

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 30/03/2021 19:17 (SGT)
Date of Accident 26/03/2021 17:25 (SGT)
Exact Location of Accident Aljunied Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMY3086Y

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 Volkswagen
Model Jetta
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
Transmission Auto
CC 1400

INSURANCE COMPANY

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

DRIVER

Name of Driver TAN AH GUAN
NRIC No SXXXX045G

Date Of Birth	05/07/1971
Occupation	Outdoor
Date Of Driving Pass	08/06/1989
Driving experience	31 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90078932
Alt. Phone Number	-
Email Address	DREAMCARRENTALSG@GMAIL.COM
Address	BLK 666 JALAN DAMAI #03-95
Address complement	-
Postcode	410666
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	Hit and run / Vandalism / Damaged whilst parked
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT & POLICE REPORT T/20210327/2077

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	XE1938C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	SEE KOK CHAN
NRIC No	SXXXX153C
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	TAN AH GUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMY3086Y
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:

29/3/21, 1400pm

GIARAC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time:

29/3/2021, 1400pm

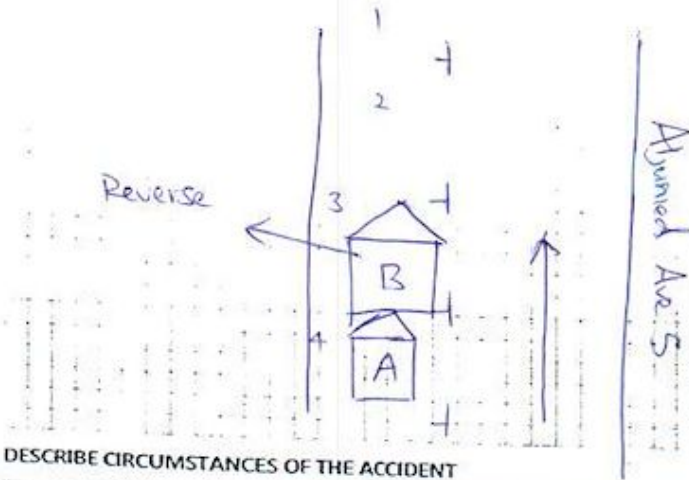


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

[Signature]

SKETCH PLAN

A: SNY3086Y
B: XE1938C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at Allywood Ave S one way street with side parallel parking lots. I was parking at the very first lot and suddenly vehicle XE1938C reverse from parking lot '1' all the way to parking lot '4'. I was stationary and not moving.

DECLARATION

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

Policyholder's Signature

Date & Time:

29/3/21, 1400pm

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/3/2021, 1400pm



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



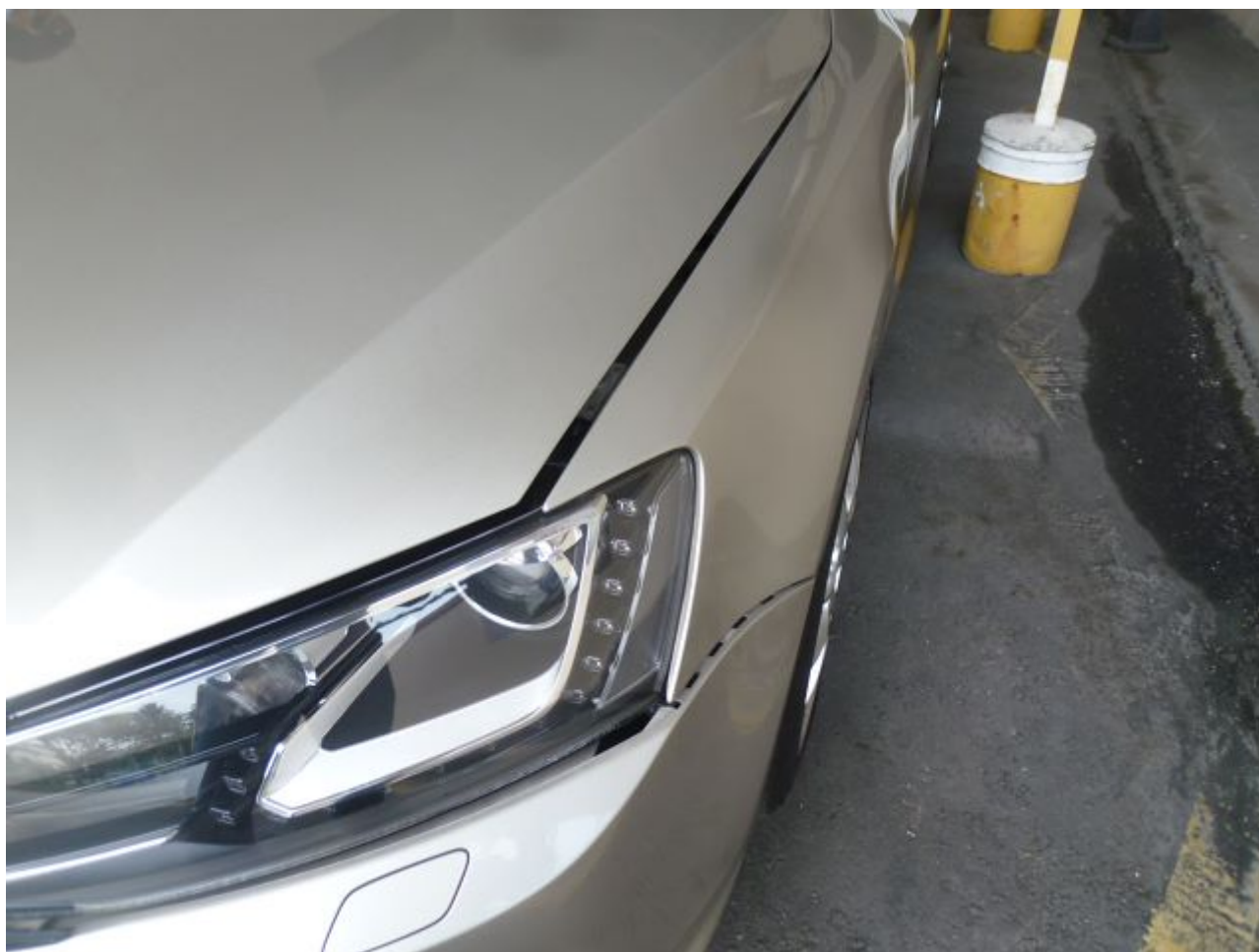

















**SINGAPORE
POLICE FORCE**


T/20210327/2077

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20210327/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2021 15:40		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: TAN AH GUAN			Address: APT BLK 666 JALAN DAMAI #03-95 SINGAPORE 410666		
ID Type / ID No.: NRIC NO / S7123045G			Contact No.: Home/Office: Mobile: 90078932		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 05/07/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MECHANIC			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/03/2021 17:20	Type of Location: Car Park	
Location: ALJUNIED AVENUE 5					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMY3086Y	Car				Seriously Damaged	0
XE1938C	Lorry					0

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



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T/20210327/2077

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629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20210327/2077

CONTINUATION OF REPORT

Driver:			
Name	TAN AH GUAN	ID No.	S7123045G
Related Vehicle	SMY3086Y (Car)	Contact No.	90078932
Hospital/Clinic	WONG FAMILY CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 4 Date of Expiry: NIL
Date Treatment	27/03/2021	Date Discharge	27/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Driver:			
Name	SEE KOK CHAN	ID No.	S2086153C
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 26/03/2021 at about 5.20pm I had parked my vehicle at an open space carpark at the above mentioned location. I am unable to recall the carpark lot number. I had open my front bonnet as there was some issues with my air-con. After opening I went back into my car to sit and test the air-con. Subsequently one lorry bearing vehicle plate number XE1938C reversed and hit my vehicle. We alighted from our respective vehicles to exchange particulars. I felt pain on my neck and back thus went to a clinic to get myself check the following day. The doctor informed I sustained whiplash injury and was given 3 days MC. I wish to state that I have an in-car camera that had recorded the accident.



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Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20210327/2077

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Report No. T/20210327/2077

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: G / Sgt 3 ANWAR MUSHADAD BIN ABDUL RAHMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/03/2021 15:40
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	