

# 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 .....	09/11/2022 09:52 (SGT)
Reported by .....	Owner
Date of Accident .....	12/04/2021 18:50 (SGT)
Exact Location of Accident .....	Jurong West Ave 1, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBK1209C
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ABS LEASING SERVICES PTE LTD
Company Reg No .....	2XXXXX528D
Email Address .....	optiongarage@hotmail.com
Mobile Phone No .....	(Phone) +65-92966056
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
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 .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00000622101

### DRIVER

Name of Driver .....	NG JIA HAO
NRIC No .....	SXXXX553A
Date Of Birth .....	05/09/1990
Occupation .....	Outdoor

Date Of Driving Pass .....	03/11/2010
Driving experience .....	10 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84688191
Alt. Phone Number .....	-
Email Address .....	optiongarage@hotmail.com
Address .....	BLK 330A ANCHORVALE STREET #09-521
Address complement .....	-
Postcode .....	541330
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 .....	No Collision
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

PLEASE REFER TO LETTER ATTACHED

#### 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 .....	SLS81Z
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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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 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 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.

Policyholders Signature / Date & Time

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

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

Sketch Plan

REFER TO (GIA) TAIWAN CLAIM OFFICER	
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Describe Circumstance of the Accident

INSTRUCTED BY CHINA TAIPIING CLAIM DEPARTMENT.

TAN KAH LING SENIOR EXECUTIVE.

THE HIRER OR DRIVER LEFT AND CANNOT BE  
LOCATED.

### Declaration

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

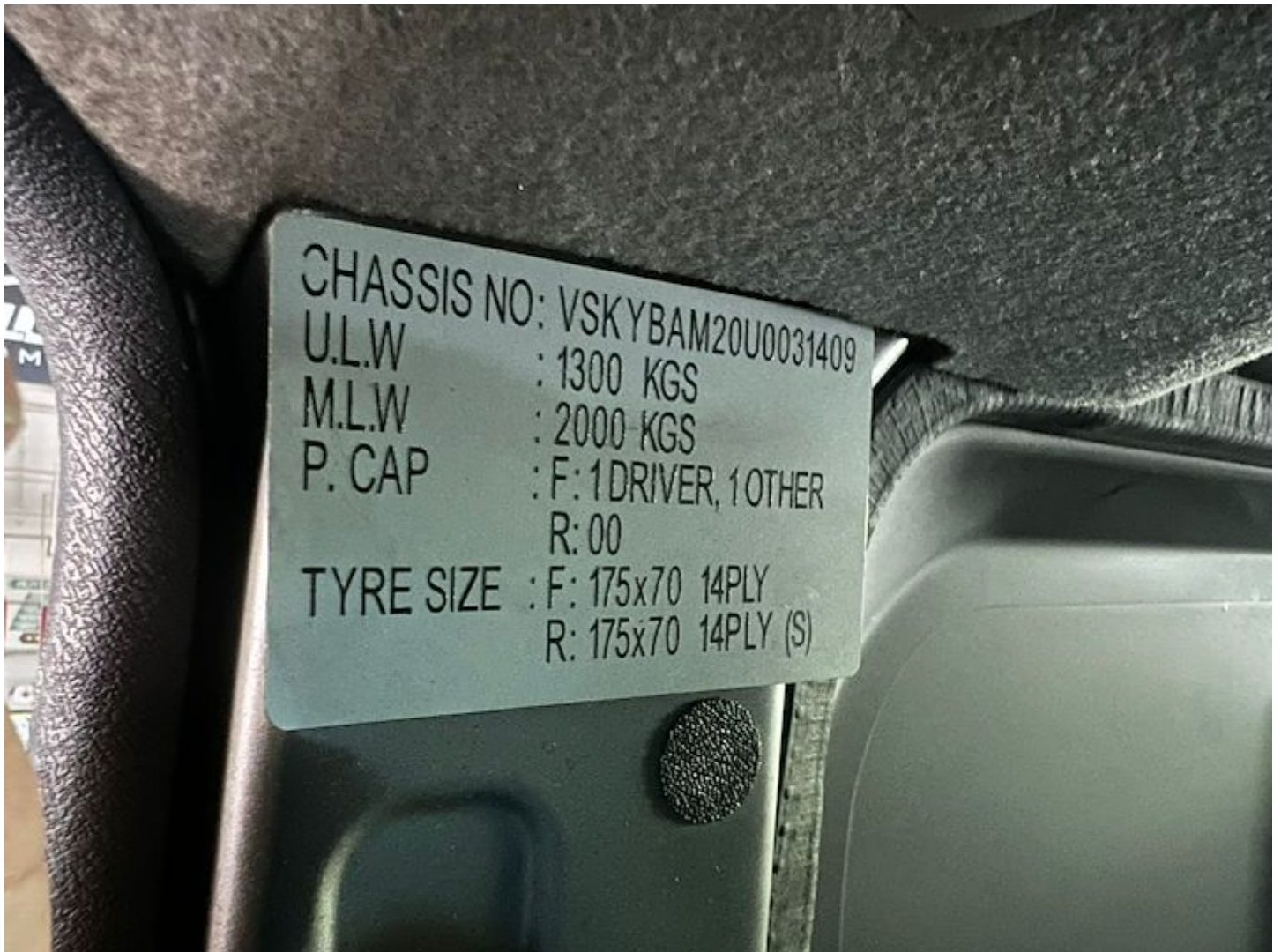
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

































中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #15-00 Springland Tower Singapore 079909

Tel: 6349 6111 Fax: 6222 1033

Website: www.ctg.com.sg

Co. Reg. No. 200209164E

Our Ref : SNM21D202098/GBK1209C/C02

Date : 13 Apr 2021

Via Ordinary Mail

ABS LEASING SERVICES PTE LTD  
172 SIN MING DRIVE  
SIN MING SEMAC'S DEPOT  
SINGAPORE 575720

Dear Policyholder

**RE: ACCIDENT INVOLVING OUR VEHICLE NOS. GBK1209C AND SLS81Z ON 12 Apr 2021 ALONG JURONG WEST AVE 1**  
**Policy : DMCVSNW00000622101**

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per the Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle to us IMMEDIATELY, through our designated Accident Reporting Centres which are also our authorised workshops, regardless of whether or not it would give rise to a claim. You may log onto our website [www.sg.ctaiping.com](http://www.sg.ctaiping.com) for location of the respective centres/workshops.

Please take note that your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with this condition.

Please contact our claims department at 63896116 should you require our assistance or clarification.

Regards

(This is a computer generated letter and no signature is required)

cc : AN0597A SG MOTOR TRADER PTE LTD





**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. A20110006**

Date: 01 Nov 2020

**VEHICLE DESCRIPTION**

Vehicle No. : GBK1209C  
 Make : NISSAN  
 Model : NV200 1.5L MT ABS  
 AIRBAG 2WD 6DR  
 Fuel type : Diesel

**HIRER PARTICULARS**

Name : THREEMAN LOGISTICS PTE LTD  
 Co Reg No./ NRIC : 202028753N  
 Address : 71 WOODLANDS INDUSTRIAL PARK E9 08-08 WAVE 9 Singapore 757048  
 Fax :  
 Contact Person : NG JIA HAO  
 NRIC : S9032553A  
 Tel : 84688191  
 Email :

**MAIN DRIVER PARTICULARS**

Name : NG JIA HAO  
 NRIC/FIN/Passport No : S9032553A

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

2nd Driver: Mohammed Norisman Bin Ismail

NRIC: S8211918C

Tel: 88076851

**RENTAL DETAIL**

Rental Start Date & Time : 01 Nov 2020 | 1105  
 Rental End Date & Time : 30 Jun 2021 | 1105  
 Rental Period : 8 months  
 Rental Per Month (excl. GST) : S\$ 950.00  
 Rental Per Month (incl. GST) : S\$ 1,016.50  
 Payment on :

Insurance Premium : CHINA TAIPING  
 (for ABSL arranged Insurance)

**PAYMENT**

Deposit : S\$ 500.00  
 Upfront Rental : S\$ 1,016.50  
 Total Rental Fee (to be paid on signing of Agreement) : S\$ 1,516.50

**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 : Salesman  
 Name : Chan  
 Date : 1/11/2020



Signed by and on behalf of  
 Position : DIRECTOR  
 Name : NG JIA HAO  
 NRIC : S9032553A  
 Date : 1/11/2020

