

# 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 ..... 26/05/2022 17:53 (SGT)  
Date of Accident ..... 25/05/2022 19:20 (SGT)  
Exact Location of Accident ..... 186 Woodlands Industrial Park E5, Singapore 757515  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH931Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ABS LEASING SERVICES PTE LTD  
Company Reg No ..... 201819528D  
Email Address ..... john.pyj@hotmail.com  
Mobile Phone No ..... (Phone) +65-92966056  
Alternative Phone No ..... +65-84569395

### 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 ..... Manual  
CC ..... 2754

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00015212202  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... RAJENDRAN RAMACHANDRAN  
Passport No/FIN ..... G2509691L

Date Of Birth .....	30/04/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	24/09/2021
Driving experience .....	8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84569395
Alt. Phone Number .....	-
Email Address .....	john.pyj@hotmail.com
Address .....	23 DICKSON ROAD #01-03
Address complement .....	-
Postcode .....	209507
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 .....	SMU2749X
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' 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

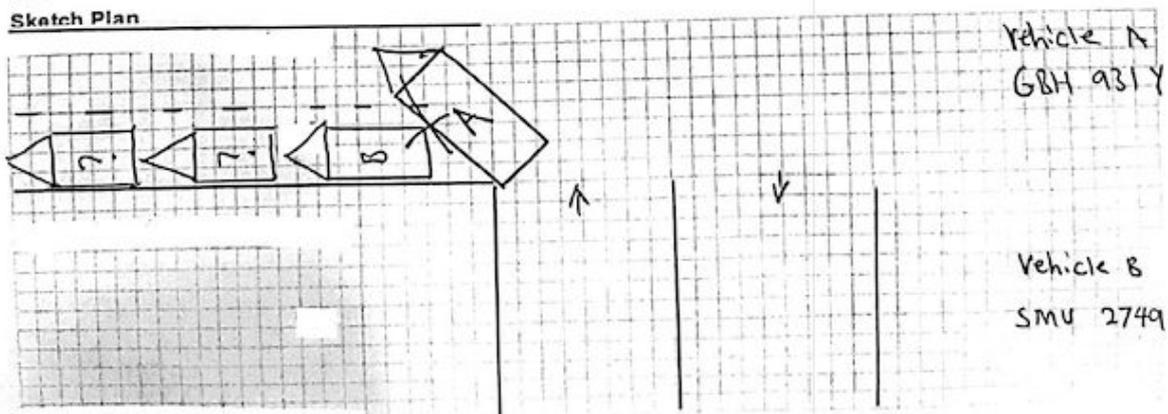
*P. Ramachandran*

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

*26/05/2022*

Witnessed by Reporting Centre Personnel

**Sketch Plan**











TOYOTA MOTOR CORPORATION JAPAN  
MODEL KR-KDH200V-SFMDY  
ENGINE 2KD-FTV 2494 mL  
FRAME No. KDH200-0082246  
COLOR TRIM PLANT OPTION  
058 FC12 C31  
TRANS./AXLE R351 A02A 045







**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. A22030009**

Date: 02 Mar 2022

**VEHICLE DESCRIPTION**

Vehicle No. : GBJ351K  
 Make : NISSAN  
 Model : URVAN PANEL SWB 3.0  
 5DR 5MT AIRBAG 2WD  
 Fuel type : Diesel

**HIRER PARTICULARS**

Name : RAJENDRAN  
 RAMACHANDRAN  
 Co Reg No./ NRIC : G2509691L  
 Address : 23 DICKSON ROAD  
 Singapore 209507  
 Fax :  
 Contact Person : RAJENDRAN  
 RAMACHANDRAN  
 NRIC : G2509691L  
 Tel : 84569395  
 Email :

**MAIN DRIVER PARTICULARS**

Name : RAJENDRAN  
 RAMACHANDRAN  
 NRIC/FIN/Passport No : G2509691L

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 : 02 Mar 2022 | 1000  
 Rental End Date & Time : 01 Apr 2022 | 1000  
 Rental Period : 1 months  
 Rental Per Month (excl. GST) : S\$ 1,100.00  
 Rental Per Month (incl. GST) : S\$ 1,177.00  
 Payment on :  
 Insurance Premium : CHINA TAIPING  
 (for ABSL arranged  
 Insurance)

**PAYMENT**

Deposit : S\$ 800.00  
 Upfront Rental : S\$ 1,177.00  
 Total Rental Fee (to be paid  
 on signing of Agreement) : S\$ 1,977.00

**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.



Signed by and on behalf of  
 ABS Leasing Services Pte Ltd  
 Position :  
 Name : Lal  
 Date :

*R. Ramachandran*

Signed by and on behalf of  
 Position :  
 Name : RAJENDRAN  
 RAMACHANDRAN  
 NRIC : G2509691L  
 Date :

