

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 23/12/2021 15:38 (SGT)
Date of Accident 14/12/2021 20:35 (SGT)
Exact Location of Accident 91 Tanglin Halt Rd, Block 91, Singapore 142091
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM8469P

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) +65-86790563
Alternative Phone No +65-86790563

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Fe83beosrdea
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 2977

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00112162103
Cover Note Number -

DRIVER

Name of Driver SIKDER MD MAMUN
Passport No/FIN GXXXX154X

Date Of Birth	20/02/1992
Occupation	Outdoor
Date Of Driving Pass	26/10/2021
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86790563
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	18A KRANJI WAY #08-01
Address complement	-
Postcode	739443
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	Clear
Road Surface	Dry

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	SGL6758L
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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 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 firms/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 firms/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 law firms/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

31K 91 TONGLIN HART ROAD

Witnessed by Reporting Centre Personnel

23/12/2021



A) Ym 8469P
B) 89L 6758L

Describe Circumstances of the Accident

ON THE STATED DATE & TIME, I WAS REVERSING
INTO A LOT, OUT OF A SUDDEN I HIT ONTO A CAR
THAT WAS PARKED.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Mum.

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

gaw 23/12/2021
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

VEHICLE DESCRIPTION

Vehicle No. : YM8469P
Make : MITSUBISHI
Model : F683BEOSRDEA
Fuel type : Diesel

HIRER PARTICULARS

Name : YANG FAN ENGINEERING
PTE LTD
Co Reg No./ NRIC : 201223803E
Address : 6 WOODLANDS
INDUSTRIAL PARK E1
Singapore 757729
Fax :
Contact Person : LI YONG QIANG
NRIC : G5975579Q
Tel : 94558370
Email :

MAIN DRIVER PARTICULARS

Name : RANA MASUD
NRIC/FIN/Passport No : G8058327W

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

Second Driver: Sikder MD Mamun
G 2747154X

RENTAL DETAIL

Rental Start Date & Time : 01 Dec 2021 | 1230
Rental End Date & Time : 28 Feb 2022 | 1230
Rental Period : 3 months
Rental Per Month (excl. GST) : S\$ 1,400.00
Rental Per Month (incl. GST) : S\$ 1,498.00
Payment on :
Insurance Premium : CHINA TAIPING
(for ABSL arranged Insurance)

PAYMENT

Deposit : S\$ 600.00
Upfront Rental : S\$ 1,498.00
Total Rental Fee (to be paid on signing of Agreement) : S\$ 2,098.00

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.

No. A21120011

Date: 01 Dec 2021



Signed by and on behalf of
ABS Leasing Services Pte Ltd
Position : Salesman
Name : Chan Siang Shan
Date : 1/12/21

Signed by and on behalf of
Position : DIRECTOR
Name : LI YONG QIANG
NRIC : G5975579Q
Date : 1/12/21

