

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 25/02/2022 17:52 (SGT)
Date of Accident 29/01/2022 11:00 (SGT)
Exact Location of Accident Tampines Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA5492B

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 +65-88788359

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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMCVSNW00011862101
Cover Note Number -

DRIVER

Name of Driver RYAN WONG WEI ZHI
NRIC No SXXXX271B

Date Of Birth	15/12/1999
Occupation	Outdoor
Date Of Driving Pass	29/01/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-88788359
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	BLK 114 RIVERVALE WALK #11-61
Address complement	-
Postcode	540114
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	Side Swipe
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	SHC7422J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

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' 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/can 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.

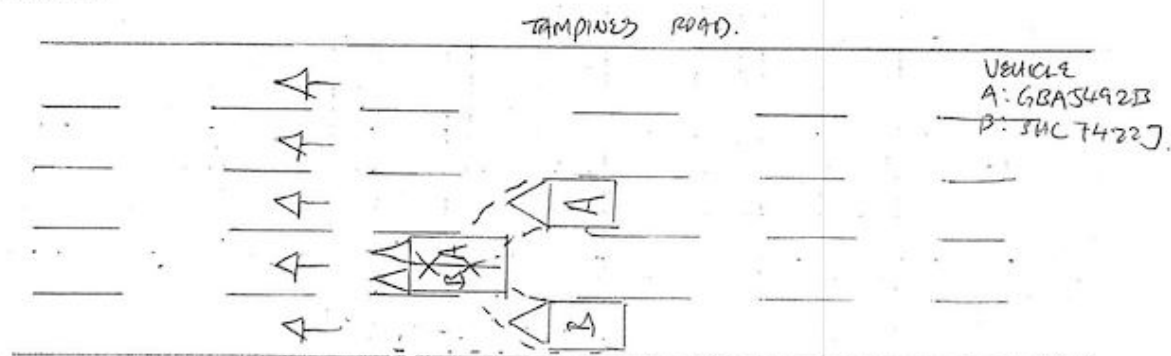


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

21/01/2022 110CHRS, I WAS TRAVELING ON
 MY WAY TO DO DELIVERY. OUT OF A SUDDEN THERE WAS
 AN IMPACT FROM MY LEFT.

Declaration

We declare the foregoing particulars are true in every respect.

 J.
 Policyholder's Signature / Date &
 Time

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

 25/02/2022
 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

11/11/2021
No. A21110008
Date: 01 Nov 2021

VEHICLE DESCRIPTION

Vehicle No. : GBA5492B
Make : TOYOTA
Model : HIACE AUTO
Fuel type : Diesel

HIRER PARTICULARS

Name : RYAN WONG WEI ZHI
Co Reg No./ NRIC : S9941271B
Address : BLK 114 RIVERVALE WALK
#11-61 Singapore 540114
Fax :
Contact Person : RYAN WONG WEI ZHI
NRIC : S9941271B
Tel : 8875 8359
Email :

MAIN DRIVER PARTICULARS

Name : RYAN WONG WEI ZHI
NRIC/FIN/Passport No : S9941271B

RENTAL DETAIL

Rental Start Date & Time : 01 Nov 2021 | 1555
Rental End Date & Time : 31 Jan 2022 | 1555
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 (for ABSL arranged Insurance) : CHINA TAIPING

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 : 1/11/2021

Signed by and on behalf of
Position :
Name : RYAN WONG WEI ZHI
NRIC : S9941271B
Date : 1/11/2021

