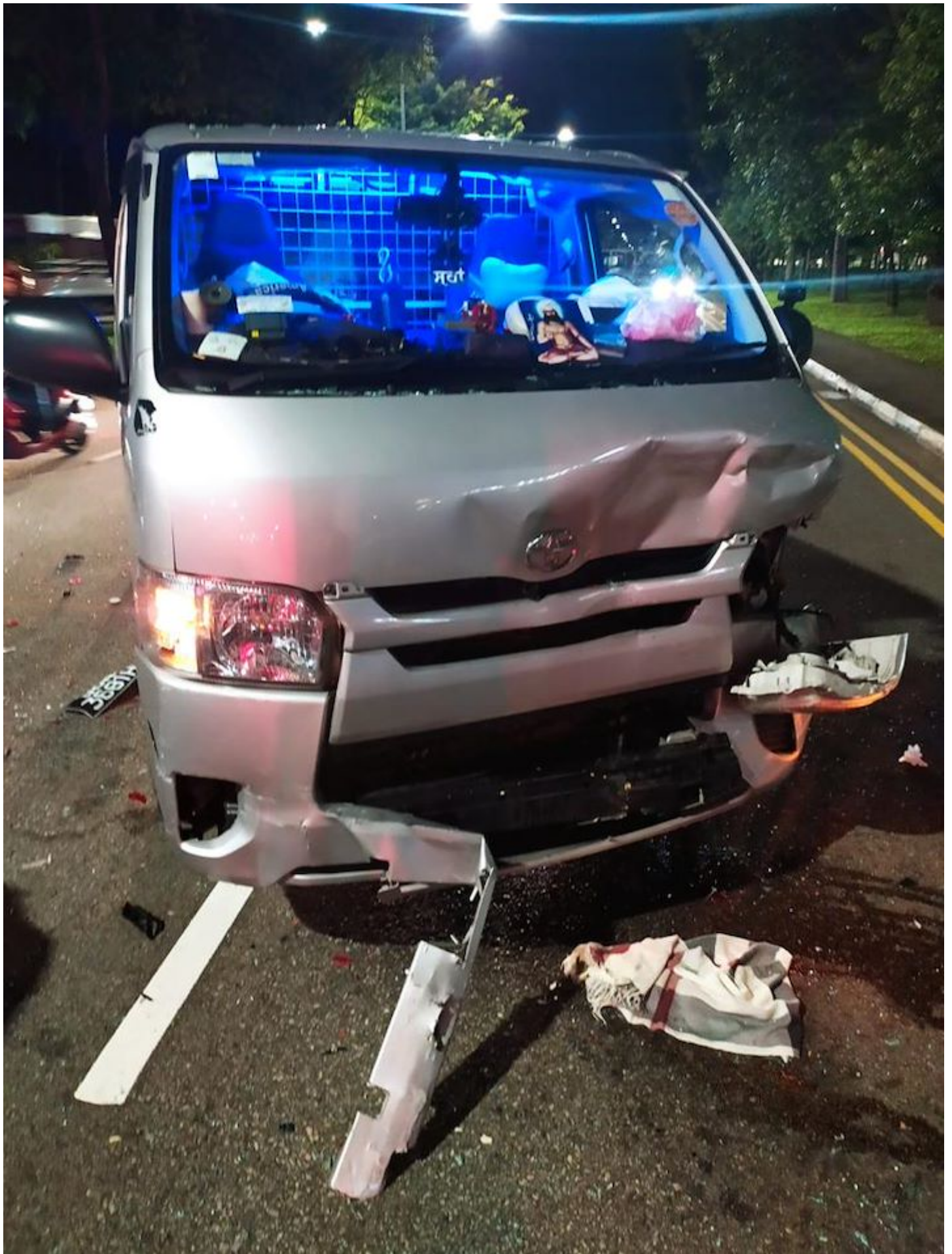
D : SLB 944 U

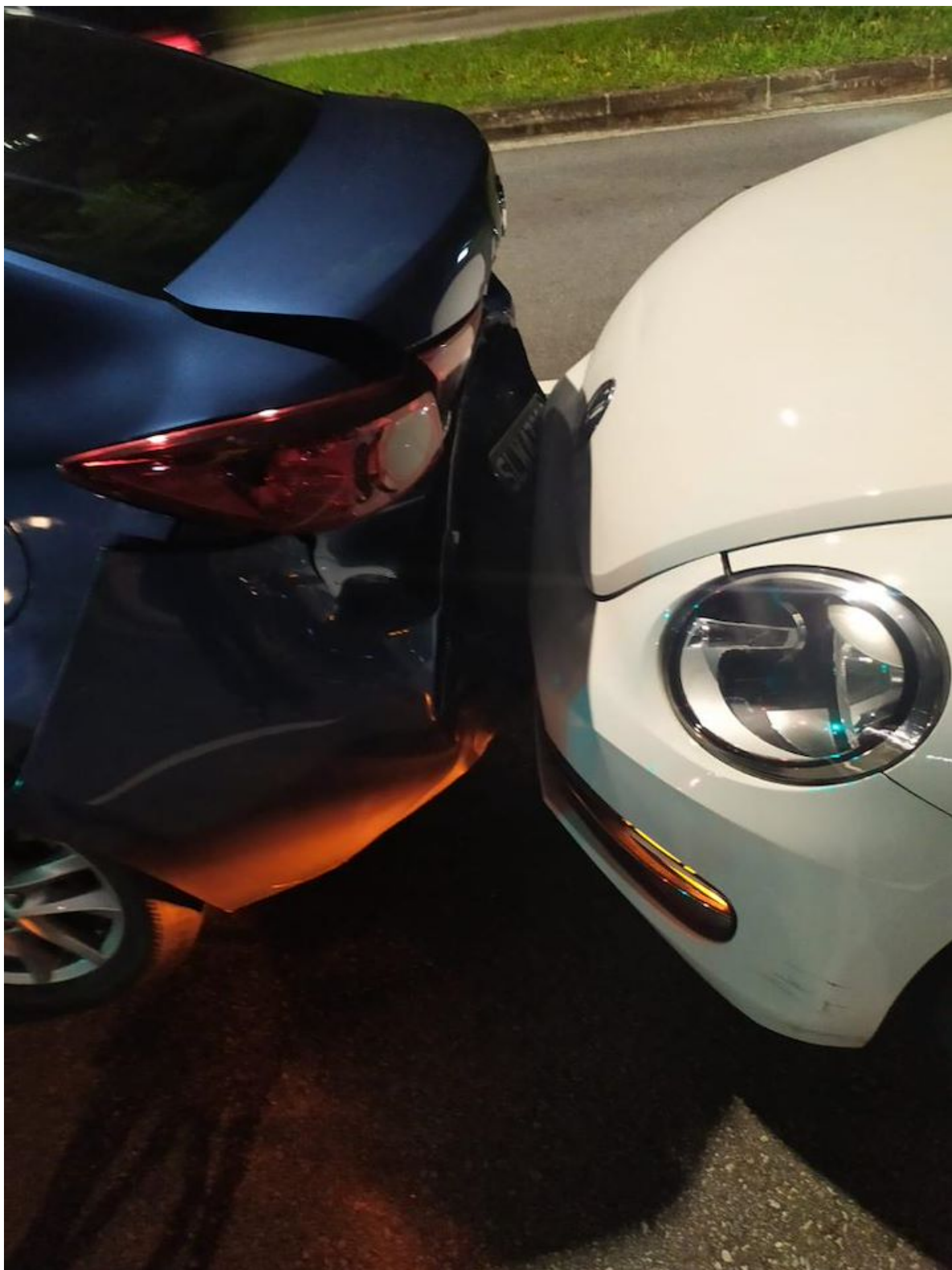






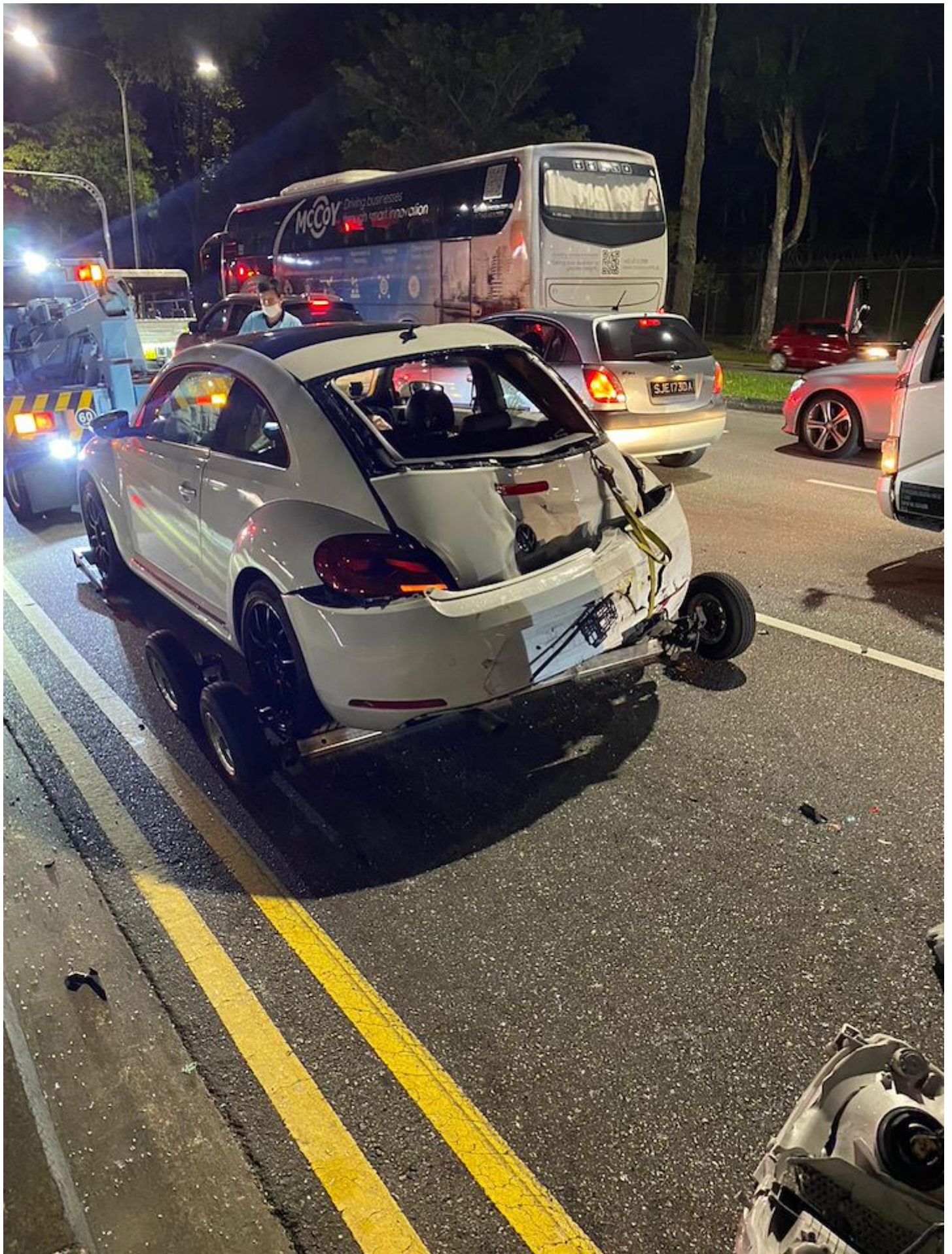


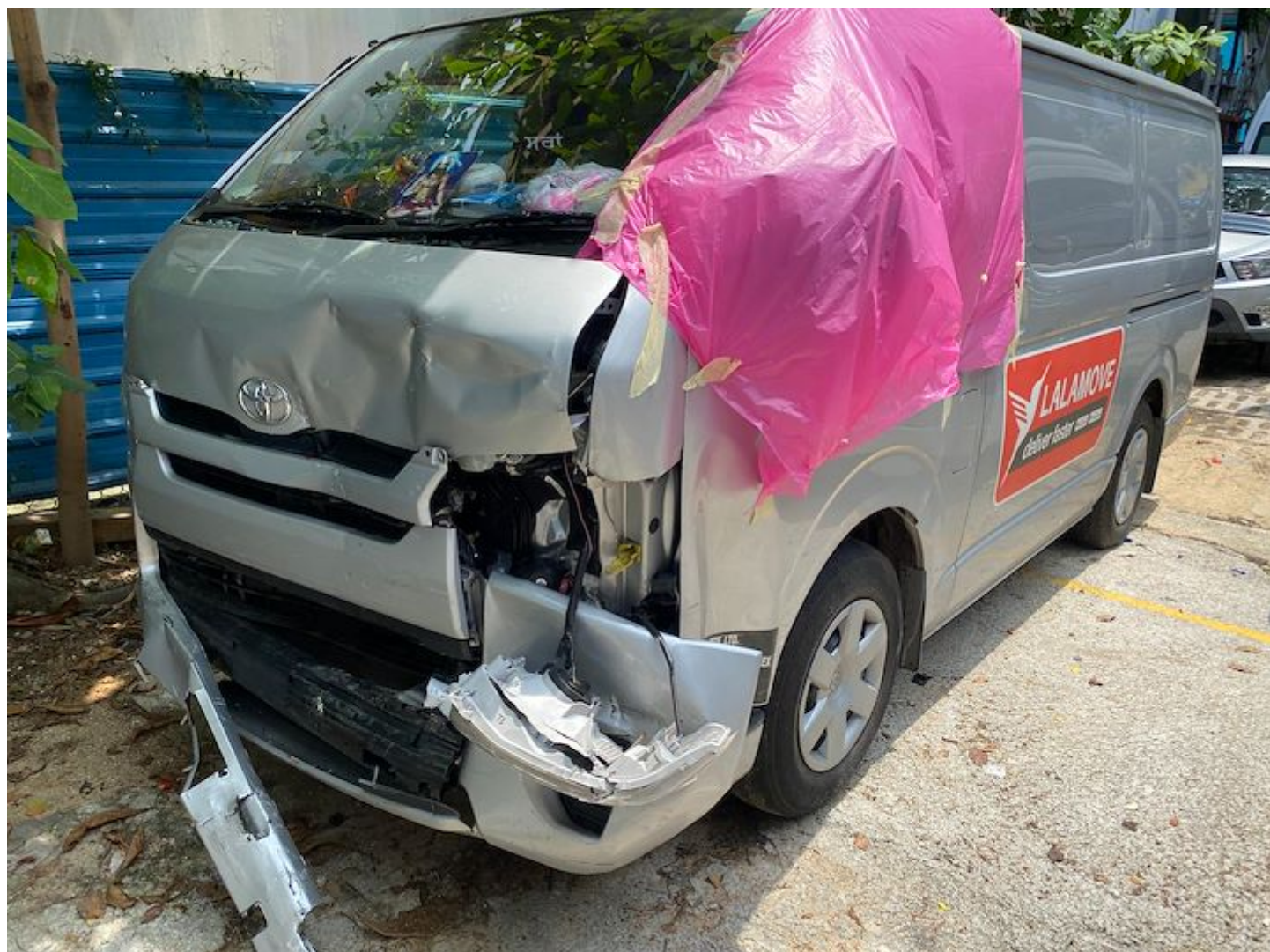





















**SINGAPORE
POLICE FORCE**


T/20210427/2159

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No: T/20210427/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2021 22:11	Vide Report No.:	Station Diary No.: 637
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Informant's Particulars

Name of Informant: BHUPINDER SINGH SERAN S/O SURJIT SINGH			Address: APT BLK 785A WOODLANDS RISE #03-134 SINGAPORE 731785		
