

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 18/08/2021 17:57 (SGT)
Date of Accident 15/08/2021 20:35 (SGT)
Exact Location of Accident 1 HarbourFront Walk, Singapore 098585
Additional Location Information CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR6740X

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) +65-81288789
Alternative Phone No +65-91681196

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant K3
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
Transmission Auto
CC 1519

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD21V10886/VPZ/R01
Cover Note Number -

DRIVER

Name of Driver LI XINGTAO
NRIC No SXXXX432Z

Date Of Birth	19/07/1982
Occupation	Indoor
Date Of Driving Pass	02/02/2021
Driving experience	6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91681196
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 323 BAIN STREET #12-15
Address complement	-
Postcode	180232
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	LEASING
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 - Head on collision
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 vehicle 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	WANG XIAO JUAN
Gender	Male

PASSENGER 2

Name	LI HAO JING
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210816/2105

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCG9220A
Vehicle Manufacturer	Honda
Vehicle Model	Stream
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM POH CHUAH
NRIC No	SXXXX635F
Contact Number	(Phone) +65-97565026
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	LI XINGTAO
Gender	Male
Phone No	(Phone) +65-91681196
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLR6740X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LI HAO JING
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLR6740X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

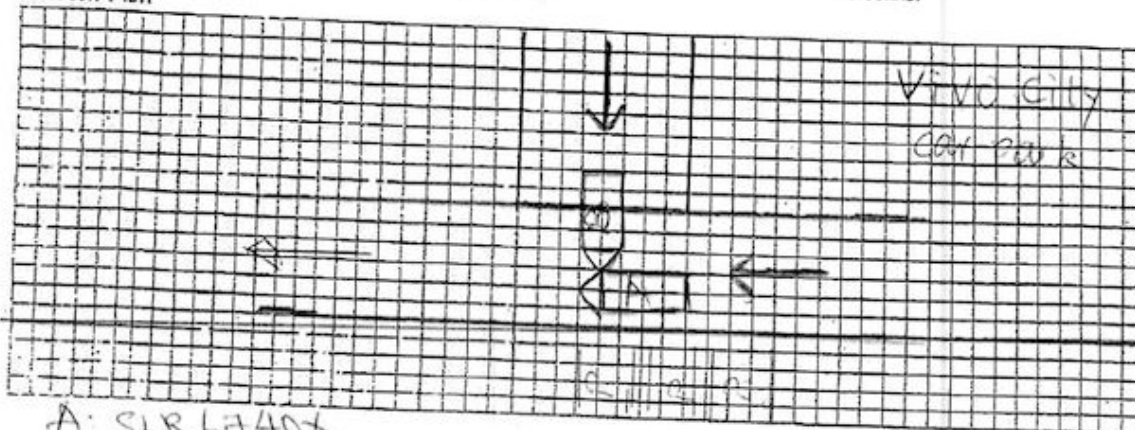
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.
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.

Policyholder's Signature / Date & Time
10.30am

Driver's Signature (if driver is not the policyholder) / Date & Time
10.30am

Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLR 6740X
B: SCG 9220A

Describe Circumstances of the Accident

Refer to the police Report N10
T/20210816/2105

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

[Signature]

[Signature] 18/08/2021

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel




















**SINGAPORE
POLICE FORCE**


T/20210816/2105

1 of 3

Report No. T/20210816/2105

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/08/2021 18:33	Vide Report No.:	Station Diary No.: 97
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LI XINGTAO			Address: APT BLK 232 BAIN STREET #12-15 SINGAPORE 180232		
ID Type / ID No.: NRIC NO / S8261432Z			Contact No.: Home/Office: Mobile 91681196		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 19/07/1982	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: ANALYSIS			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/08/2021 20:39	Type of Location: Car Park
Location: HARBOURFRONT WALK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SCG9220A	Car	HONDA	STREAM 1.8L A	Grey	Slightly Damaged	5
SLR6740X	Car	KIA	CERATO K3 1.6A SUNROOF	Red	Slightly Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210816/2105

2 of 3

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20210816/2105

CONTINUATION OF REPORT

Driver			
Name	LI XINGTAO	ID No.	S8261432Z
Related Vehicle	SLR6740X (Car)	Contact No.	91681196
Hospital/Clinic	SHALOM MEDICAL & DENTAL GROUP	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	16/08/2021	Date Discharge	16/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	LI HAO JING	ID No.	T1127722A
Related Vehicle	SLR6740X (Car)	Contact No.	NIL
Hospital/Clinic	SHALOM MEDICAL & DENTAL GROUP	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/08/2021	Date Discharge	16/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and place, I was exiting the carpark. However, as I was about to leave, the defendant's car turned and collided to the front of my car. No police or ambulance attended to the accident, and we vouch for a private settlement. Moreover, I got a MC for 3 days together with my son. I am here to lodge the report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20210816/2105

3 of 3

Report No. T/20210816/2105

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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:

A /

Sgt 2 WON XUAN JUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/08/2021 18:33

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

Authentication Stamp

NP168

Signature

16/08/2021 18:33