

51092181000A

11 Insurer:

Yols:

१५५

Yeh No:

SCG 9220 A

INC( , ) / Non-INC( )

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by : (

Date:

·T411401

Insured/Driver Liability: (

%) [Note Est Status (WO): N: 0-20%; P: 21-79%; P: 80-100%]

Year of Registration: (

Warranty: YES ( ) / NO ( )

EXCESS: (\$

Loading: \$1,000 ( ) / \$2,000 ( )

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO Refor of reptation.

( ) 'Total Loss Case : to small Insurer URGENTLY,

Drive-In ( ) / Towed-In ( ) ; Invoice# VHS ( ) / NO ( ) ; Towing Co ( )

- 1) Apply for Transport Allowance ( ) / Courtesy Car ( )
- 2) QC Check / Post Repair Inspection ( )
- 3) Upload Recovery Photo [Repair Cost > \$9000] ( )

*Injury :*

X/172103608

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

211-112

2/25

1) ALE Accident Reporting (\$30)	ING (\$19)
3) DA Bureau Assessment (\$100)	\$100.45
3) TP: Fowling Fee	\$120
4) PT: Follow-Through Survey	\$30
3) PT: Follow-Through Survey (Re-survey)	\$30
Kernal Insurance (ING Only, w/retail 700)	
6) TR: Re-inspection	\$75
7) NI: Use DA + EMRS Survey	\$160
1) NTUC Additional Service Fee	
OR:	
*NS: Courtesy Car / Tol Allowance	\$5
*NG: Trip Coordination	\$10
*TR: Post Trip Inspection	\$25
*ND: DV / Collect License Coordination	\$5
TP (NI) TP (NG) ING	\$20
*N: 13:10 Mobile	\$0
Invoice dated	Fee Charged
Invoice dated	Fee Charged



# 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
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### 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 Authorised 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

10.30 am

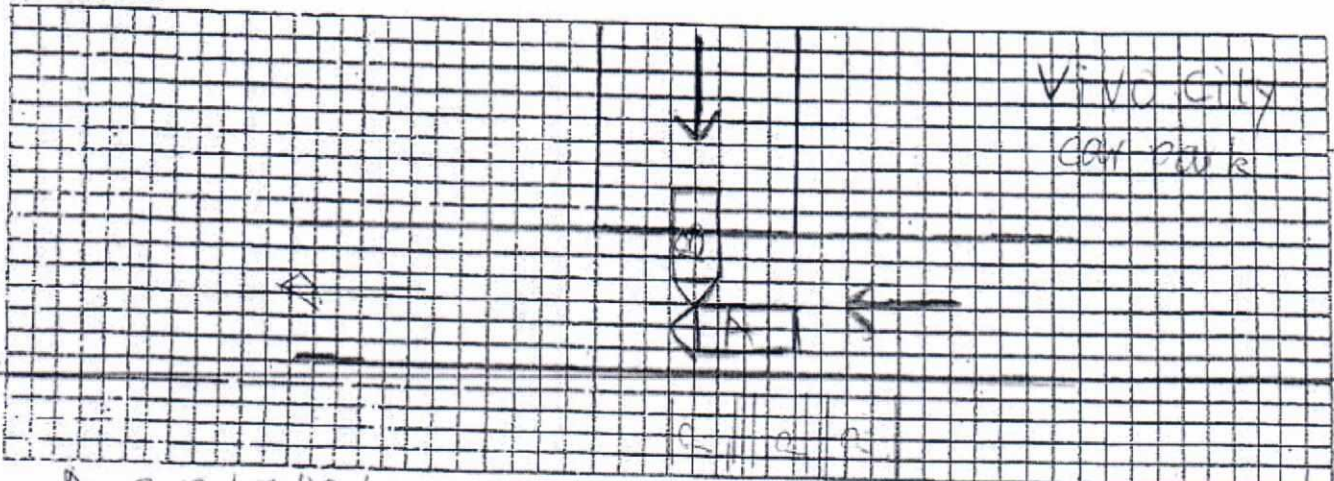
Driver's Signature (if driver is not the policyholder) / Date & Time

10.30 am

Witnessed by Reporting Centre Personnel

18/06/2021

### Sketch Plan



A: SLR 6740X

B: SCG 9220A



Describe Circumstances of the Accident

Refer to the police Report No  
T/20210816/2105

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Date of Accident : 15 Aug 2021 Accident Time: 20:35 (24-HR-Format)  
Accident Place : Vivo City car park  
Vehicle Reg. No. (Car Plate No.) : SLR 6740X  
Vehicle Make/Model : Kia Cerato K3 Sx Sport  
Insurance Company : Liberty Insurance Policy No. KNAFZ411M75737021  
Owner or Company Name / IC No. : Dream Leasing Pte Ltd 201620953H  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 81288789 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : LI XINGTAO / S8261432Z  
DRIVER'S Date Of Birth : 19 Jul 1982 DRIVER'S License Pass Date 02 Feb 2021  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Leasing  
DRIVER'S Address : Blk 232 Bain St #12-15 S180232  
DRIVER'S Contact No / Alt No. : 1) 91681196 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : dreamcarrental39@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver) : (3) Anybody injured in the accident Yes!  
Was there any video captured by car camera: YES \ NO Passenger NAME : LI HAOJING CM/F  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose WANG XIAOJUAN (Male)

Other Party Driver's Particular (if any)

(B)  
Vehicle Reg. No. : SCG 9220A  
Vehicle Make/Model : Honda Stream  
Name Driver : LIM POH CHUAN  
IC No. Driver : S1698635F  
Driver's Contact & Add: 97565026

(C)  
Vehicle Reg. No. : \_\_\_\_\_  
Vehicle Make/Model : \_\_\_\_\_  
Name Driver : \_\_\_\_\_  
IC No. Driver : \_\_\_\_\_  
Driver's Contact & Add: \_\_\_\_\_





**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

Video 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: Age: Date of Birth:  
Male 39 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 20:30

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

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

<b>Driver</b>			
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
<b>Passenger</b>			
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 Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:

16/08/2021 18:33

Classification Of Case:



## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

**Certificate No**

SD21V10886 /VPZ /R01

**Form**

MZ406C

**Date Of Issue**

27-JUL-2021

**Vehicle Mark and Registration No. of Vehicle:**

SLR6740X

**Chassis number of Vehicle:**

KNAFZ411MJ5737021

**Name of Policyholder:**

DREAM LEASING PTE LTD

**Effective date of Commencement of Insurance**

03-AUG-2021 00:00 AM

**For the purpose of the Act:**

**Period of Expiry of Insurance:**

02-AUG-2022 23:59 PM

**Persons or Classes of Persons**

**Authorized to drive\*:**

Person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**Limitations as to use\*:**

Not for carriage of passengers or goods in connection with the Policyholder's business.

Not for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

Not for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

**Policy does not cover:**

Use for racing, pace-making, reliability trial or speed-testing.

Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Provisions rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.

For and on behalf of  
**LIBERTY INSURANCE PTE LTD**  
 Approved Insurers

Authorised Signature

**Additional Information only:**

**COVERAGE :**

Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)

**INSURED:**

MARKET VALUE AT THE TIME OF LOSS

**EXCESS:**

All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000, Windscreen Excess S\$100

**INSURANCE COMPANY:**

SINGAPURA FINANCE LIMITED

**PRODUCER NAME:**

NEWSTATE STENHOUSE (S) PTE LTD