

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	06/07/2021 14:21 (SGT)
Date of Accident	03/07/2021 20:10 (SGT)
Exact Location of Accident	Near 1 New Loyang Link, Singapore 506931
Additional Location Information	SHELL AT NEW LOYANG LINK SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GN6288R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABWIN LEASING PTE LTD
Company Reg No	2XXXXX082Z
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
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	JEREMY ANAND KOH SHUANG LE
NRIC No	SXXXX355C

Date Of Birth	15/05/1997
Occupation	Outdoor
Date Of Driving Pass	03/11/2018
Driving experience	2 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84841793
Alt. Phone Number	-
Email Address	coletteteo@abwinleasing.sg
Address	BLK 881 WOODLANDS ST 82 #07-34
Address complement	-
Postcode	730881
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NUR ATIQA BINTE ABDUL MALIK
Gender	Female

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 PARKED MY VEHICLE AT PETROL STATION AND VEHICLE SMD7390C WAS PARKED BESIDE ME. WHILE I READY TO MOVE ON, I SLOWLY TO MOVE OUT MY VEHICLE AND TURN TO MY LEFT TO THE EXIT. THEREAFTER VEHICLE SMD7390C MOVING OUT HIS VEHICLE. ALL OUT OF SUDDEN VEHICLE SMD7390C COLLIDED ONTO MY VEHICLE LEFT MIDDLE PORTION.

I DID REQUEST TO VIEW CCTV FROM THE SHELL AUTHORITY BUT UNABLE TO HAVE A COPY OR RECORD FROM THEM. FROM THE FOOTAGE, MY VEHICLE WAS MOVING AND TURNING AHEAD OF VEHICLE SMD7390C. BUT VEHICLE SMD7390C STILL COLLIDED ONTO MY VEHICLE WHEN MY VEHICLE WAS IN FRONT OF HIM.

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	SMD7390C
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ZHENG WEIXIANG
NRIC No	SXXXX396J
Contact Number	(Phone) +65-85710455
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	ISA
Phone	(Phone) +65-93960330
Email	-

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 be 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/firm, 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.
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/firm, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and
 - (c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/firm), which may be located outside of Singapore, for one or more of the above Purpose(s).

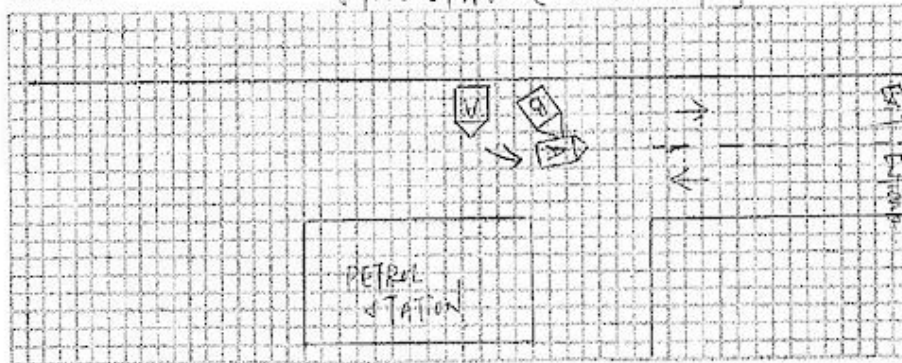
Policyholder's Signature & Time

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

Witness by Reporting Centre Personnel

Sketch Plan

HELL STATION @ 1 New Lanyang Link



A = GN6288R
B = JMD7390C




















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