

# 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 ..... 11/02/2022 17:43 (SGT)  
Date of Accident ..... 11/02/2022 11:13 (SGT)  
Exact Location of Accident ..... 224 Serangoon Ave 4, Block 224, Singapore 550224  
Additional Location Information ..... Blk 224, Searangoon Ave 4 ,Carpark  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK3394L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ABWIN LEASING PTE LTD  
Company Reg No ..... 2XXXXX082Z  
Email Address ..... claims@abwinleasing.sg  
Mobile Phone No ..... (Phone) +65-67499699  
Alternative Phone No ..... (Office) +65-67499699

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... TOYOTA/TOYOTA HIACE VAN TURBO 5 DR MANUAL  
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 - Claiming third party  
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 ..... DMCVSNA00068522101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... YUEN KA MENG  
NRIC No ..... SXXXX141I

Date Of Birth .....	17/02/1970
Occupation .....	Outdoor
Date Of Driving Pass .....	14/03/2008
Driving experience .....	13 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93890232
Alt. Phone Number .....	-
Email Address .....	enquiry@abwinleasing.sg
Address .....	BLK 41 SIMS DRIVE
Address complement .....	#14-257
Postcode .....	380041
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? .....	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

On 11/02/2022, around 11:13 AM, I was parking at Blk 224 carpark while reversing with hazard lights on. The vehicle, SGL20X was speeding and bumped into my vehicle rear right side even though I gave horn before accident happened.

#### 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 .....	SGL20X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-96360508
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 11 / 02 / 2022 (dd/mm/yy) Time of Accident: 11 : 13 AM (24-HR-FORMAT)  
 Vehicle No.: GBK3394L Vehicle Make & Model: TOYOTA HIACE VAN TURBO 5 DR MANUAL Private Hire: (Y/N)  
 Exact location of Accident: Serangoon Ave 4, Blk 224 carpark  
 Policyholder's Name / IC No.: Abwin Leasing Pte Ltd (201223082Z)  
 Driver's Name / IC No.: YUEN KA MING (S70051412) (As Above) ☐  
 Driver's Contact No.: 93890232 Company Contact No (Company Veh Only): \_\_\_\_\_  
 Driver's Address: Blk 41 SMS DRIVE #14, 257, (S) 380041  
 Email address: enquiry@abwinleasing.sg 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?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

\*No. of Passengers (Including Driver): \_\_\_\_\_

\*Passenger Name: \_\_\_\_\_

Gender: Male / Female

\*Passenger Name: \_\_\_\_\_

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: SAL 20X

Driver's Contact No: 93 9636 0508 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: \_\_\_\_\_

## 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")

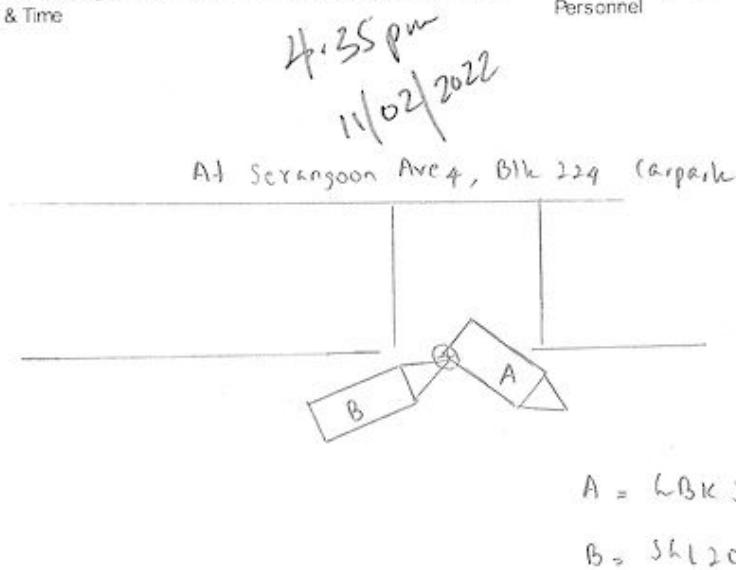
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel




## Describe Circumstances of the Accident


On 11/02/2022, around 11:13 AM, I was parking at Bldg 224 car park while reversing with hazard lights on. The vehicle SHL 20X was speeding and bumped into my vehicle rear right side even though I gave horn before accident happened.

## 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 Centre Personnel