

# 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 ..... 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 ..... SLL7997Y

### 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 ..... No  
Policy Number ..... SD20V08184/VPZ/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SITI FARZLINDA BINTE MISRAN  
NRIC No ..... TXXXX941J

Date Of Birth .....	07/08/2001
Occupation .....	Indoor
Date Of Driving Pass .....	23/02/2021
Driving experience .....	2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-83224625
Alt. Phone Number .....	-
Email Address .....	DREAMCARRENTALSG@GMAIL.COM
Address .....	120A EDGEDALE PLAINS #07-263
Address complement .....	-
Postcode .....	821120
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 .....	Collided into Property
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	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/20210415/7038

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	TP TOOK THE MEMORY CARD
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	RAILING
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
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

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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 &amp; Time:

16/4/21  
1230pm

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

16/4/21  
1230pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Sengkang East way

A: SLL7997Y

B:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

T/2021 0415/7038

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm\_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





































**SINGAPORE  
POLICE FORCE**



T/20210415/7038

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 Report Made: 15/04/2021 21:29		Vide Report No.: F/20210415/0123		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SITI FARZLINDA BINTE MISRAN			Address: 120A EDGEDALE PLAINS #07-263 SINGAPORE 821120		
ID Type / ID No.: NRIC NO / T0123941J			Contact No.: Home/Office: Mobile: 83224625		
Nationality: SINGAPORE CITIZEN			Email: SITIFARZLINDA@GMAIL.COM		
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 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2021 18:13	Type of Location: Straight Road
Location:  sengkang east way towards sengkang east drive				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SLL7997Y	Car	KIA		Grey	Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210415/7038

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

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Report No. T/20210415/7038

**CONTINUATION OF REPORT**

Driver			
Name	SITI FARZLINDA BINTE MISRAN	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	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

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.

**SINGAPORE  
POLICE FORCE**

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



T/20210415/7038

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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 Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214  
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:  
15/04/2021 21:29

Classification Of Case: