

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 Actual 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 17/08/2022 17:29 (SGT)
Reported by Driver
Date of Accident 15/08/2022 17:55 (SGT)
Exact Location of Accident 512 W Coast Dr, Block 512, Singapore 120512
Additional Location Information ALONG BLK 512, WEST COAST DRIVE NEAR BUS STOP 17079
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK4930H

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 -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant TOYOTA/HIACE VAN TURBO 5DR MT
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 2982

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5109570162-03-000022

DRIVER

Name of Driver TING KONG POH
NRIC No SXXXX916E
Date Of Birth 26/05/1981
Occupation Outdoor

Date Of Driving Pass	11/03/2009
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85026216
Alt. Phone Number	-
Email Address	kenny.tingting81@gmail.com
Address	BLK 468A, YISHUN STREET 43#05-59
Address complement	-
Postcode	761468
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer's driver
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 15/08/2022, around 5:55pm, I was driving along Blk 512 west coast drive near bus stop 17079, there was a vehicle in front of me suddenly swerved into my lane and stopped the vehicle when the traffic lights turned red. I managed to stop my vehicle, but the bus behind me, SBS3358A couldn't manage to stop and hit onto my left rear vehicle and caused damaged.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS3358A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

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**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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8. Consent under the Personal Data Protection Act (PDPA)

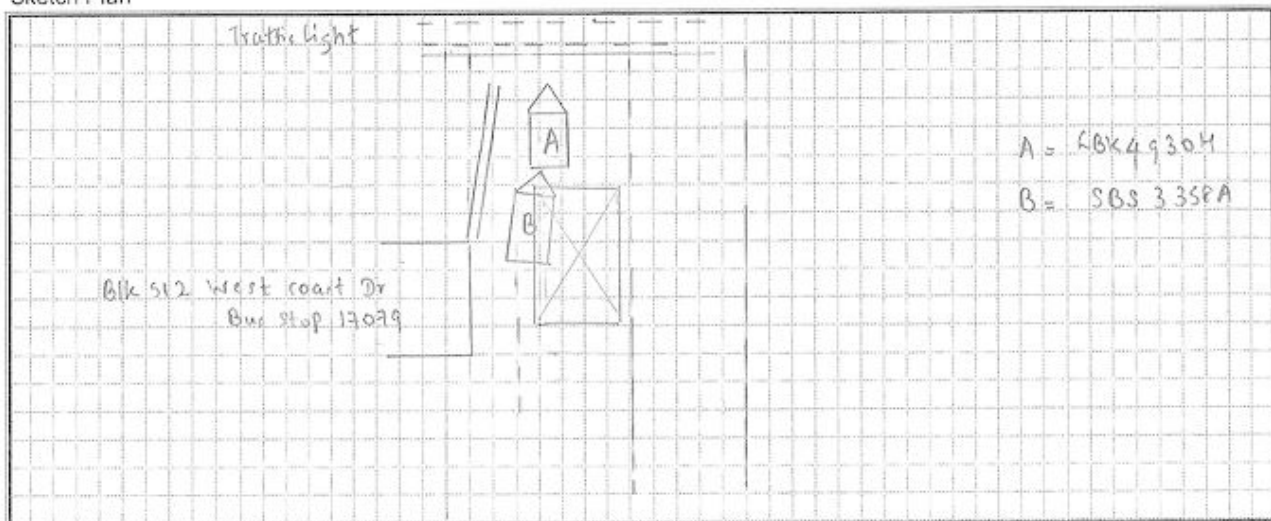
I understand, acknowledge, agree and consent that:

- (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


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) *San Mya Aye*

Sketch Plan

vJun2022

1

Describe Circumstance of the Accident

On 15/08/2022 around 5:55pm, I was driving along ^{B1K 1512} West coast Drive near bus stop 17079, there was a vehicle in front of me suddenly swerved into my lane and stopped the vehicle when the traffic lights turned red. I managed to stop my vehicle, but the vehicle bus behind me, SBS3358A couldn't manage to stop and hit onto my left rear vehicle and caused damaged.

