

# 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 .....	24/12/2021 16:13 (SGT)
Date of Accident .....	15/12/2021 13:30 (SGT)
Exact Location of Accident .....	Pioneer Rd North, Singapore
Additional Location Information .....	TOWARDS JURONG WEST
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBC5844J
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### 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) +65-92466056
Alternative Phone No .....	+65-83300090

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 - Claiming third party
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 .....	DMCVSNW00079672102
Cover Note Number .....	-

### DRIVER

Name of Driver .....	NEO ENG HOCK
NRIC No .....	SXXXX405H

Date Of Birth .....	03/01/1962
Occupation .....	Outdoor
Date Of Driving Pass .....	14/01/1980
Driving experience .....	41 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83300090
Alt. Phone Number .....	-
Email Address .....	john.pyj@hotmail.com
Address .....	BLK 504B YISHUN STREET 51 #09-108
Address complement .....	-
Postcode .....	762504
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT T/20211217/7022

#### 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 .....	GBH7447H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	NEO ENG HOCK
Gender .....	Male
Phone No .....	(Phone) +65-83300090
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURIES
Injured person in which vehicle? .....	GBC5844J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

SKETCH PLAN

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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' 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 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' 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/also 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 sited outside of Singapore, for one or more of the above Purposes.

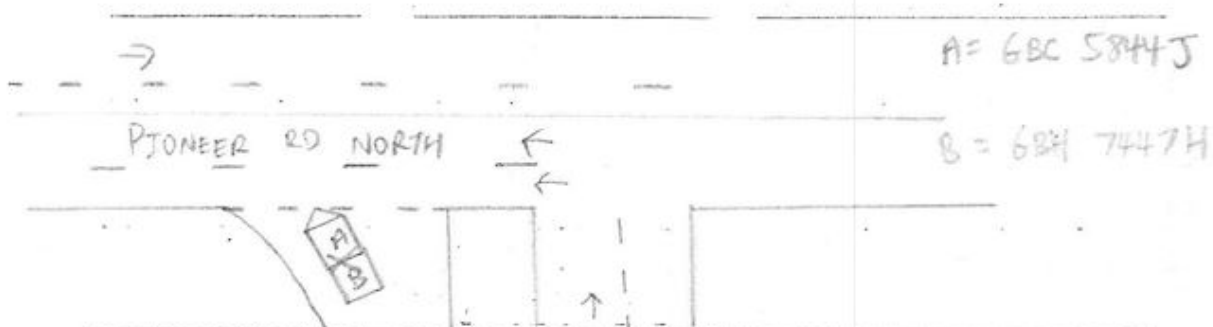


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED TIME & DATE, I WAS GIVING WAY  
TO THE MAIN ROAD TRAFFIC, OUT OF A SUDDEN I FELT A  
HUGE IMPACT ON MY REAR. I GOT DOWN AND REALISED  
VEHICLE B HAD REAR ENDED ME. I FELT UNWELL AND PAIN.  
THERE WAS A PASSERBY CAME DOWN TO HELP ME TO CALL FOR  
AMBULANCE AND I WAS SENT TO NG TENG FONG GH. I WAS ADMIT  
TO THE HOSPITAL UNTIL 16/12/2021 1357HRS RELEASE. I WAS GIVEN  
17 DAYS OF MC.

POLICE REPORT 7/2021/217/7022

Declaration

We declare the foregoing particulars are true in every respect.



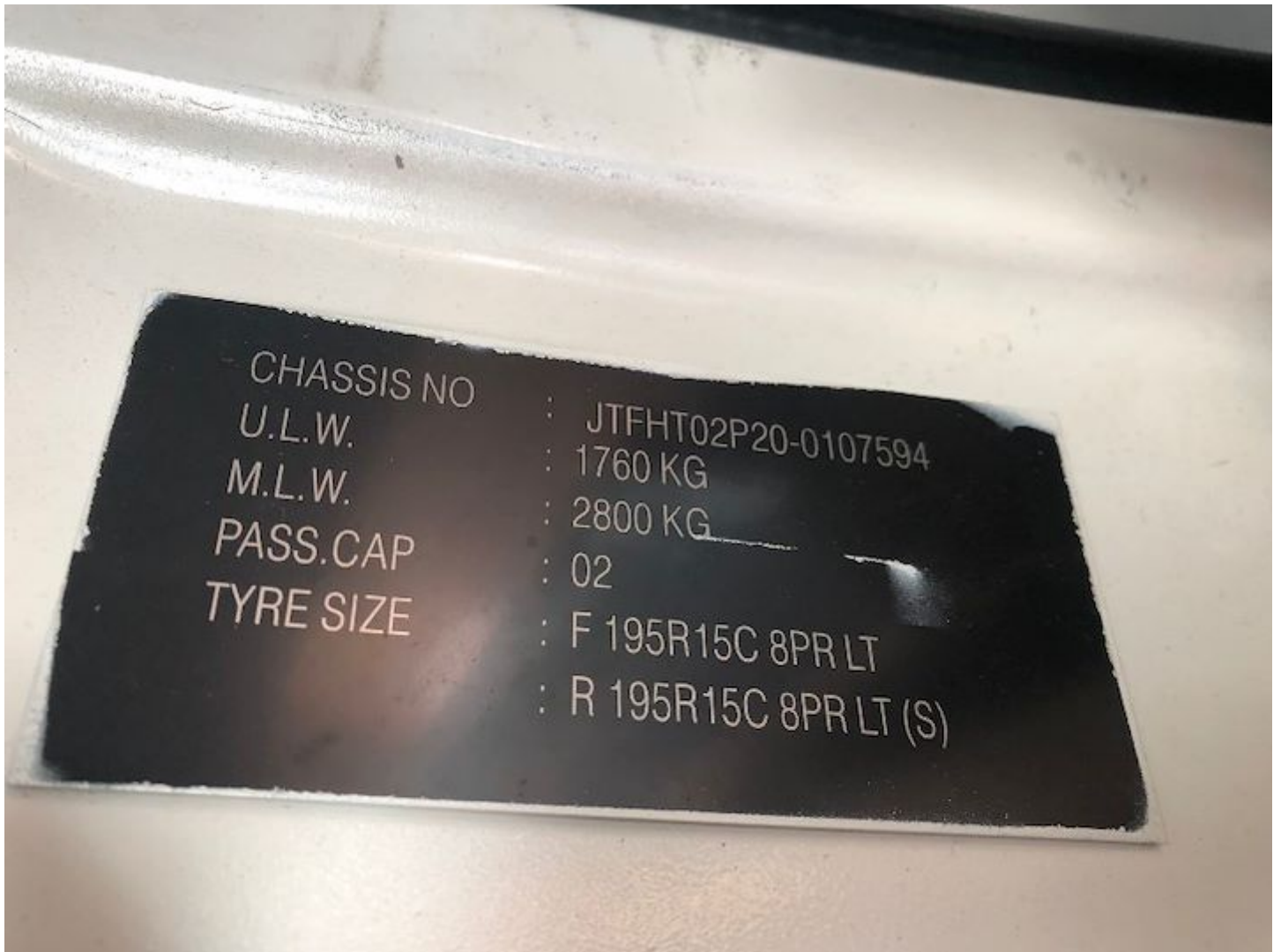
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



T/20211217/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20211217/7022

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/12/2021 12:41		Vide Report No.: J/20211215/0104		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NEO ENG HOCK			Address: 504B YISHUN STREET 51 #09-108 SINGAPORE 762504		
ID Type / ID No.: NRIC NO / S1565405H			Contact No.: Home/Office: Mobile: 83300090		
Nationality: SINGAPORE CITIZEN			Email: NEH6262@GMAIL.COM		
Sex: Male	Age: 59	Date of Birth: 03/01/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CONSTRUCTOR			Driving Licence Information: Class: 3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/12/2021 13:30	Type of Location: X-Junction
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBC5844J	Van				Seriously Damaged	0
GBH7447H	Van				Seriously Damaged	1



SINGAPORE  
POLICE FORCE



T/20211217/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20211217/7022

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NEO ENG HOCK	ID No.	S1565405H
Related Vehicle	GBC5844J (Van)	Contact No.	83300090
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	15/12/2021	Date	16/12/2021
No. of Days granted Medical Leave	17	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I NEO ENG HOCK S1565405H WAS THE DRIVER VEHICLE OF GBC5844J. I WAS AT THE GIVE WAY ROAD GIVING WAY TO THE MAIN ROAD OF PIONEER ROAD NORTH TO CLEAR. OUT OF A SUDDEN VEHICLE GBH7447H COLLIDED ONTO MY REAR. THE IMPACT WAS HUGE AND CAUSE ME TO FELT UNWELL AND PAIN. THERE WAS A PASSERBY CALLED AN AMBULANCE FOR ME AND I WAS SENT TO NG TENG FONG GENERAL HOSPITAL. I WAS ADMIT IN THE HOSPITAL FROM 15/12/2021 1442HRS TO 16/12/2021 1357HRS. I WAS GIVEN 17 DAYS OF MC DUE TO MY INJURIES SUSTAIN.



**SINGAPORE  
POLICE FORCE**



T/20211217/7022

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20211217/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/12/2021 12:41

Officer In Charge Of Case:  
TP / TPIB /  
INTAN WULANDARI BUDDY SANTOSO  
Contact No.: 65476415

Classification Of Case:

NP168



# 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. A21100053

Date: 18 Oct 2021

### VEHICLE DESCRIPTION

Vehicle No. : GBC5844J  
Make : TOYOTA  
Model : HIACE MANUAL  
Fuel type : Diesel

### HIRER PARTICULARS

Name : NEO ENG HOCK  
Co Reg No./ NRIC : S1565405H  
Address : BLK 504B YISHUN STREET  
51 #09-108 Singapore  
762504  
Fax :  
Contact Person : NEO ENG HOCK  
NRIC : S1565405H  
Tel : 83300030  
Email :

### MAIN DRIVER PARTICULARS

Name : NEO ENG HOCK  
NRIC/FIN/Passport No : S1565405H

### RENTAL DETAIL

Rental Start Date & Time : 18 Oct 2021 | 1400  
Rental End Date & Time : 17 Jan 2022 | 1400  
Rental Period : 3 months  
Rental Per Month (excl. GST) : S\$ 1,200.00  
Rental Per Month (incl. GST) : S\$ 1,284.00

Payment on :  
Insurance Premium : CHINA TAIPING  
(for ABSL arranged Insurance)

### PAYMENT

Deposit : S\$ 600.00  
Upfront Rental : S\$ 1,284.00  
Total Rental Fee (to be paid on signing of Agreement) : S\$ 1,884.00

### 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 : Salesman  
Name : Chan Siang Shan  
Date :

Signed by and on behalf of  
Position :  
Name : NEO ENG HOCK  
NRIC : S1565405H  
Date :

