

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 30/06/2021 16:20 (SGT)
Date of Accident 20/06/2021 13:34 (SGT)
Exact Location of Accident 612A Tampines North Dr. 1, Singapore 521612
Additional Location Information 612A TAMPINES NORTH DRIVE 1 MSCP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ9132S

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? No - Reporting only
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 DMCVSNA00069252101
Cover Note Number -

DRIVER

Name of Driver SUKHWINDER SINGH SERAN S/O SURJIT SINGH
NRIC No S2194256A

Date Of Birth	14/09/1967
Occupation	Outdoor
Date Of Driving Pass	05/12/1996
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88155045
Alt. Phone Number	-
Email Address	coletteteo@abwinleasing.sg
Address	612A TAMPINES NORTH DR 1 #03-244
Address complement	-
Postcode	521612
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	Collided into Parked Vehicle
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 vehicle 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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT: T/20210621/7011

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


Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 (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 envelope/post/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/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

<p>PLEASE REFER TO POLICE REPORT: T/20210621/7011</p>
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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210621/7011

2 of 3

Report No. T/20210621/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SUKHWINDER SINGH SERAN S/O SURJIT SINGH	ID No.	S2194256A
Related Vehicle	GBJ9132S (Van)	Contact No.	88155045
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I WAS DRIVING INSIDE THE CARPARK LOOKING FOR PARKING.

I WAS LOOKING TO THE RIGHT AND I DIDN'T REALIZE MY VEHICLE WAS MOVING TO THE LEFT.

WHEN I FINALLY REALIZED, I PULLED THE STEERING BACK TO THE RIGHT.

I DIDN'T KNOW THAT I HIT THE VEHICLE BECAUSE THE MUSIC IN MY VEHICLE WAS VERY LOUD
THAT I DIDN'T HEAR THAT I HIT THE PARKED CAR.

I DIDN'T FEEL ANYTHING ALSO WHEN I HIT THE PARKED CAR.

I THEN PARKED MY VEHICLE AND RETURNED HOME. MY LEFT PORTION OF MY VEHICLE WAS
DAMAGED.

I WAS NOT INJURED. THE POLICE CALLED ME TO LODGE THE REPORT. THAT IS ALL



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210621/7011

3 of 3

Report No. T/20210621/7011

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/06/2021 13:48

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20210621/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20210621/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2021 13:48	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SUKHWINDER SINGH SERAN S/O SURJIT SINGH			Address: 612A TAMPINES NORTH DRIVE 1 #03-244 SINGAPORE 521612		
ID Type / ID No.: NRIC NO / S2194256A			Contact No.: Home/Office: Mobile: 88155045		
Nationality: SINGAPORE CITIZEN			Email: shinda6723@gmail.com		
Sex: Male	Age: 53	Date of Birth: 14/09/1967	Type of Informant: Driver		
Race: Sikh			Language: English	Institution / School Name:	
Occupation: Van driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/06/2021 13:34	Type of Location: Car Park
Location: TAMPINES NORTH DRIVE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBJ9132S	Van				Slightly Damaged	0
	Car					0

Describe Circumstance of Accident

PLEASE REFER TO POLICE REPORT: T/20210621/7011

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 & TimeWitness by Reporting
Centre Personnel