

# 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 ..... 26/11/2021 15:00 (SGT)  
Date of Accident ..... 02/11/2021 18:50 (SGT)  
Exact Location of Accident ..... 120 Marsiling Rise, Block 120, Singapore 730120  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB4183U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ABS LEASING SERVICES PTE LTD  
Company Reg No ..... 2XXXXX528D  
Email Address ..... enquiry@absleasing.com.sg  
Mobile Phone No ..... (Phone) +65-92255858  
Alternative Phone No ..... +65-92255858

### VEHICLE PARTICULARS

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

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00008882102  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DERRYL NG KAI WEN  
NRIC No ..... SXXXX870I

Date Of Birth .....	01/12/1995
Occupation .....	Outdoor
Date Of Driving Pass .....	19/04/2018
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92255858
Alt. Phone Number .....	-
Email Address .....	derryl.ng@outlook.com
Address .....	BLK 624A WOODLANDS DRIVE 52 #04-09
Address complement .....	-
Postcode .....	731624
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 .....	Collided into Parked Vehicle
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 .....	JENNY TAN JIANG NI
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

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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMX7342L
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) .....	-

INFORMATION

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 fact 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 insured 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' lawyers/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 contain both electronic and/or printed personal data about me to bring about delivery of the goods 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' lawyers/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 lawyers/law firms), which may be located outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

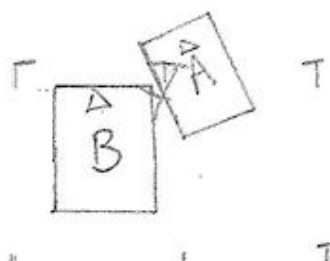
Sketch Plan

*[Signature]*

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

120 MARILINE RUA

26/11/2021  
Witnessed by Reporting Centre Personnel



A) GBB41834

B) SMX 7342L

# Accident report SN0821BN0002

Page 5 of 15

## Describe Circumstances of the Accident

ON THE STATED TIME & DATE, I WAS LEAVING THE  
PARKING LOT, IT WAS TOO DARK AND I ACCIDENTALLY HIT  
IM  
ONTO THE LEFT VEHICLE WHILE COMING OUT FROM MY  
LOT.

## Declaration

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 Centre  
Personnel









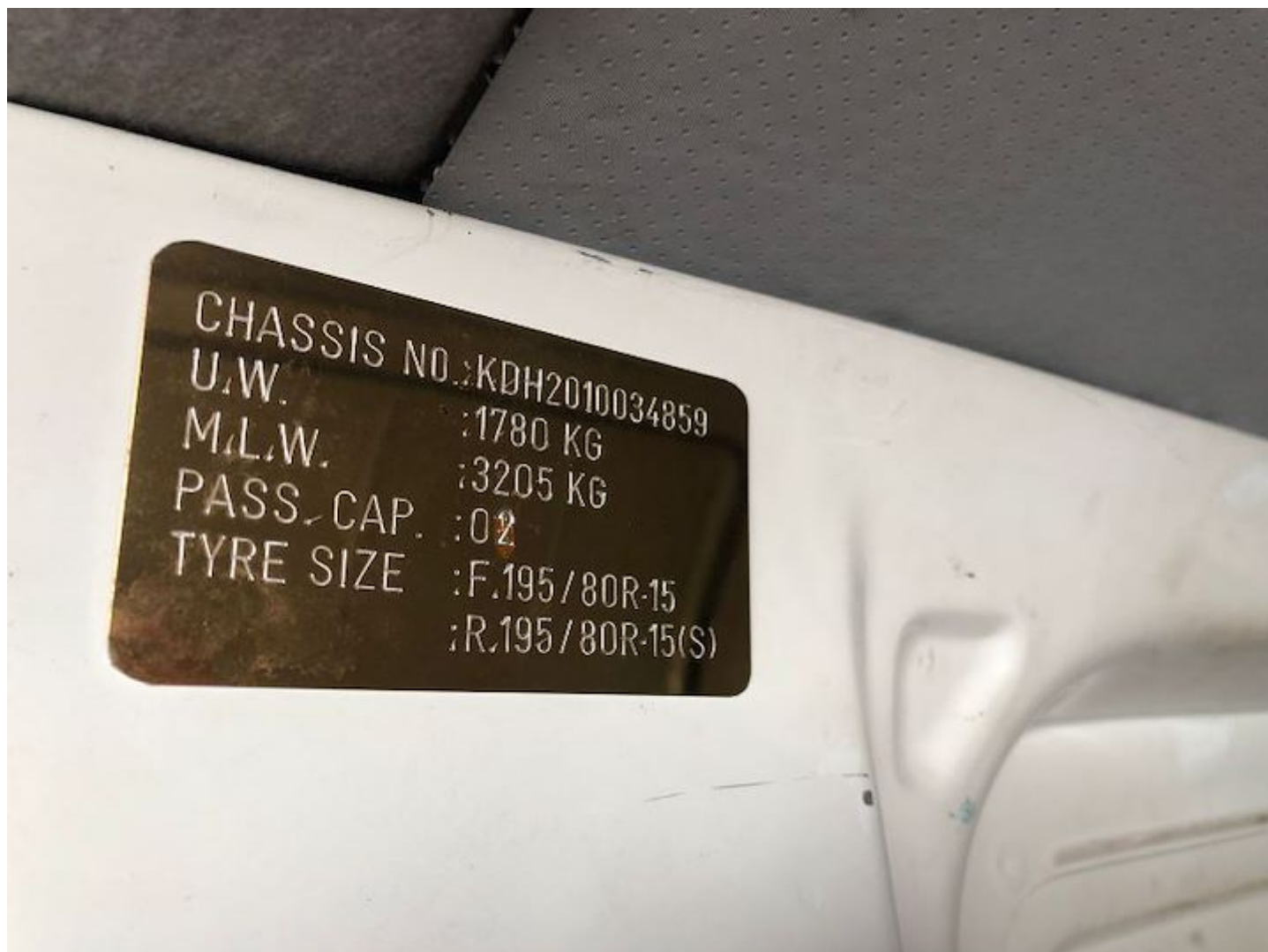


















## ABS LEASING SERVICES PTE LTD

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. A21040031**

Date: 12 Apr 2021

#### VEHICLE DESCRIPTION

Vehicle No. : GBB4183U  
Make : TOYOTA  
Model : HIACE 3.0DX A  
Fuel type : Diesel

#### HIRER PARTICULARS

Name : SPACE BUSTERS PTE. LTD  
Co Reg No./ NRIC : 201717207G  
Address : 50 UBI CRESCENT #01-08  
Singapore 408568  
Fax :  
Contact Person : YONG SZE CHANG  
NRIC : S0234696F  
Tel : 96681597  
Email :

#### MAIN DRIVER PARTICULARS

Name : GOH SOON LAI  
NRIC/FIN/Passport No : S7815828Z

#### RENTAL DETAIL

Rental Start Date & Time : 12 Apr 2021 | 1448  
Rental End Date & Time : 11 Apr 2022 | 1448  
Rental Period : 12 months  
Rental Per Month (excl. GST) : S\$ 1,200.00  
Rental Per Month (incl. GST) : S\$ 1,284.00  
Payment on :  
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

#### PAYMENT

Deposit : S\$ 1,200.00  
Upfront Rental : S\$ 1,284.00  
Total Rental Fee (to be paid on signing of Agreement) : S\$ 2,484.00

#### 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.

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 :  
Name : Lai  
Date :



Signed by and on behalf of  
Position : DIRECTOR  
Name : YONG SZE CHANG  
NRIC : S0234696F  
Date : 12/4/2021



# ABS LEASING SERVICES PTE LTD

ROC No: 201819528D  
15 YISHUN INDUSTRIAL STREET 1 01-02 WIN 5 768091 SINGAPORE

Date: 12/4/2021

We acknowledged that ABS LEASING SERVICES PTE LTD ("ABSL") has clearly explained to us the insurance section excess that we need to be liable in the event of an accident:

Standard Insurance Excess Applies (Wherever applies to the coverage)

Section 1	S1,500
Section 2	S1,500


Section 1 & 2 Excess Will Be DOUBLED If  
driven by :

1. Who possess less than 1 year driving licence OR
2. Who is less than 22 years old OR
3. Who is a FOREIGNER (Non Singaporean / Non-Singaporean P.R)

Insurance Clauses At Agreement Clause "5. Insurance"

We also note that ABSL reserve the right to change insurance company for the coverage for its own fleet of vehicle and the respective section excess will be applicable to the newest policy in the event of an accident.

Yours Sincerely,

  
Name: 12/4/2021