ID Type / ID No.: NRIC NO / S7101476B			Contact No.: Home/Office: Mobile: 87796610		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 08/01/1971	Type of Informant: Driver		
Race: Sikh			Language: English	Institution / School Name:	
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/04/2021 20:30	Type of Location: Straight Road
Location: WOODLANDS AVENUE 12				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBK3681H	Van				Seriously Damaged	0
SLQ944U	Car				Slightly Damaged	0
SLW4322G	Car				Slightly Damaged	0



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T/20210427/2159

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20210427/2159

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	BHUPINDER SINGH SERAN S/O SURJIT SINGH	ID No.	S7101476B
Related Vehicle	GBK3681H (Van)	Contact No.	87796610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

V1) GBK3681H (Last Vehicle)

V2) SLQ944U (First Vehicle)

V3) SLW4322G (Second Vehicle)

V4) Can't remember (Third Vehicle)

On 23/04/2021 at about 2035hrs, I was driving V1 at Woodlands Ave 12 lane 2 towards to Woodlands Rise. Out of sudden, I saw V4 jam brake. I tried to apply emergency brake and tried to change to the left lane but still couldn't avoid hitting V4. In result, my vehicle hit onto V4, V4 hit onto V3 and V3 hit onto V2. Police and ambulance were activated to scene. I believed there was an old lady been conveyed to hospital. I was attended by the paramedic on scene as I felt a bit chest pain. V1 sustained serious damages at the front. I was informed by the Traffic Police to lodge a police report.

**SINGAPORE
POLICE FORCE**

T/20210427/2159

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No: T/20210427/2159

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Staff Sgt AIK QISONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/04/2021 22:11

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt JOFILIANO BIN MOHAMED ALI

Contact No.: 65476960

Classification Of Case:

Authentication Stamp

NP168

Describe Circumstance of Accident

PLEASE REFER TO POLICE REPORT: T/20210427/2159

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