

# 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 Authorised 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 ..... 22/01/2021 15:02 (SGT)  
Date of Accident ..... 21/01/2021 21:58 (SGT)  
Exact Location of Accident ..... Paya Lebar Rd, Singapore  
Additional Location Information ..... ENTERING TO PIE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMW7913U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... DREAM CAR LEASING PTE LTD  
Company Reg No ..... 2XXXXX013Z  
Email Address ..... DREAMCARRENTALSG@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-81288789  
Alternative Phone No ..... +65-81288789

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private use  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD20V11100/VPZ/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... irwan bin idrus  
NRIC No ..... SXXXX110C  
Date Of Birth ..... 07/04/1968  
Occupation ..... Indoor

Date Of Driving Pass .....	12/08/1986
Driving experience .....	34 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91089937
Alt. Phone Number .....	-
Email Address .....	IRWAN@NETS.COM.SG
Address .....	BLK 199 PASIR RIS ST 12 #04-132
Address complement .....	-
Postcode .....	510199
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 - Change/cross lane
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 material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ANURASYIDA
Gender .....	Female

#### PASSENGER 2

Name .....	SYAMIN AFIQAH
Gender .....	Female

#### PASSENGER 3

Name .....	SYADI ASYRAF
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210122/7018

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJW2693Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TANG KA HEI JOEY
NRIC No .....	SXXXX204I
Contact Number .....	(Phone) +65-92372629
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 .....	irwan bin idrus
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	body
Injured person in which vehicle? .....	SMW7913U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

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## 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature

Date & Time:

22/1/21

Driver's Signature

(If driver is not the policyholder)

Date & Time:

22/1/21  
1pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIA/AMC SketchPlanForm\_V3

SKETCH PLAN

PIE

A: SMW79134

B: SJW26934

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report.

DECLARATION

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

Policyholder's Signature

Date & Time:

22/1/21  
1pm

GLA/MC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

22/1/21  
1pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



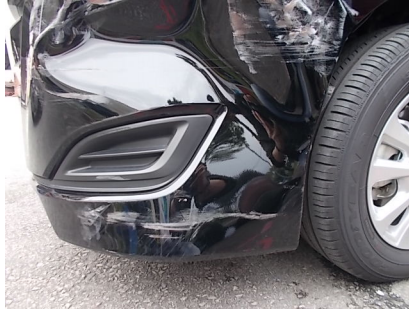




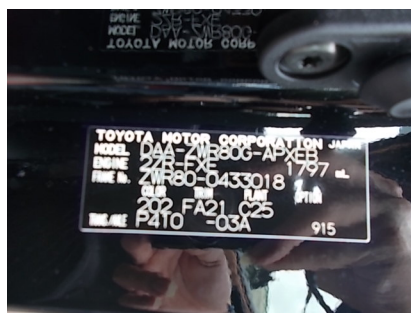














**SINGAPORE  
POLICE FORCE**



T/20210122/7018

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210122/7018

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/01/2021 13:12	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: IRWAN BIN IDRUS		Address: 199 PASIR RIS STREET 12 #04-132 SINGAPORE 510199	
ID Type / ID No.: NRIC NO / S6813110C		Contact No.: Home/Office: Mobile: 91089937	
Nationality: SINGAPORE CITIZEN		Email: irwan@nets.com.sg	
Sex: Male	Age: 52	Date of Birth: 07/04/1968	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: IT service manager		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2021 22:00	Type of Location: X-Junction
Location:  PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJW2693Y	Car	TOYOTA			Slightly Damaged	2
SMW7913U	Car					0



**SINGAPORE  
POLICE FORCE**



T/20210122/7018

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210122/7018

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	IRWAN BIN IDRUS	ID No.	S6813110C
Related Vehicle	SMW7913U (Car)	Contact No.	91089937
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

My vehicle was at the traffic light stop at the Paya Lebar road X-Junction turning to enter PIE to the right. After the right turn green arrow light came on, i started to turn right but the vehicle SJW2693Y which was on the left of me trying to make an illegal U-turn from that lane. I managed to hit the brake but the vehicle still moved on. It stopped after the collision happened.





**SINGAPORE  
POLICE FORCE**



T/20210122/7018

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20210122/7018

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
22/01/2021 13:12

Classification Of Case: