

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 09/02/2021 17:38 (SGT)
Date of Accident 06/02/2021 14:46 (SGT)
Exact Location of Accident 7 Jln Kubor, Singapore 199205
Additional Location Information BETWEEN PATH 18 AND 20
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ1681B

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 Nissan
Model Nv200
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 Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V14809/VCZ/R00
Cover Note Number -

DRIVER

Name of Driver DALIAH BINTE MOHAMED
NRIC No SXXXX106J
Date Of Birth 22/05/1974
Occupation Outdoor

Date Of Driving Pass	25/07/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87504701
Alt. Phone Number	-
Email Address	DREAMCARRENTALSG@GMAIL.COM
Address	BLK 462 SEMBAWANG DRIVE #11-205
Address complement	-
Postcode	750462
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DIAN KAISARE
Gender	Female

PASSENGER 2

Name	KHAIRI DANIAL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210208/2040

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	SJV7762D
-----------------------------------	----------

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MD SHAH BIN SHARIFF
NRIC No	SXXXX921E
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	DALIAH BINTE MOHAMED
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN AT LEFT HAND, SHOULDER AND NECK
Injured person in which vehicle?	GBJ1681B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. The 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 lodgment 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.
- (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.



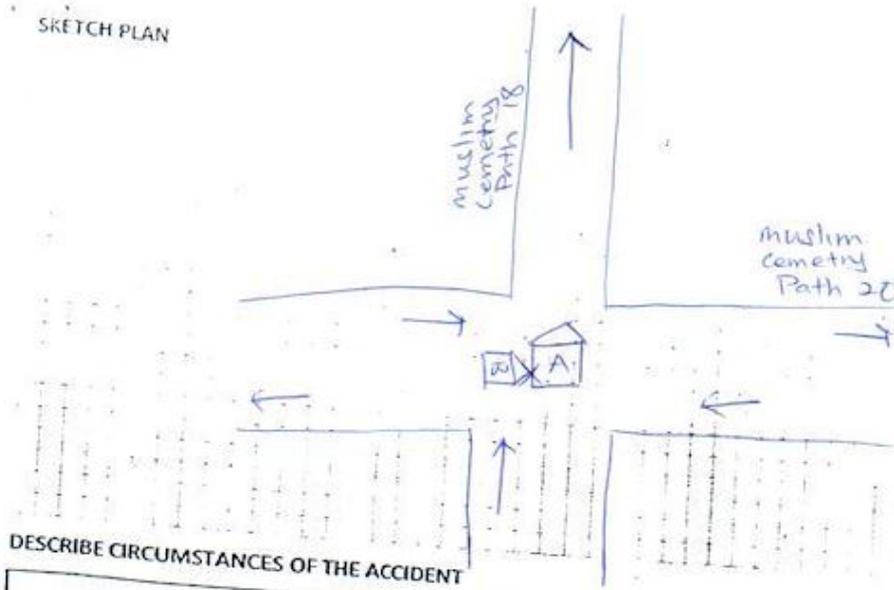
Policyholder's Signature _____
 Date & Time: 9/2/21
 1630pm

Driver's Signature _____
 (if driver is not the policyholder)
 Date & Time: 9/2/21
 1630pm

Reporting Centre Personnel's Signature _____
 Name: _____
 NRIC/FIN No.: _____

SKETCH PLAN

A: GBJ1681B
B: SJV7762D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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


Policyholder's Signature: 
Date & Time: 9/2/21 1630pm

GIARMC SketchPlanForm_V3


Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/2/21 1630pm


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:













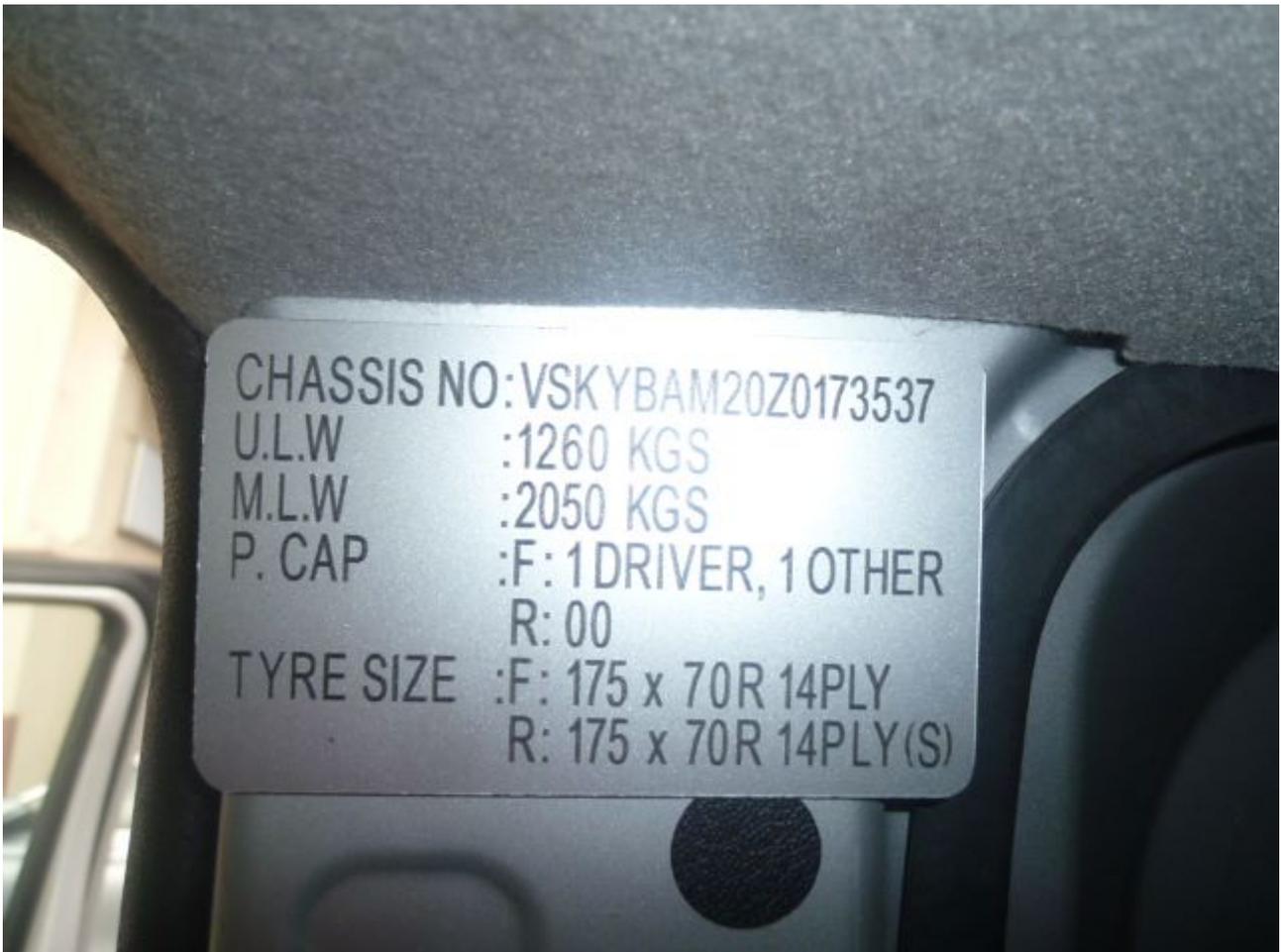













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20210208/2040

1 of 3

Report No. T/20210208/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
08/02/2021 11:43

Vide Report No.:

Station Diary No.:
34

Informant's Particulars

Name of Informant: DALIAH BINTE MOHAMED		Address: APT BLK 462 SEMBAWANG DRIVE #11-205 SINGAPORE 750462	
ID Type / ID No.: NRIC NO / S7417106J		Contact No.: Home/Office: Mobile: 87504701	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 46	Date of Birth: 22/05/1974	Type of Informant: Driver
Race: Indonesian		Language: English	Institution / School Name:
Occupation: GRAVEYARD CLEANER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/02/2021 13:00	Type of Location: X-Junction
Location: MUSLIM CEMETERY PATH 18				
Weather: Sunny	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ1681B	Van	NISSAN	NV200	Silver	Seriously Damaged	0
SJV7762D	Car	TOYOTA		White	Seriously Damaged	4

Details of Person Involved

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


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20210208/2040

2 of 3

Report No. T/20210208/2040

CONTINUATION OF REPORT

Driver			
Name	DALIAH BINTE MOHAMED		ID No. S7417106J
Related Vehicle	GBJ1681B (Van)		Contact No. 87504701
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/02/2021		Date Discharge 07/02/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MD SHAH BIN SHARIFF		ID No. S6803921E
Related Vehicle	SJV7762D (Car)		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 06/02/2021 at about 3pm, I was driving my silver coloured Nissan NV200 van bearing the registration number GBJ1681B along Muslim Cemetery Path 18 towards the Surau Pusara Aman mosque. As I was about to pass the cross junction of Muslim Cemetery 18 and Muslim Cemetery Path 20, I made a check on both side of the junction to ensure that the roads were clear before proceeding forward. My left side view was blocked by a tree and I could not have a clear view of any oncoming vehicle. As such, I moved forward slowly.

Subsequently, a white coloured Toyota car bearing the registration number SJV7762D which came for the left side of my van collided with the left side of my van. Due to the collision, my van wobbled slightly before coming to a stop. We both got down to make a check on our vehicles. Nobody was injured at the scene due to the accident. As such, we exchanged particulars and decided to proceed with insurance claims.

I also informed my van's rental company namely Dream Car Leasing Pte Ltd about the accident.

On 07/02/2021, I realised that I felt pain at my left hand, shoulder and neck areas. As such, I went to see a doctor at Mount Alvernia Hospital. I was treated for my sprains and given 5 days MC. Therefore, my van rental company advised me to lodge a police report regarding the matter.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20210208/2040

3 of 3

Report No. T/20210208/2040

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

L /

Sgt 3 DINESH S/O CHAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/02/2021 11:43

Officer In Charge Of Case:
TP / AEIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Classification Of Case:

Authentication Stamp
NP168

SN 085



Signature: _____

Singapore Police Force