

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 14/10/2021 18:29 (SGT)
Date of Accident 12/10/2021 23:50 (SGT)
Exact Location of Accident 87 Victoria St, Singapore 188016
Additional Location Information VOCTORIA STREET
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GX8558X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ABWIN LEASING PTE LTD
Company Reg No 20122308Z
Email Address ENQUIRY@ABWINLEASING.SG
Mobile Phone No (Phone) +65-67499699
Alternative Phone No (Office) +65-67499699

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant TOYOTA HIACE VAN
Exact purpose for which vehicle was being used at time of accident Private hire
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 ISHAM BIN ABU BAKAR
NRIC No S7304977F

Date Of Birth	09/02/1973
Occupation	Outdoor
Date Of Driving Pass	17/01/1994
Driving experience	27 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91516604
Alt. Phone Number	-
Email Address	ishambinabubakar@gmail.com
Address	BLK 504 BEDOK NORTH STREET 3
Address complement	#0-126
Postcode	460504
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	1
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT (T/20211014/2073)

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	SHC6727L
Vehicle Manufacturer	Kia
Vehicle Model	Optima
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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)	-

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 12 / 10 / 2020 (dd/mm/yy) Time of Accident: 2350 (24-HR-FORMAT)
 Vehicle No.: 6X8558X Vehicle Make & Model: Toyota Hiace Private Hire: (Y/N) (N)
 Exact location of Accident: Victoria Street
 Policyholder's Name / IC No.: Abwin Leasing Pte Ltd
 Driver's Name / IC No.: Isham Bin Abu Bakar (As Above) ☐
 Driver's Contact No.: 91516604 Company Contact No. (Company Veh Only):
 Driver's Address: Blk 504 Bedok North St 3 #02-126 Singapore 460504
 Email address: ishambinabubakar@gmail.com Insurance Company: China Taiping

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee (Hirer) Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): _____

*Passenger Name: _____
 *Passenger Name: _____

Gender: Male / Female
 Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHC6727L

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Describe Circumstances of the Accident

Please refer to the police report.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's
Signature/Date & Time



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



Witnessed by Reporting Center
Personnel

SKETCH PLAN**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. 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.

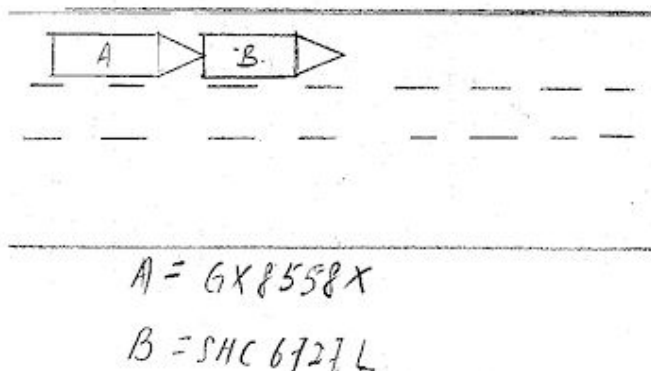


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Witnessed by Reporting Centre Personnel