Declaration

I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time




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


Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) San Mya Aye







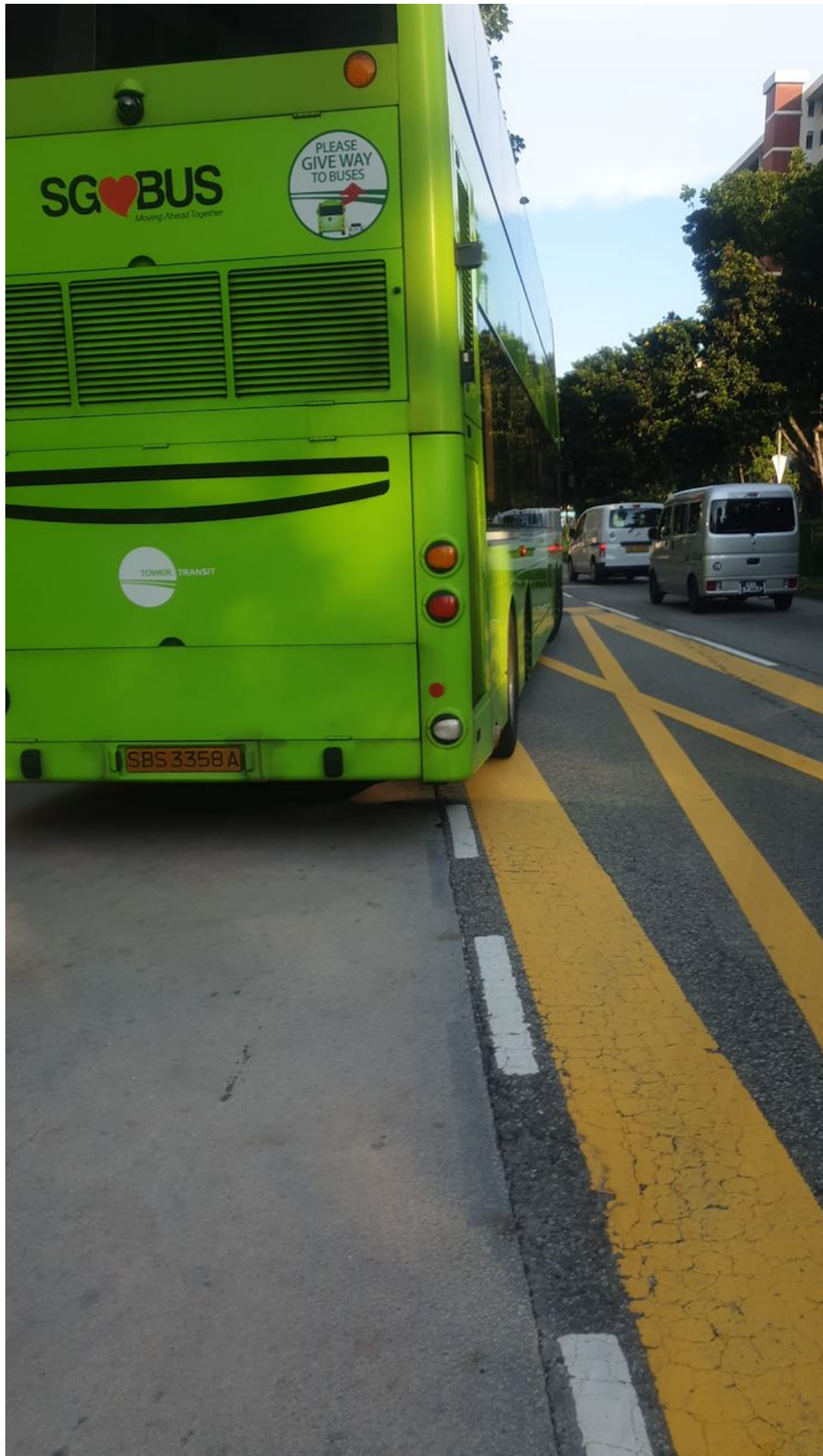


























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1X228H0003 Vehicle Registration No: LBK4930H
 Name (as shown in NRIC): TINA KONG POH NRIC/FIN/Passport No: SXXXX916E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 468A, Yishun Street 43 #05-Sg Singapore (761468)
 Contact (Tel): - Mobile No.: 8502 6216
 Email Address: kenny.tingting81@gmail.com
 Date of Accident: 15/08/2022 Time of Accident: 5:55pm
 Place of Accident: Along Blk 512 West coast Drive near bus stop 17079
 Insurance Company: NIVC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amendment of accident location & circumstance of accident

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: San Mya Aye
 NRIC/FIN No.: CXXXX168L
 Date: 17/08/2022