

# 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 .....	10/02/2023 15:17 (SGT)
Reported by .....	Driver
Date of Accident .....	30/01/2023 11:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	TUAS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBM936H
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### 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 .....	Nissan
Model .....	Nv350
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 .....	Auto
CC .....	1998

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMCVSNW00141542200

### DRIVER

Name of Driver .....	HOSSAIN MOHAMMAD SHAHADAT
Passport No/FIN .....	GXXXX995K
Date Of Birth .....	10/10/1994
Occupation .....	Outdoor

Date Of Driving Pass .....	12/10/2022
Driving experience .....	3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82316680
Alt. Phone Number .....	-
Email Address .....	optionsgarage@hotmail.com
Address .....	500 OLD CHUA CHU KANG ROAD BLK 520
Address complement .....	# 03-194
Postcode .....	698924
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 - Head to Rear
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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 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 .....	GBE4681H
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) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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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.



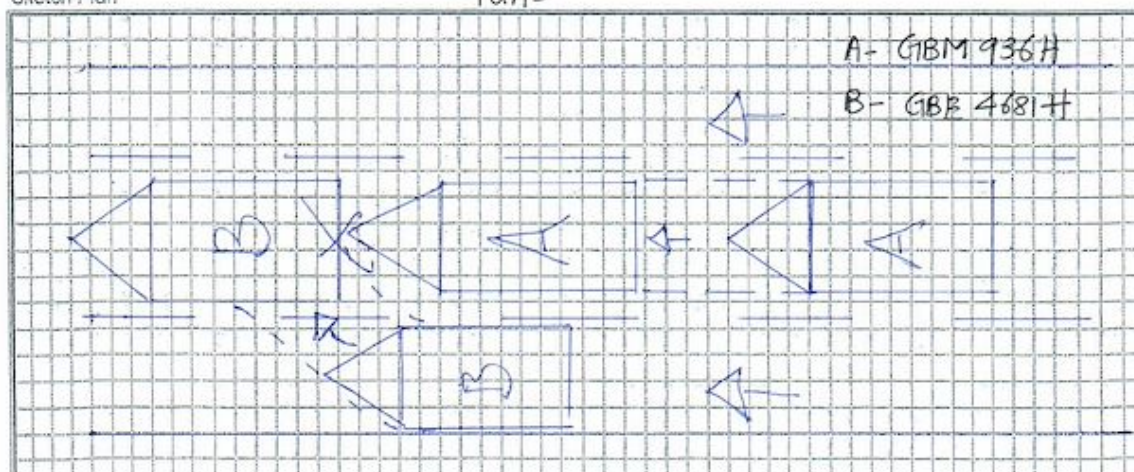
Policyholder's Signature / Date & Time

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

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

Sketch Plan

TUAS



Describe Circumstance of the Accident

ON THE DATE 30/01/2023 ABOUT 1150AM I WAS  
THE DRIVER VEHICLE OF G8M 436H. I WAS DRIVING  
ALONG TUAL AREA AT THE CENTER LANE. UPON  
REACHING BEHIND A VEHICLE, I WAS GOING TO SLOW  
DOWN DUE FRONT VEHICLE CAME TO A STOP. OUT OF A  
SUDDEN VEHICLE "B" CHANGED FROM 3RD LANE TO  
MY LANE. IT WAS TOO FAST THAT I PANIC AND JAM  
BRAKED BUT MY VEHICLE COULDN'T STOP IN TIME AND  
COLLIDED ONTO VEHICLE "B".

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

*gmuah* 10/2/2023

































## 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. A22120006**

Date: 04 Dec 2022

#### VEHICLE DESCRIPTION

Vehicle No. : GBM936H  
 Make : NISSAN  
 Model : NV350 CARAVAN DX AUTO  
 Fuel type : Petrol

#### HIRER PARTICULARS

Name : NCE CORPORATION(S)  
 PTE. LTD.  
 Co Reg No./ NRIC : 200511241C  
 Address : 101 KITCHENER ROAD  
 #02-33 JALAN BESAR  
 PLAZA Singapore 208511  
 Fax :  
 Contact Person : KHAN MUNNA  
 NRIC : G2250230T  
 Tel : 91962419  
 Email :

#### MAIN DRIVER PARTICULARS

Name : RAMALINGAM  
 VENKATESAN  
 NRIC/FIN/Passport No : S6608706P

#### RENTAL DETAIL

Rental Start Date & Time : 04 Dec 2022 | 1200  
 Rental End Date & Time : 02 Feb 2023 | 1200  
 Rental Period : 3 months  
 Rental Per Month (excl. GST) : S\$ 1,350.00  
 Rental Per Month (incl. GST) : S\$ 1,444.50  
 Payment on :  
 Insurance Premium : CHINA TAIPING  
 (for ABSL arranged Insurance)

#### PAYMENT

Deposit : S\$ 1,350.00  
 Upfront Rental : S\$ 1,444.50  
 Total Rental Fee (to be paid on signing of Agreement) : S\$ 2,794.50

#### 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.

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 :  
 Name : Lai  
 Date :

Signed by and on behalf of  
 Position : DIRECTOR  
 Name : KHAN MUNNA  
 NRIC : G2250230T  
 Date :

