SN09214K0008 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 20/04/2021 16:37 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (20/04/2021 16:37 (SGT))

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 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 20/04/2021 16:37 (SGT) Date of Accident 15/04/2021 18:13 (SGT) Exact Location of Accident Sengkang E Way, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLI 7997Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DREAM LEASING PTE LTD Company Reg No 2XXXXX953H **Email Address** DREAMCARRENTALSG@GMAIL.COM Mobile Phone No (Phone) +65-83224625 Alternative Phone No +65-83224625

VEHICLE PARTICULARS

Manufacturer Kia Model Cerato 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? Yes Vehicle Category Private car Transmission Auto CC 1600

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD20V08184/VPZ/R00 Cover Note Number

DRIVER

Name of Driver SITI FARZLINDA BINTE MISRAN NRIC No. TXXXX941J

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email 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	07/08/2001 Indoor 23/02/2021 2 MONTHS Female (Phone) +65-83224625 - DREAMCARRENTALSG@GMAIL.COM 120A EDGEDALE PLAINS #07-263 - 821120 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Property 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 material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20210415/7038	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes TP TOOK THE MEMORY CARD No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	RAILING

Vehicle Colour

Vehicle Category	Government
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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- 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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- 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.
- 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)

Lunderstand, 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)
 - 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:
 - 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:

1230an

SING

GLARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16 4 21

1230pm

THE

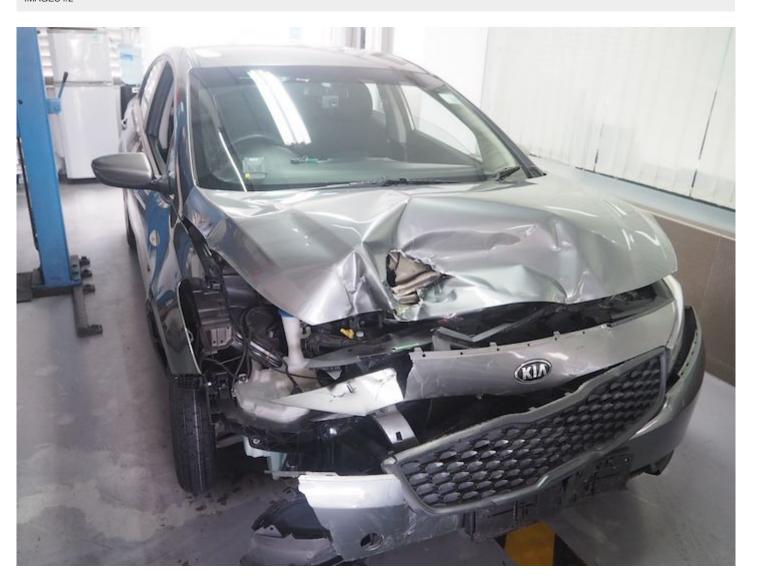
Reporting Centre Personnel's Signature

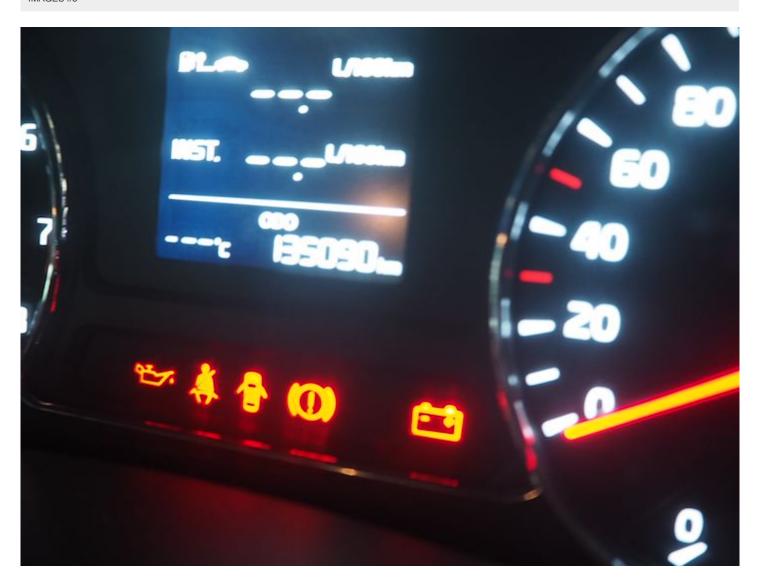
Name:

NRIC/FIN No.:

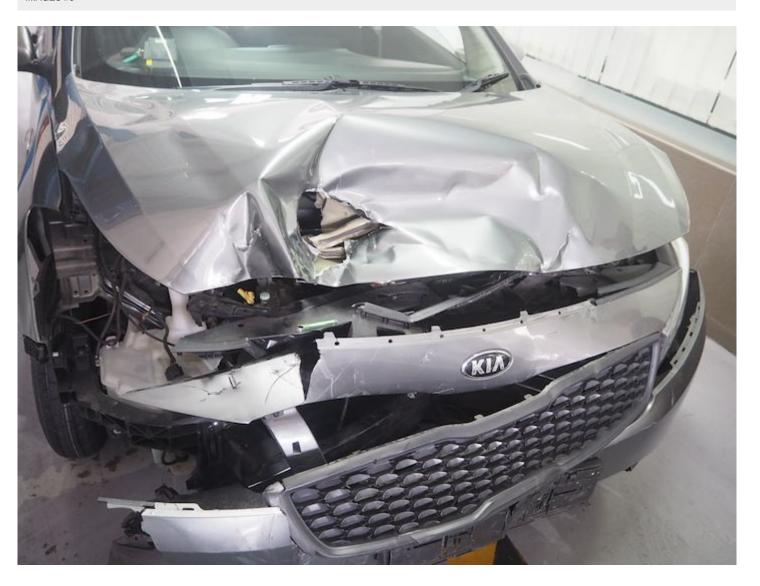
SKETCH PLAN	- Sengkang East	Way A:SLL7º B:
	Tot	
		* *
		1 1. 5
		Bring &
DESCRIBE CIRCUMSTANCES C	DF THE ACCIDENT	1 1 1 1 Lut.
	Refer to police ve	
	T/2021 0415/7038	
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, r		
	_	
DECLARATION We declare the foregoing particula	ers are true in every respect	
(Cá Reg No M)	as a section of the s	that -
Policyholder's Signature Date & Time: * 6 4 2	Oriver's Signature Rec	porting Centre Personnel's Signature







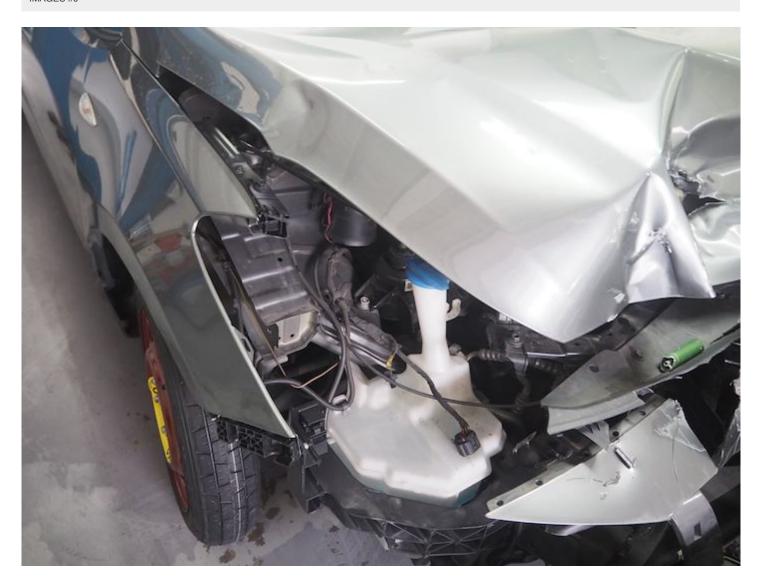


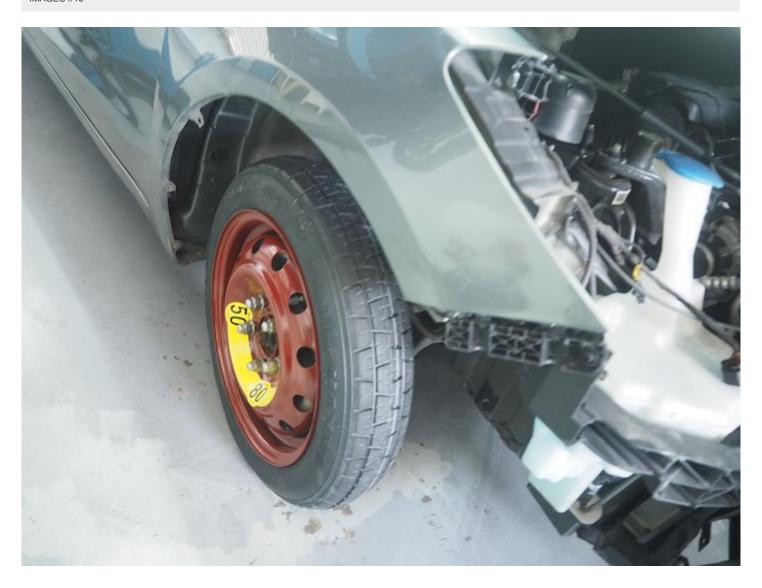


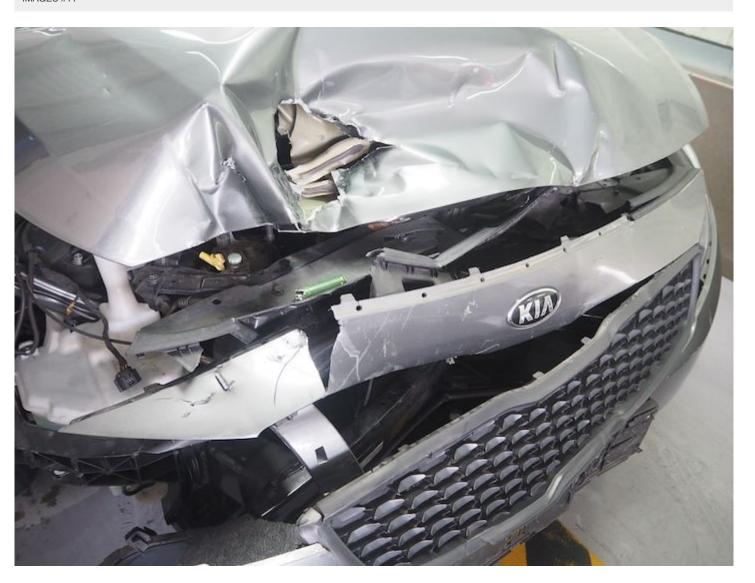
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210415/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time 15/04/202		Made:	Vide Report No.: F/20210415/0123	Station Diary No.	
Informan	es Partice	ulars		The second secon	
Name of I SITI FAR		INTE MISRAN	Address: 120A EDGEDALE PLAINS	#07-263 SINGAPORE 821120	
ID Type / NRIC NO		11J	Contact No.: Home/Office:	Mobile: 83224625	
Nationality	Contract Con	EN	Email: SITIFARZLINDA@GMAIL.	сом	
Sex: Female	Age: 19	Date of Birth: 07/08/2001	Type of Informant: Driver		
Race: Javanese			Language: English	Institution / School Name:	
Occupation: Student			Driving Licence Information Class: 3A	n: Date of Expiry:	

Seneral Inform	mation of the Accident	design with the same of the same of	, Chesseller .	and the second	
Type of Accident:	Attended by Police		Date/Time of Accident: 15/04/2021 18:1:	Type of Location: Straight Road	
Location: sengkang eas Weather: Raining	st way towards sengkang	Road Surface:		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Wet Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy	
Type of Collis	ion: le Against - Others			Anyone conveyed by ambulance:	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLL7997Y	Car	KIA		Grey	Seriously Damaged	

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210415/7038

CONTINUATION OF REPORT

Driver	THE RESERVE OF THE PARTY OF		7 16 18 18 18	THE PERSON	Hos	THE REPORT OF THE PERSON
Name	SITI FARZLINDA B	INTE MISF	RAN	ID No.		T0123941J
Related Vehicle	SLL7997Y (Car)			Contact	No.	83224625
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 3A Date of Expiry: NIL
Date	NIL		Date	1	VIL.	
No. of Days gran	ted Medical Leave	NIL	Degree of		VIL.	

Brief Details.

On the above mentioned date and time, I was driving at the extreme right lane and traffic light was green. I intended to turn right into Sengkang East Way. It was clear for me to turn and I proceed to make a right turn.

After I made the right turn, I was on the right lane of two lane road. About a distance away, I lost control of the vehicle and the vehicle veered to the right. As a result, my vehicle collided into the green railing on the centre divider.

Traffic Police attended and no one was injured.

The vehicle is leased by me from Dream Car Leasing. They had towed away the vehicle.





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

3 of 3 Report No. T/20210415/7038

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/04/2021 21:29
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476214	Classification Of Case:

NP168