

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	22/12/2022 12:50 (SGT)
Reported by	Both
Date of Accident	21/12/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	7 Mandai Link Roundabout building
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7281P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ABS Leasing Services Pte Ltd
Company Reg No	2XXXXX528D
Email Address	optionsgarage@hotmail.com
Mobile Phone No	(Phone) +65-92966056
Alternative Phone No	-

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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00073352204

DRIVER

Name of Driver	Guo Lianda
NRIC No	SXXXX710Z
Date Of Birth	03/03/1988
Occupation	Outdoor

Date Of Driving Pass	13/12/2016
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-97164086
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	Blk 188B Rivervale Drive
Address complement	#16-1064
Postcode	542188
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	Collision - Roundabout
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

Refer to the attached statement.

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	YP6442M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	Guo Lianda
Gender	Male
Phone No	(Phone) +65-97164086
Address	Blk 188B Rivervale Drive
Address Complement	#16-1064
Post Code	542188
Approximate Age Years Old	34
Injuries Sustained	-
Injured person in which vehicle?	GBD7281P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 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.

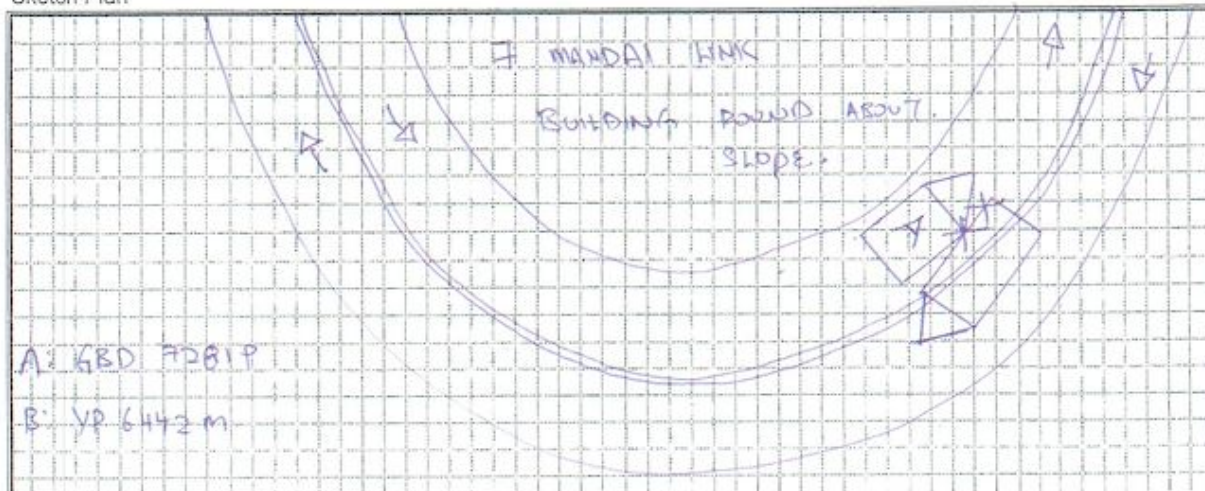


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

ON THE DATE, TIME AND LOCATION. I WAS TRAVELING
 UP SLOPE IN A BUILDING (A MANDAI LINK). THERE WERE
 DOUBLE WHITE LINE IN BETWEEN 2 WAY LANE. I WAS
 TRAVELING ON MY RIGHTFUL LANE. OUT OF A SUDDEN,
 VEHICLE S ABRUPTLY SWERVE INTO MY LANE FROM THE
 OPPOSITE DIRECTION AND COLLIDED ONTO MY RIGHT FRONT
 PORTION AREA.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

22/12/2022

Witnessed by Reporting Centre Personnel



CHASSIS NO : KDH201-5016594
U.W. : 1760 KG
M.L.W. : 3225 KG
PASS. CAP. : 02
TYRE SIZE : F 195/80R-15
 : R.195/80R-15(S)

22/12/2022 12:26











22/12/2022 12:25



22/12/2022 12:25





22/12/2022 12:25

























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. A22050022

Date: 12 May 2022

VEHICLE DESCRIPTION

Vehicle No. : GBD7281P
 Make : TOYOTA
 Model : HIACE 3.0 DX DIESEL
 TURBO MT 2WD LGV
 Fuel type : Diesel

HIRER PARTICULARS

Name : GUO LIANDA
 Co Reg No./ NRIC : S8861710Z
 Address : BLK 188B RIVERVALE
 DRIVE #16-1064
 Singapore 542188
 Fax :
 Contact Person : GUO LIANDA
 NRIC : S8861710Z
 Tel : +6597164086
 Email :

MAIN DRIVER PARTICULARS

Name : GUO LIANDA
 NRIC/FIN/Passport No : S8861710Z

RENTAL DETAIL

Rental Start Date & Time : 12 May 2022 | 1947
 Rental End Date & Time : 11 Jan 2023 | 1947
 Rental Period : 8 months
 Rental Per Month (excl. GST) : S\$ 1,200.00
 Rental Per Month (incl. GST) : S\$ 1,284.00

PAYMENT

Payment on :
 Insurance Premium : CHINA TAIPING
 (for ABSL arranged Insurance)
 Deposit : S\$ 600.00
 Upfront Rental : S\$ 1,284.00
 Total Rental Fee (to be paid on signing of Agreement) : S\$ 1,884.00

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.

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



Signed by and on behalf of
 ABS Leasing Services Pte Ltd
 Position : Salesman
 Name : Chan
 Date : 12/5/2022

Signed by and on behalf of
 Position :
 Name : GUO LIANDA
 NRIC : S8861710Z
 Date : 12/5/2022