Sketch Plan

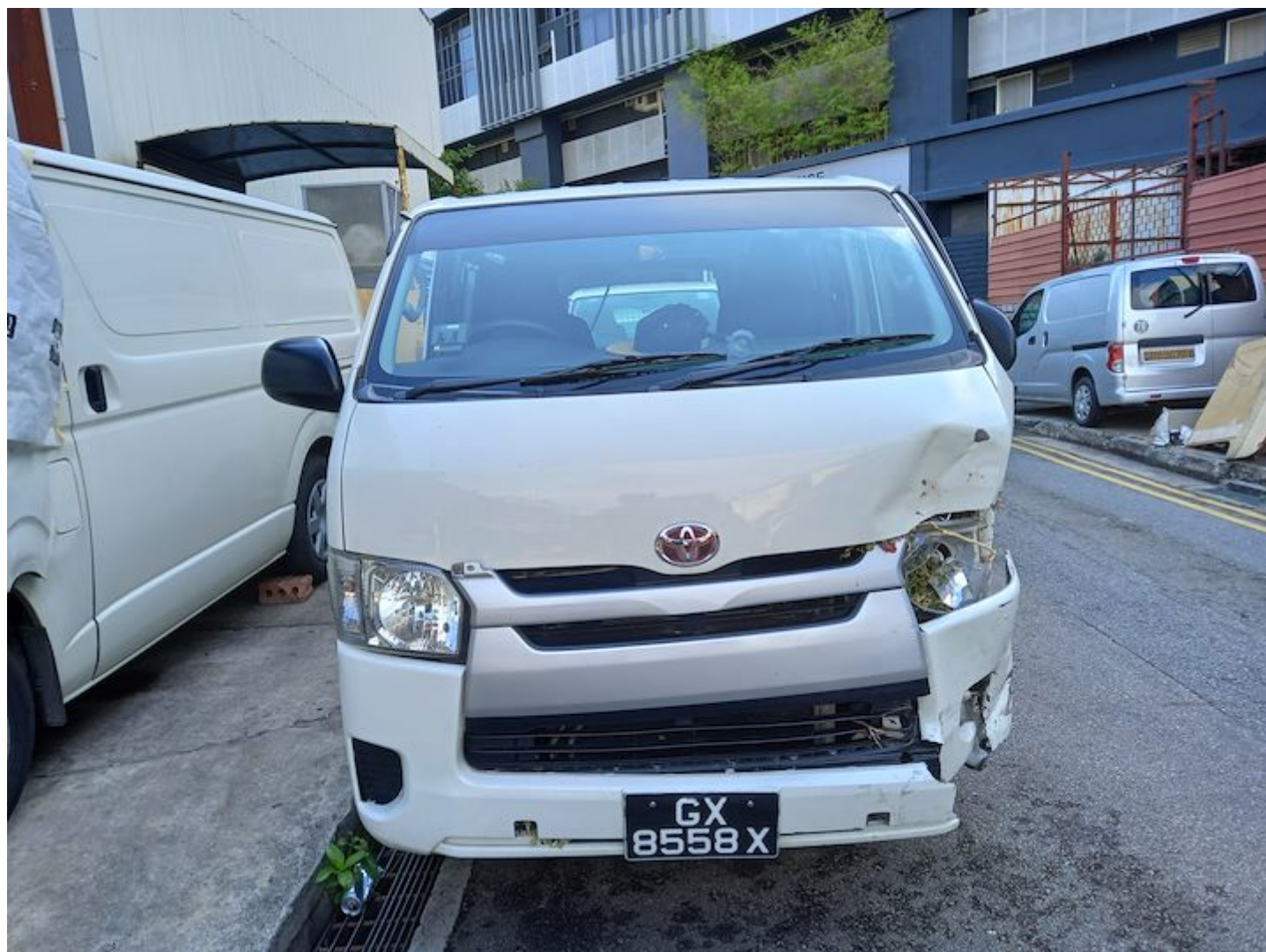
































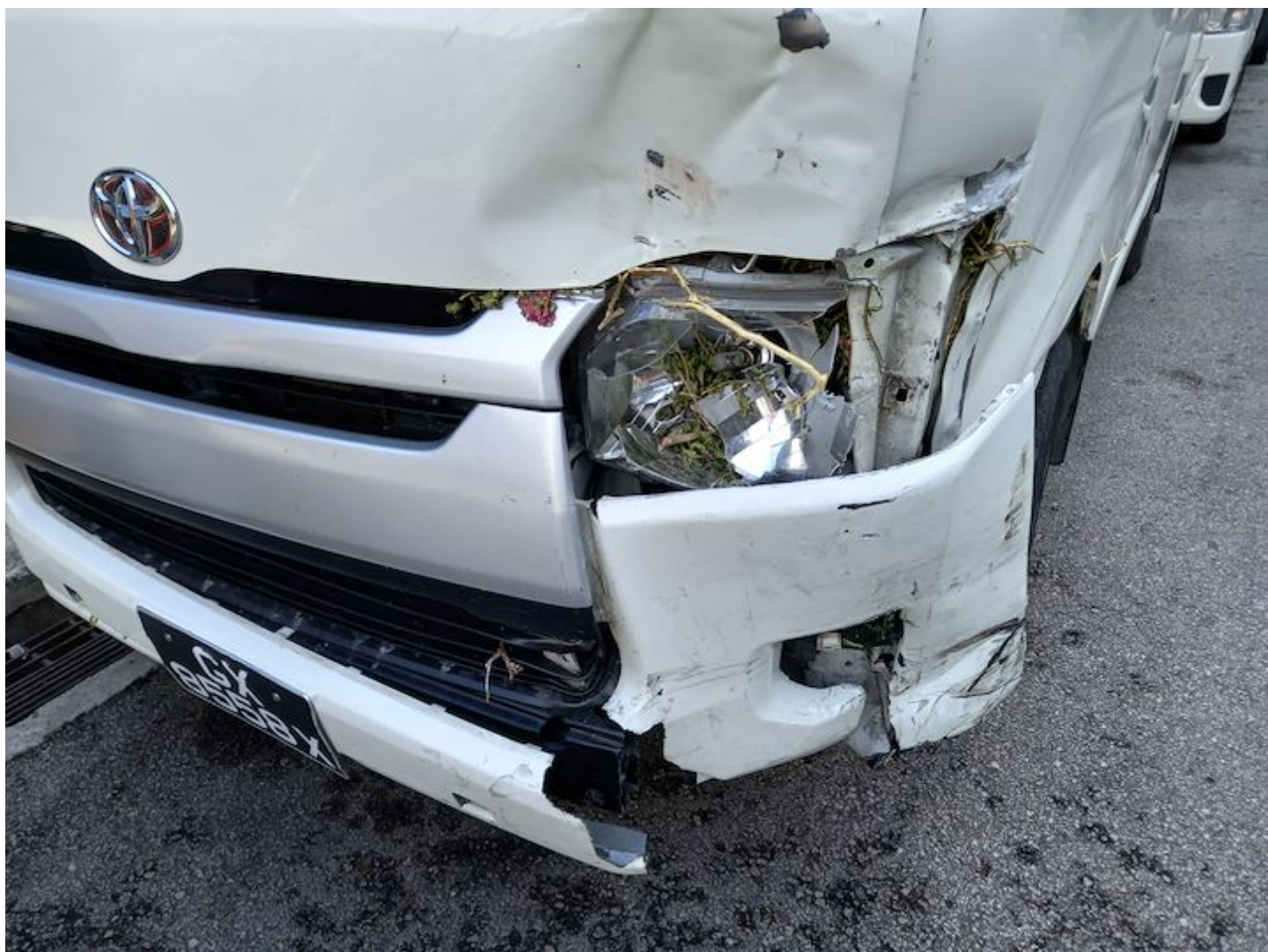

















**SINGAPORE
POLICE FORCE**


T/20211014/2073

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20211014/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2021 15:40		Vide Report No.:		Station Diary No.: 59
Informant's Particulars				
Name of Informant: ISHAM BIN ABU BAKAR		Address: APT BLK 504 BEDOK NORTH STREET 3 #02-126 SINGAPORE 460504		
ID Type / ID No.: NRIC NO / S7304977F		Contact No.: Home/Office: Mobile: 91516604		
Nationality: SINGAPORE CITIZEN		Email: ishambinabubakar@gmail.com		
Sex: Male	Age: 48	Date of Birth: 09/02/1973	Type of Informant: Driver	
Race: Malay		Language:		Institution / School Name:
Occupation: PARCEL DELIVERY		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/10/2021 23:50	Type of Location: Straight Road
Location: VICTORIA STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
GX8558X	Van	TOYOTA	HIACE VAN TURBO 5DR MT	White		0
SHC6727L	Car	KIA	OPTIMA 1.7(A)	Silver		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20211014/2073

2 of 3

Report No. T/20211014/2073

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

Driver			
Name	ISHAM BIN ABU BAKAR		ID No. S7304977F
Related Vehicle	GX8558X (Van)		Contact No. 91516604
Hospital/Clinic	-		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	04		Degree of Injury Slight

Brief Details.

On the 12/10/2021 at around 2350hrs, I was driving my rented van GX8558X which I believed to be along Victoria St. I remembered that the front of my vehicle had collided onto the rear of a taxi. I was in daze and I could not recall clearly what had happened. I had used my mobile phone to take photos of the other party's vehicle and particulars but I had left the phone inside my vehicle. I had forgotten where I had left my vehicle. Hence, I am lodging this report.



**SINGAPORE
POLICE FORCE**



T/20211014/2073

3 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20211014/2073

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
G /
Sgt 3 KOH WEN RUI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
14/10/2021 15:40

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1M21AE0002 Vehicle Registration No: 6X8558X
 Name (as shown in NRIC): ISHAM BIN ABU BAKAR NRIC/FIN/Passport No: S7304977F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 504 BEDOK NORTH STREET 3 #02-126 Singapore (460504)
 Contact (Tel): _____ Mobile No.: 91516604
 Email Address: ishambinabubakar@gmail.com
 Date of Accident: 12.10.2021 Time of Accident: 23:50
 Place of Accident: Victoria Street.
 Insurance Company: China Taiping.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

upload accident photos.



Policyholder / Driver's Signature
 Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: