

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	26/09/2022 16:38 (SGT)
Reported by	Driver
Date of Accident	26/09/2022 09:10 (SGT)
Exact Location of Accident	117 Alkaff Cres, Singapore
Additional Location Information	117 ALKAFF CRESCENT S34117 MULTI-STOREY CAPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ9699J
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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	LEXUS RX350 LUXURY AT SR
Variant	TOYOTA LEXUS RX350 LUXURY AT SR
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	3456

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118426364-02-000001

DRIVER

Name of Driver	PNG WEE TAT
NRIC No	SXXXX460C
Date Of Birth	22/06/1980
Occupation	Indoor

Date Of Driving Pass	15/04/2002
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93868400
Alt. Phone Number	-
Email Address	DENNIS@ABWINLEASING.SG
Address	APT BLK 1154A ALKAFF CRESCENT
Address complement	#07-21
Postcode	341115
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DIRECTOR
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 - Major/Minor Rd
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?	No
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 26/09/2022 at about 09:10hrs, I was driving out from 117 Alkaff Crescent's multi-storey carpark towards the gantry. While i was driving straight towards the carpark gantry, the taxi (SHD7130X) on my left suddenly dashed out without stopping nor giving way to my vehicle, thus both vehicle collided.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7130X
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)

-
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PNG WEE TAT
Gender	Male
Phone No	(Phone) +65-93868400
Address	AT BLK 115A ALKAFF CRESCENT
Address Complement	#07-21
Post Code	341115
Approximate Age Years Old	42
Injuries Sustained	CHEST PAIN.
Injured person in which vehicle?	SMZ9699J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claim process.
2. This form must be completed by the policyholder for the At-fault Driver.
3. Information provided must be truthful and accurate as possible. Any false representation or omission, including false fault, may allow insurance companies to reject claims (S 381(2)).
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability or the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 lodging 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:

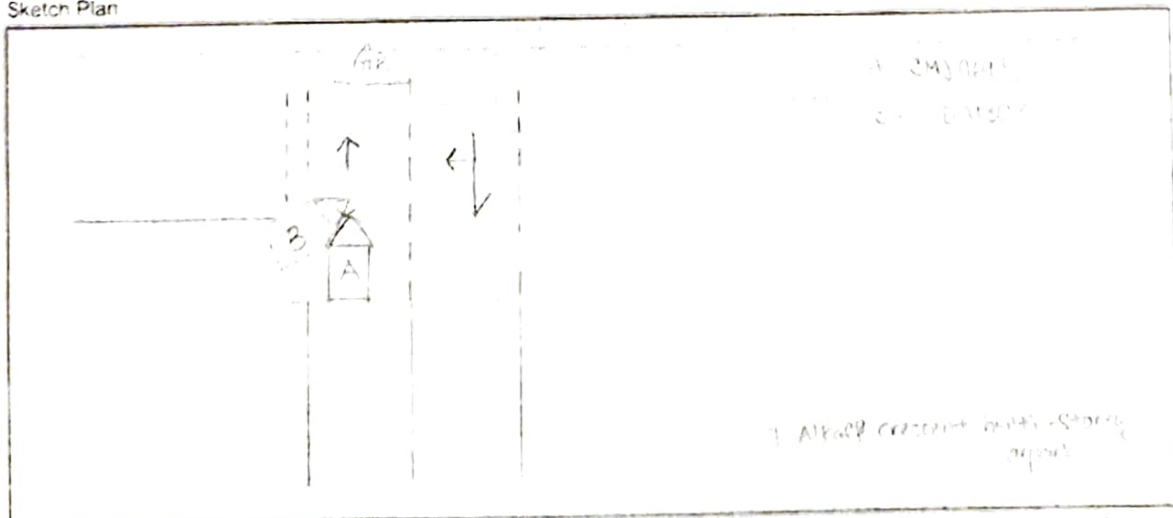
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the **Personal 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 be 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: W. Ben Kuan)

Sketch Plan



Describe Circumstance of the Accident

Declaration

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

Polymer der 5-Säure: 10 g

Act. # 10 vovos 8/9/2006 I never is not the partyholder
Date & Time _____

Witnessed by Belinda Denise Personne
Name as on VRIC Card:

4. 2. Yuan