# **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 witholding 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.

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   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 20/02/2023 08:35 (SGT) Reported by Date of Accident 17/02/2023 09:30 (SGT) Exact Location of Accident Singapore Additional Location Information SENG KANG EAST WAY Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBL6806R** 

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 **Employment** 

accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? 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 DMCVSNW00000202301

DRIVER

Name of Driver TAY YANG HOW NRIC No SXXXX007E Date Of Birth 05/10/1969 Occupation Outdoor

Date Of Driving Pass 14/04/1997 Driving experience 25 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-94230407 Alt. Phone Number Email Address optionsgarage@hotmail.com Address APT BLK 430B FERNVALE LINK Address complement # 12-217 Postcode 792430 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name MRS.TAN Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? Nο 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? Yes Reasons for not uploading a video of the accident WITH OWNER **DETAILS OF OTHER VEHICLE PROPERTY 1** 

SJT2506X

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

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

#### **IMPORTANT NOTICE**

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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 law yers/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

Sketch Plan

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#### Declaration

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 & Time

/itnessed by Reporting Centre

Personnel









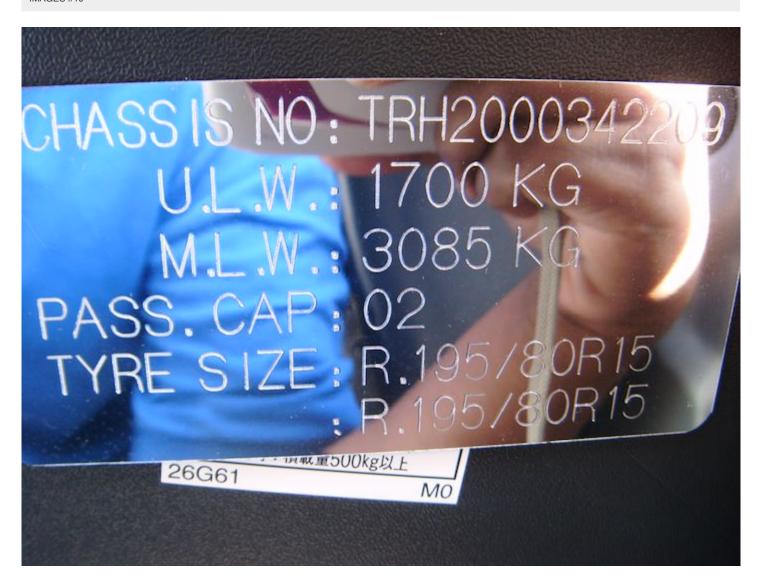














# ABS LEASING SERVICES PTE LTD

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. A22060001

Date: 02 Jun 2022

VEHICLE DESCRIPTION

Vehicle No. : GBL6806R Make : TOYOTA Model : HIACE 2.0 DX AT

: Petrol Fuel type

HIRER PARTICULARS

: TAY YANG HOW Co Reg No./ NRIC : S6934007E Address : BLK 430B FERNVALE LINK

#12-217 Singapore

792430

Fax

Contact Person : TAY YANG HOW NRIC : S6934007E Tel : 94230407

Email

MAIN DRIVER PARTICULARS

Name : TAY YANG HOW NRIC/FIN/Passport No : S6934007E

RENTAL DETAIL

Rental Start Date & Time : 02 Jun 2022 | 1210 Rental End Date & Time : 01 Dec 2022 | 1210

Rental Period : 6 months Rental Per Month (excl. GST) : SS 1,300.00 Rental Per Month (incl. GST) : SS 1,391.00

Payment on

Insurance Premium : CHINA TAIPING

(for ABSL arranged

Insurance)

PAYMENT

Deposit : 5\$ 1,350.00 Upfront Rental : 5\$ 1,391.00 Total Rental Fee (to be paid : 5\$ 2,741.00 on signing of Agreement)

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

Name: TAY YANG HOW NRIC: S6934007E

Date:

