

# 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 17:01 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 20/03/2023 11:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SOUTH BRIDGE ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBC6926A

### 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 ..... DMCVSNW00067982203

### DRIVER

Name of Driver ..... MOHAMMAD FIRDAUS BIN ALI  
NRIC No ..... SXXXX294J  
Date Of Birth ..... 27/02/1986  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/01/2022
Driving experience .....	1 YEAR AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89508978
Alt. Phone Number .....	-
Email Address .....	optionsgarage@hotmail.com
Address .....	APT BLK 228 TAMPINES STREET 23
Address complement .....	# 02-291
Postcode .....	521228
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 .....	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

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 .....	SKT2667C
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) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MOHAMMAD FIRDAUS BIN ALI
Gender .....	Male
Phone No .....	(Phone) +65-89508978
Address .....	APT BLK 228 TAMPINES STREET 23
Address Complement .....	# 02-291
Post Code .....	521228
Approximate Age Years Old .....	-
Injuries Sustained .....	PAIN ON LOWER BACK AND NECK AREA. CHEST PAIN DUE TO WEARING SEAT BELT
Injured person in which vehicle? .....	GBC6926A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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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.

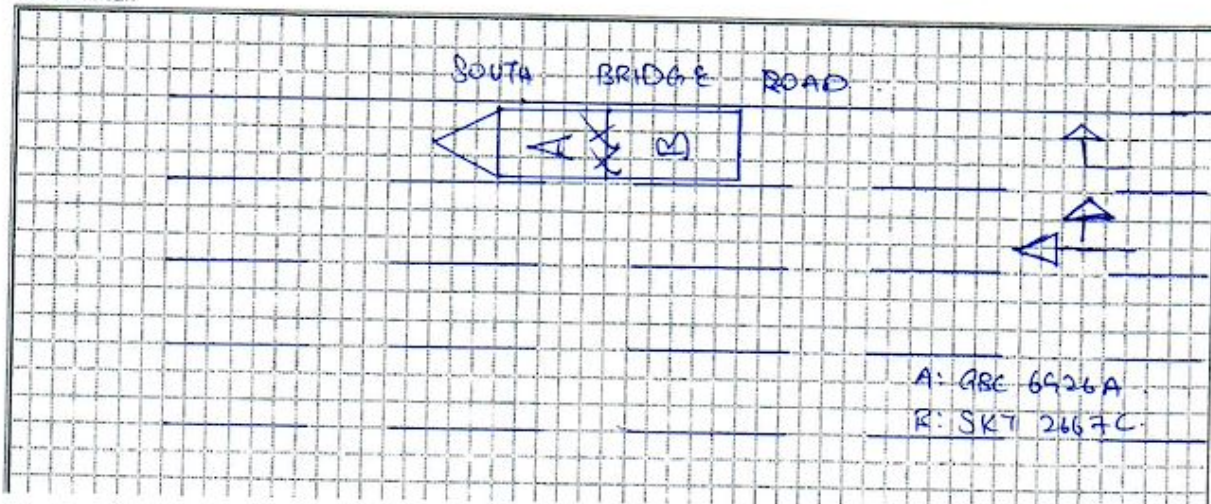


Policyholder's Signature / Date & Time

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

I FIRDANS WAS THE DRIVER VEHICLE BEARING ABC 6926 A. I WAS STATIONARY IN THE MOST RIGHT LANE (TURNING RIGHT). TRAFFIC WAS HEAVY, IN FRONT OF MY VEHICLE WAS STATIONARY. OUT OF A THERE WAS AN HUGE IMPACT FROM MY REAR. I WAS IN SHOCK AND AFTER AWHILE, I ALIGHT AND SAW VEHICLE BEARING SKT 2667 C HAD COLLIDED OUT MY VEHICLE REAR. BOTH VEHICLE WAS BADLY DAMAGE. WE EXCHANGE DETAILS AND MOVED ON TO INSURANCE CLAIM. THE NEXT DAY I FELT PAIN IN MY LOWER BACK AND NECK AREA, MY CHEST IS IN PAIN DUE TO WEARING SEAT BELT.

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. A22040028**

Date: 19 Apr 2022

#### VEHICLE DESCRIPTION

Vehicle No. : GBC6926A  
Make : TOYOTA  
Model : HIACE MANUAL  
Fuel type : Diesel

#### HIRER PARTICULARS

Name : 3G LOGISTICS PTE LTD  
Co Reg No./ NRIC : 201006432Z  
Address : 2 JOO CHIAT ROAD #02-1129 JOO CHIAT COMPLEX  
Singapore 420002

Fax :  
Contact Person : MUHAMMAD FAHMI BIN RAZALI

NRIC : S9314797I

Tel : 87687869

Email :

#### MAIN DRIVER PARTICULARS

Name : MOHAMMAD FIRDAUS BIN ALI

NRIC/FIN/Passport No : S8604294J

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

#### RENTAL DETAIL

Rental Start Date & Time : 19 Apr 2022 | 1000  
Rental End Date & Time : 18 Apr 2023 | 1000  
Rental Period : 12 months  
Rental Per Month (excl. GST) : S\$ 1,200.00  
Rental Per Month (incl. GST) : ~~S\$ 1,284.00~~ \$1296  
Payment on :  
Insurance Premium (for ABSL arranged Insurance) : CHINA TAIPING

#### PAYMENT

Deposit : S\$ 600.00  
Upfront Rental : ~~S\$ 1,284.00~~ \$1296  
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.

Signed by and on behalf of  
ABS Leasing Services Pte Ltd  
Position : Salesman  
Name : Chan  
Date : 10/3/23



Signed by and on behalf of  
Position : OPERATION SUPERVISOR  
Name : MUHAMMAD FAHMI BIN RAZALI  
NRIC : S9314797I  
Date : 10 MAR 2023

