

# 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 ..... 09/12/2021 15:44 (SGT)  
Date of Accident ..... 26/11/2021 15:21 (SGT)  
Exact Location of Accident ..... Tampines Ave 2, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBL3311X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ABS LEASING SERVICES PTE LTD  
Company Reg No ..... 2XXXXX528D  
Email Address ..... john.pyj@hotmail.com  
Mobile Phone No ..... (Phone) +65-92966056  
Alternative Phone No ..... +65-88567415

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00061202100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ZULKARNAEN BIN MOHD TAIB  
NRIC No ..... SXXXX899B

Date Of Birth .....	16/07/1974
Occupation .....	Outdoor
Date Of Driving Pass .....	20/11/2007
Driving experience .....	14 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-88567415
Alt. Phone Number .....	-
Email Address .....	john.pyj@hotmail.com
Address .....	BLK 2 EUNOS CRESCENT #04-2545
Address complement .....	-
Postcode .....	400002
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 .....	Collision - Head to Rear
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) .....	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? .....	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 .....	SLQ1125K
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 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

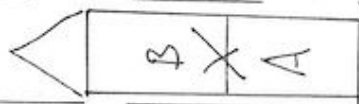
Sketch Plan

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

Witnessed by Reporting Centre Personnel

TAMPINES AVE 2

VEHICLE  
A: 6B2331K  
B: 5LQ1125K



## Describe Circumstances of the Accident

I WAS MOVING FORWARD AFTER THE TRAFFIC LIGHT TURN  
GREEN, HOWEVER THE FRONT VEHICLE DID NOT MOVE AND I  
COLLIDED ONTO THE FRONT VEHICLE.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*H*

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

*[Signature]* 09/12/2021  
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

*10021080063*  
**No. A21080018**

Date: 05 Aug 2021

### VEHICLE DESCRIPTION

Vehicle No. : GBL3311X  
Make : NISSAN  
Model : NV200 DX 1.6 AUTO  
Fuel type : Petrol

### HIRER PARTICULARS

Name : ZULKARNAEN BIN MOHD TAIB  
Co Reg No./ NRIC : S7422899B  
Address : BLK 2 EUNOS CRESCENT #04-2545 Singapore 400002  
Fax :  
Contact Person : ZULKARNAEN BIN MOHD TAIB  
NRIC : S7422899B  
Tel : +6588567415  
Email :

### MAIN DRIVER PARTICULARS

Name : ZULKARNAEN BIN MOHD TAIB  
NRIC/FIN/Passport No : S7422899B

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

### RENTAL DETAIL

Rental Start Date & Time : 05 Aug 2021 | 1600  
Rental End Date & Time : *04* Aug 2022 | 1600  
Rental Period : 12 months  
Rental Per Month (excl. GST) : S\$ 1,100.00  
Rental Per Month (Incl. GST) : S\$ 1,177.00  
Payment on :  
Insurance Premium (for ABSL arranged insurance) : CHINA TAIPING

### PAYMENT

Deposit : S\$ 1,100.00  
Upfront Rental : S\$ 1,177.00  
Total Rental Fee (to be paid on signing of Agreement) : S\$ 2,277.00

### 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.

*[Signature]*  
Signed by and on behalf of  
ABS Leasing Services Pte Ltd  
Position : Salesman  
Name : Chan Siang Shan  
Date : *5/8/21*



*[Signature]*  
Signed by and on behalf of  
Position :  
Name : ZULKARNAEN BIN MOHD TAIB  
NRIC : S7422899B  
Date : *10/8/21*

