

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	21/03/2023 17:32 (SGT)
Reported by	Driver
Date of Accident	20/03/2023 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BRADDELL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBM1539P
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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	Golden Dragon
Model	EV ABS VAN
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	0

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNA00148692200

DRIVER

Name of Driver	HASAN MOHAMMAD RAWNAK
Passport No/FIN	GXXXX243W
Date Of Birth	07/03/1994
Occupation	Outdoor

Date Of Driving Pass	31/10/2022
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88463426
Alt. Phone Number	-
Email Address	optionsgarage@hotmail.com
Address	315 UPPER PAYA LEBAR ROAD
Address complement	# 03-315
Postcode	534941
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	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	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?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230320/2122

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	SBD9400A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	QUEK SO MOI
NRIC No	SXXXX041D
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

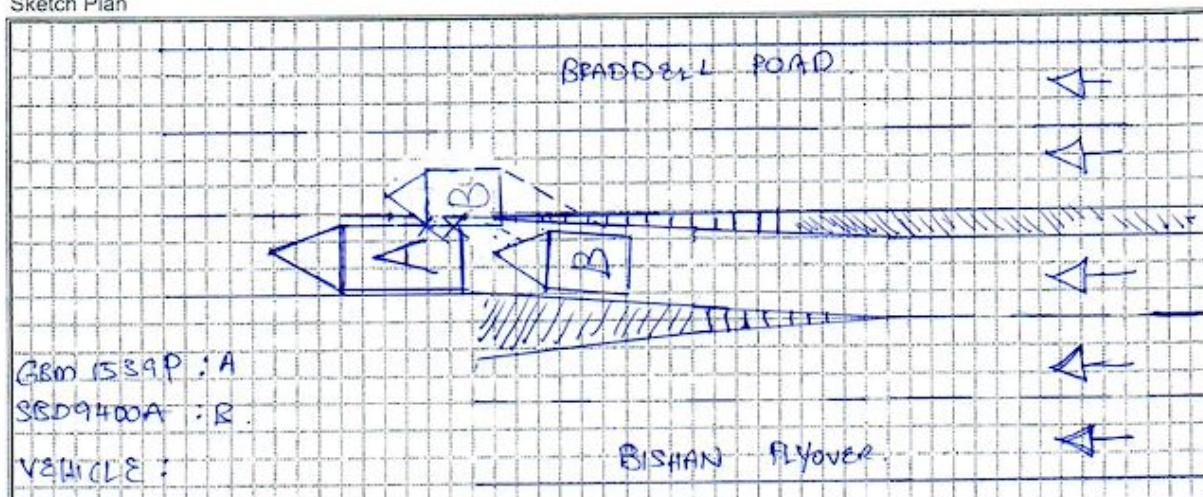
Driver's Signature

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

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

Witnessed 21/3/2023

Sketch Plan



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS TRAVELING STRAIGHT ON MY LANE. I WAS DRIVING SLOW AND STABLE ON MY RIGHTFUL LANE. OUT OF A SUDDEN, THERE WAS AN IMPACT FROM MY VEHICLE REAR. I QUICKLY CAME TO A STOP. I AHAHT AND REALISE VEHICLE "B" HAD MISJUDG HER ANGLE AND COLLIDED ONTO MY VEHICLE. I WOULD LIKE TO STATE THAT VEHICLE "B" DRIVER WAS NO BEING COOPERATIVE. UNWILLING TO EXCHANGE PARTICULAR AND TAKING PHOTO OF HER VEHICLE CARPLATE.

Declaration

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



Policyholder's Signature / Date & Time

Paula

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

James 21/3/2023

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230320/2122

2 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20230320/2122

CONTINUATION OF REPORT

Driver			
Name	HASAN MOHAMMAD RAWNAK	ID No.	G2445243W
Related Vehicle	NIL	Contact No.	86154100
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	QUEK SOI MOI	ID No.	S0183041D
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/03/2023 at about 1230hrs, I was driving vehicle GBM1539P along Braddell Road towards Serangoon. While I have completed moving into the rightmost lane. One Vehicle (I do not have the car plate number) rear-ended my vehicle. Initially she does not want to provide me with her particulars but subsequently, I managed to get it from her. She did not provide me with her contact number and drove off.

At this juncture, I was informed to lodge a police report by my company.




















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T/20230320/2122

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20230320/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/03/2023 20:19	Vide Report No.:	Station Diary No.: 92
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Informant's Particulars				
Name of Informant: HASAN MOHAMMAD RAWNAK			Address: 315 UPPER PAYA LEBAR ROAD #3-315 SINGAPORE 534941	
ID Type / ID No.: FIN NO / G2445243W			Contact No.: Home/Office: Mobile: 86154100	
Nationality: BANGLADESHI			Email:	
Sex: Male	Age: 29	Date of Birth: 07/03/1994	Type of Informant: Driver	
Race: Bangladeshi			Language:	
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/03/2023 12:30	Type of Location: ExpressWay
Location: BRADDELL ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBM1539P	Van				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20230320/2122

2 of 3

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Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20230320/2122

CONTINUATION OF REPORT

Driver			
Name	HASAN MOHAMMAD RAWNAK	ID No.	G2445243W
Related Vehicle	NIL	Contact No.	86154100
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	QUEK SOI MOI	ID No.	S0183041D
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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T/20230320/2122

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569929
Tel No: 1800-4519999

Report No. T/20230320/2122

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

F /

SGT 2 TOH KAI LE MELVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/03/2023 20:19

Officer In Charge Of Case:

TP / GIA /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

NP168