# **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 27/03/2023 19:13 (SGT) Reported by **Actual Driver** Date of Accident 24/03/2023 15:20 (SGT) Exact Location of Accident Singapore Additional Location Information **BUKIT BATOK ROAD** Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number **GBE4184B** 

#### 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 Nv200 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 1597

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMCVSNW00124412204

#### DRIVER

Name of Driver **ROSDI BIN ABD WAHAB** NRIC No SXXXX031D Date Of Birth 10/09/1980 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	02/07/2021 1 YEAR AND 8 MONTHS Male (Phone) +65-90297668 - optionsgarage@hotmail.com APT BLK 811A CHOA CHU KANG AVENUE 7 # 03-659 681811 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	YQ5974X Commercial vehicle

Address	 	_
Address complement	 	_
Postcode		_
Insurance Company Name	 	_
Nature Of Damage		_
Details of property damaged in accident	 	_
No. Of Passenger (Including Driver)		_

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#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy šability 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 ladgement 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 aforesald.

# 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
- (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 Inwershaw firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Sig

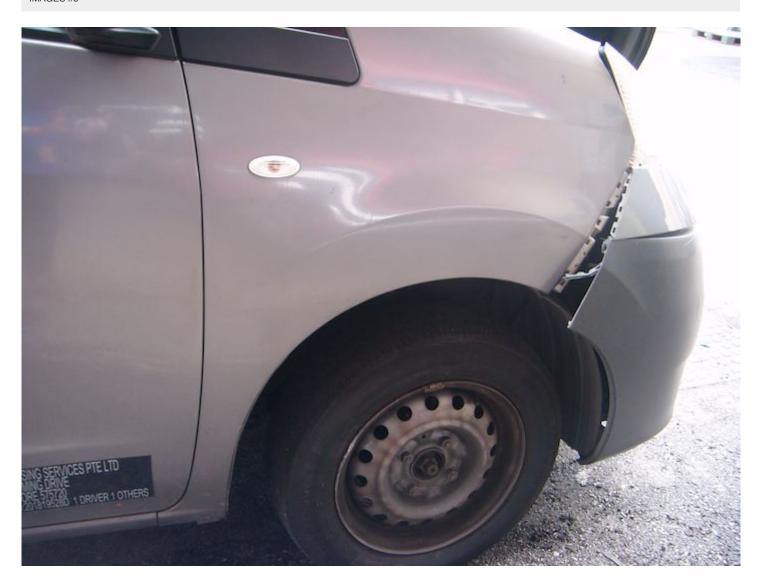
Driver's Signature (if onver is not the policyholder) / Dati

Witnessed !

Sketch Plan oud A: 988 484B 8: 40 5974 X























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: o riginal Report No: SN09 233 ROOOF Vehicle Registration No: GBE 41848 Name (as shown in NRIC): Rosdi Bin Abd what NRIC/FIN/Passport No: 8029031D (x=Vehicle Driver/Policyholder) (\*) Please delete as appropriate Acidress: APT BIK 811A Choa Chu Keney Ave 7 # 03-659 Singapore (68/811) Contact (Tel): \_ Mobile No.: \_ 90297668 Ernail Address: Options denvero Date of Accident: \_\_\_ 24 03 2023 15:26 Time of Accident: Place of Accident: In surance Company: (B) ADDITIONAL INFORMATION / AMENDMENTS: . I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Actual Driver's Signature Date:

Reporting Centre Personnel's Signature Name (as in NRIC/ID card): Date:



# 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. A22080001

Date: 05 Aug 2022

#### VEHICLE DESCRIPTION

Vehicle No. : GBE4184B Make : NISSAN

Model : NV200 1.6 AT 2WD

Fuel type : Petrol

HIRER PARTICULARS

: ROSDI BIN ABD WAHAB

Co Reg No./ NRIC : S8029031D

: BLK 811A CHOA CHU KANG AVENUE 7 #03-659 Address

Singapore 681811

Fax

Contact Person : ROSDI BIN ABD WAHAB

NRIC : 58029031D Tel : +6590297668

Email

## MAIN DRIVER PARTICULARS

Name : ROSDI BIN ABD WAHAB

NRIC/FIN/Passport No : 58029031D

RENTAL DETAIL

Rental Start Date & Time : 05 Aug 2022 | 1500 Rental End Date & Time : 04 Apr 2023 | 1500

Rental Period : 8 months Rental Per Month (excl. GST) : S\$ 1,100,00 Rental Per Month (incl. GST) : S\$ 1,177.00

Payment on

Insurance Premium : CHINA TAIPING (for ABSL arranged

Insurance)

PAYMENT

Deposit : S\$ 600.00 Upfront Rental : S\$ 1,177.00 Total Rental Fee (to be paid S\$ 1,777.00

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 : Salesman Name: Chan Date: 13/7/2022

Signed by and on behalf of Position :

Name: ROSDI BIN ABD WAHAB

NRIC: S8029031D Date :13/7/2022

