

# 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

### 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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## 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

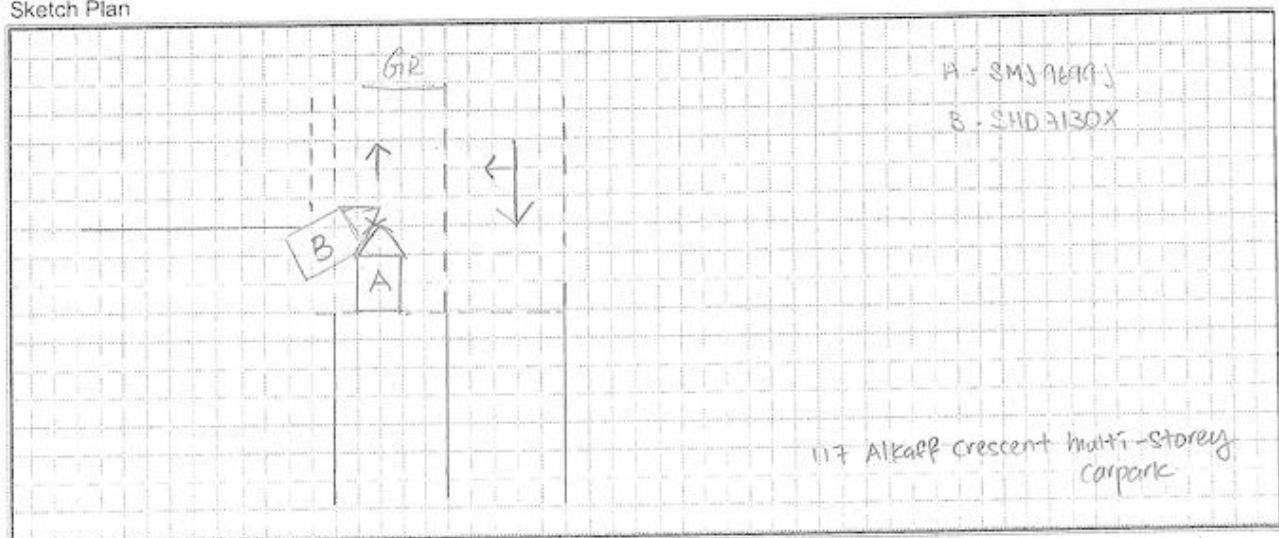
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   
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) Yu Rui Xuan

## Sketch Plan



vJun2022

Describe Circumstance of the 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 (SHD 7130X) on my left suddenly dashed out without stopping nor giving way to my vehicle, thus both vehicles collided.

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)  
Yu Pei Xuan.

























