

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 21/02/2023 13:20 (SGT)
Reported by Driver
Date of Accident 20/01/2023 12:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information SERANGOON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC4318T

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 - Reporting only
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 DMCVSNW00056262203

DRIVER

Name of Driver VENKATACHALAM SELVAKUMAR
Passport No/FIN GXXXX208U
Date Of Birth 12/09/1991
Occupation Outdoor

Date Of Driving Pass	29/01/2021
Driving experience	2 YEARS
Gender	Male
Mobile Number	(Phone) +65-93575061
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	LORONG 22 GEYLANG 407 (MIN WAH HOTEL)
Address complement	-
Postcode	398676
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	SH7841B
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG4827U
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

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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:

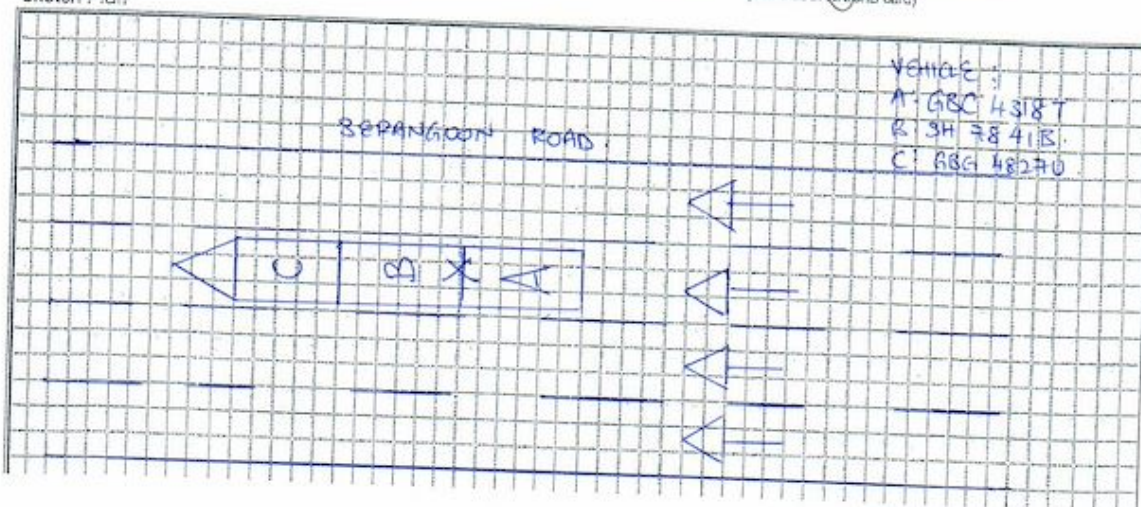
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS
 THE DRIVER VEHICLE OF GBC 4318T. I WAS FOLLOWING
 BEHIND VEHICLE "B" WITH A DISTANCE. OUT OF A SUDDEN
 VEHICLE "C" JAM BRAKED, VEHICLE "B" COLLIDED ONTO
 VEHICLE "C" AND MY VEHICLE "A" COLLIDED ONTO VEHICLE
 "B". VEHICLE "C" HAVE NO DAMAGE AND VEHICLE "B"
 HAVE MINOR DAMAGE FOR FRONT AND BACK.

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





















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. A22110012

Date: 12 Nov 2022

VEHICLE DESCRIPTION

Vehicle No. : GBC4318T
Make : TOYOTA
Model : HIACE MANUAL
Fuel type : Diesel

HIRER PARTICULARS

Name : RCS CONCEPT PTE. LTD.
Co Reg No./ NRIC : 202025476Z
Address : 16 KALLANG PLACE #07-10/13 Singapore 339156
Fax :
Contact Person : SIA CHIEW KONG (Sia)
NRIC : S8367374E
Tel : 8781 0780
Email :

MAIN DRIVER PARTICULARS

Name : VENKATACHALAM SELVAKUMAR
NRIC/FIN/Passport No : G2163208U

RENTAL DETAIL

Rental Start Date & Time : 12 Nov 2022 | 1106
Rental End Date & Time : 11 Feb 2023 | 1106
Rental Period : 3 months
Rental Per Month (excl. GST) : S\$ 1,250.00
Rental Per Month (incl. GST) : S\$ 1,337.50
Payment on :

Insurance Premium : CHINA TAIPING
(for ABSL arranged Insurance)

PAYMENT

Deposit : S\$ 600.00
Upfront Rental : S\$ 1,337.50
Total Rental Fee (to be paid on signing of Agreement) : S\$ 1,937.50

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 : Shanice
Date :

Signed by and on behalf of
Position : DIRECTOR
Name : SIA CHIEW KONG
NRIC : S8367374E
Date :

