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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 22/09/2021 16:45 (SGT) Date of Accident 20/09/2021 19:20 (SGT) Exact Location of Accident Punggol Dr., Singapore Additional Location Information TOWARDS PUNGGOL ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK8331K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ABS LEASING SERVICES PTE LTD Company Reg No 2XXXXX528D **Email Address** john.pvj@hotmail.com Mobile Phone No (Phone) +65-92966056 Alternative Phone No +65-92739983

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Auto CC 2754

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMCVSNW00123522000 Cover Note Number

DRIVER

Name of Driver LER YONG SING NRIC No. SXXXX746C

Date Of Birth 31/05/1967 Occupation Indoor Date Of Driving Pass 09/05/1992 Driving experience 29 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-92739983 Alt. Phone Number Email Address john.pyj@hotmail.com Address BLK 297A COMPASSVALE STREET #10-44 Address complement Postcode 541297 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKT7463R Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Address complement .	
Accident report S	N08219M0004

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number
Address

Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

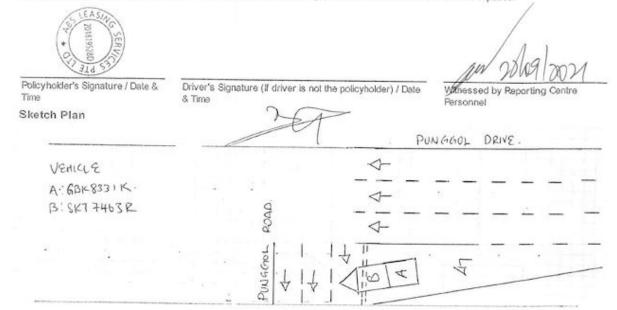
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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 yers/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 yers/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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



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Declaration

WWe declare the foregoing particulars are true in every respect.

Policyhokler's Signature / Date &

2018195280

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

Winessed by Reporting Centre Personnel

















ABS LEASING SERVICES PTE LTD

WIN 5, 15 Yishun Industrial Street 1 #01-02, Singapore 768091 TEL: 6259 6590 FAX: 6933 9399 Email: enquiry@absleasing.com.sg UEN No. 201819528D

RENTAL AGREEMENT

No. A20120025

Date:	12	Dec	2

VEHICLE DESCRIPTI	ON		Date: 12 Dec 2020				
	ON	RENTAL DETAIL					
Vehicle No.	: GBK8331K	Rental Start Date & Time	: 12 Dec 2020 1100				
Make	: TOYOTA	Rental End Date & Time	: 11 Oct 2021 1100				
Model	: HIACE DX 2.8 AUTO	Rental Period	: 10 months				
Fuel type	: Diesel	Rental Per Month (excl. GST)	: S\$ 1,300.00				
HIRER PARTICULARS		Rental Per Month (Incl. GST)	: S\$ 1,391.00				
Name	: THREEMAN LOGISTICS PT		1				
	LTD	Insurance Premium	: CHINA TAIPING				
Co Reg No./ NRIC	: 202028753N	(for ABSL arranged	. CHINA TAIFING				
Address	: 71 WOODLANDS	Insurance)					
	INDUSTRIAL PARK E9 OR-	PAYMENT					
	08 WAVE 9 Singapore 757048	Deposit	: S\$ 500.00				
Fax	:	Upfront Rental	: S\$ 1,391.00				
Contact Person	: NG JIA HAO	Total Rental Fee (to be paid	S\$ 1,891.00				
NRIC	: S9032553A	on signing of Agreement)	3\$ 1,091.00				
Tel	: 84688191	IMPORTANT NOTE					
Email	;	Rental Fee is to be fully paid within 3 days from the date					

Email

of our invoice

Hirer to ensure pumping correct FUEL TYPE listed above.

Hirer to conduct proper checks on the vehicle while using

such as sufficient engine oil and coolant water etc.

Any unusual discovery of warning lights in the vehicle,

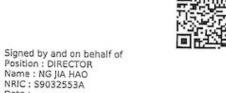
Hirer are to consult ABSL for further assistance. MAIN DRIVER PARTICULARS : NG JIA HAO NRIC/FIN/Passport No : S9032553A

This Agreement constitutes the entire agreement between the Parties with respect to the subject matter hereof, and may be amended only by the written agreement of the Parties.

IN WITNESS WHEREOF, the parties hereby enter into this Agreement as of the date first above written



Signed by and on behalf of ABS Leasing Services Pte Ltd Position : Salesman Name : Chan Slang Shan







ABS LEASING SERVICES PTE LTD

WIN 5, 15 Yishun Industrial Street 1 #01-02, Singapore 768091

TEL: 6259 6590 FAX: 6933 9399 Email: enquiry@absleasing.com.sg

UEN No. 201819528D

(NV 201200 92

RENTAL AGREEMENT

No. A20120025

: 12 Dec 2020 | 1100

Date: 12 Dec 2020

VEHICLE DESCRIPTION

Vehicle No.

: GBK8331K

Make

: TOYOTA

Model

: HIACE DX 2.8 AUTO

Fuel type

: Diesel

HIRER PARTICULARS

: THREEMAN LOGISTICS PTE

LTD

Co Reg No./ NRIC

Address

: 202028753N

: 71 WOODLANDS INDUSTRIAL PARK E9 08-08 WAVE 9 Singapore

757048

Fax

Contact Person

: NG JIA HAO : S9032553A

NRIC Tel Email

: 84688191

MAIN DRIVER PARTICULARS

Name

: NG JIA HAO NRIC/FIN/Passport No : S9032553A RENTAL DETAIL

Rental Start Date & Time

Rental End Date & Time

: 11 Mar 2021 | 1100 Extend until

: 3 months

Rental Period

Rental Per Month (incl. GST) : S\$ 1,300.00 Author notice.

Payment on

Insurance Premium (for ABSL arranged

insurance)

: CHINA TAIPING

PAYMENT

Deposit

: \$\$ 500.00 Upfront Rental : 5\$ 1,391.00

Total Rental Fee (to be paid on signing of Agreement)

S\$ 1,891.00

IMPORTANT NOTE

Rental Fee is to be fully paid within 3 days from the date

of our invoice

Hirer to ensure pumping correct FUEL TYPE listed above. Hirer to conduct proper checks on the vehicle while using such as sufficient engine oil and coolant water etc. Any unusual discovery of warning lights in the vehicle, Hirer are to consult ABSL for further assistance.

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Signed by and on behalf of ABS Leasing Services Pte Ltd Position : Salesman Name : Chan Siang Shap

Signed by and on behalf of Position : DIRECTOR Name : NG JIA HAO