

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.

 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 23/08/2021 17:49 (SGT) Date of Accident 22/08/2021 22:30 (SGT) Exact Location of Accident Geylang Road, Singapore Additional Location Information BFR LOR 17 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI F5097P

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner DREAM LEASING PTE LTD

Company Reg No

Email Address DREAMCARRENTALSG@GMAIL.COM

Mobile Phone No (Phone) +65-81288789

Alternative Phone No +65-81288789

VEHICLE PARTICULARS

Manufacturer Mazda Model 2

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 1500

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd

Type of Coverage Comprehensive

Fleet Policy

Policy Number SD21V10886 /VPZ /R01

Cover Note Number

DRIVER

Name of Driver STEVE ANG

NRIC No. SXXXX407F

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	21/09/1981 Outdoor 09/07/2021 1 MONTH Male (Phone) +65-90071731 - DREAMCARRENTALSG@GMAIL.COM BLK 160B PUNGGOL CENTRAL #14-115 - 822160 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
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 vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 3 Yes 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 Punggol Neighbourhood Police Centre (Phone) +65-18006049999 (Fax) +65-64468015 Blk 21A Tebing Lane Singapore 828837 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20210823/2055	
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 WITH TRAFFIC POLICE No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	GBL933X - -

Vehicle Variant
Vehicle Colour

Vehicle Category	Commercial vehicle
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJS4238L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	STEVE ANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK
Injured person in which vehicle?	SLF5097P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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 bigerment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- 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) w ho 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' law yers/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
- (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
- (v) complying with applicable law in administrating, 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, discuss 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

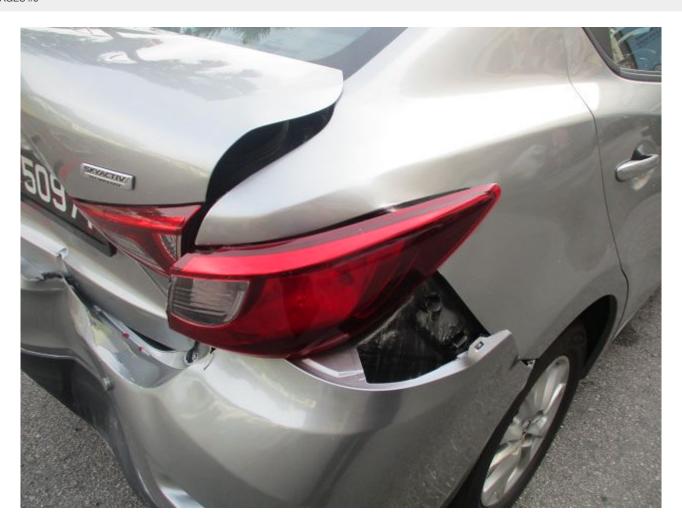
Policyholder's Signature / Date & Driver's Signature (F driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel Sketch Plan

> - 575 4238 L B'- SLF 5097P [- GRL 933X

7 002108-23 2055.		Refor to the Police report MU.
		T 20210823 (2055.
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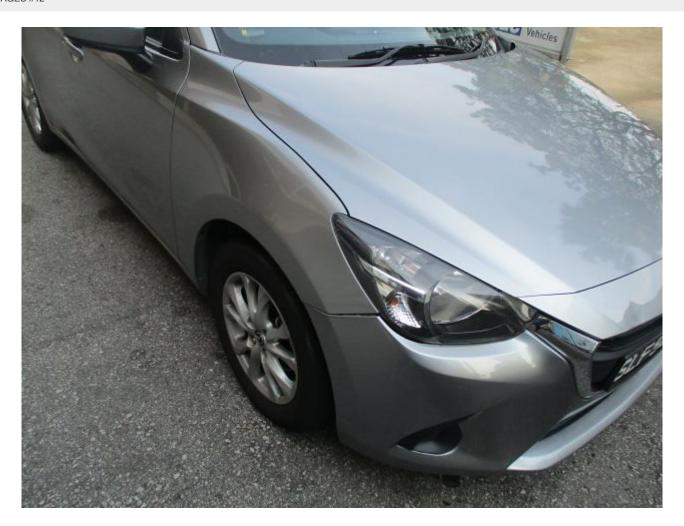


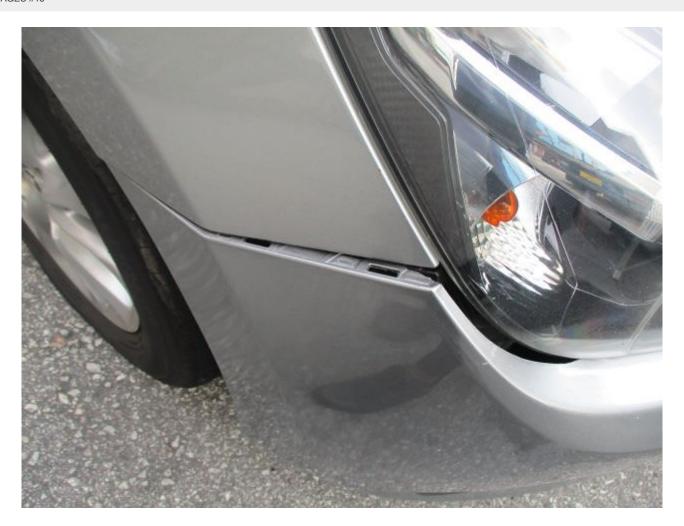




















Police Station Of Origin:

Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

Report No. T/20210823/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2021 14:42		Made:	Vide Report No.:	Station Diary No. 28		
Informa	nt's Partic	ulars		William Control		
Name of Informant: STEVE ANG			Address: APT BLK 160B PUNGGOL CENTRAL #14-115 SINGAPORE 822160			
ID Type / ID No.: NRIC NO / S8130407F			Contact No.: Home/Office:	Mobile: 90079731		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 39 21/09/1981			Type of Informant:			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: FOOD DELIVERY			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambular	Drink Drive: No	Date/Time of Accident: 22/08/2021 22:30	Type of Location	
GEYLANG R	OAD				
Weather: Road : Clear Dry		Road Surface: Ory	F	Road Speed Limit:	
Traffic Flow: One Way	N	raffic Control: lot Controlled		raffic Volume:	
Type of Collis				Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No -ED
GBL933X	Van		N. C. C.	COIOI	Condition	No of Passenger
	1.501					0
SJS4238L	Car					
	- Cui					3
SLF5097P	Car					
our odd i	Cai				Seriously	0
					Damaged	



Police Station Of Origin: Punggol N.P.C

Report No. T/20210823/2055

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Perso	n involved			4 50.426	A 44 (8)	
Any Pedestrian I						MANAGEMENT OF REAL PROPERTY AND A STATE OF THE STATE OF T
No. of Pedestrian			Use of Pe	destriar	Cross	sing: NA
Driver	THE RESERVE TO SERVE THE	STREET, STREET	TARRAGE AN	The same		A PROPERTY OF PARTY
Name	LAM KENG HAN		+	ID No.		G6739207N
Related Vehicle	GBL933X (Van)	miles from	and the	Contact No.		NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	The state of the s			Injury		Y
Driver		MALE CAME	CALL STATE	北京市	To the last of the	THE PERSON NAMED IN
Name	STEVE ANG			ID No		S8130407F
Related Vehicle	NIL		Contact No.		90079731	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 22/08/2021 at about 2237hrs, I was driving my vehicle bearing SLF5097P along Geylang road on the most extreme right lane. There was vehicle bearing SJS4238L driving in front of me and it start to slow down as there was vehicle turning right to Lorong 17 Geylang. I then also slow down and then come to a completely stop. Suddenly, the vehicle bearing GBL933X from my rear collided onto my rear bumper and cause my vehicle moved forward. My vehicle then collided onto the vehicle in front of me bearing SJS4238L. After the collision, I felt pain on my neck and lower back. When I feeling better I then came down of the vehicle and take photos of the damage and I went back to my vehicle to rest. I also exchange particulars with other drivers. After awhile police came, and assist me to activate ambulance. Shortly after, the ambulance came and the paramedic check on me. Then I was convey to Tan Tock Seng Hospital.

I wish to state that there is an in-car camera in my vehicle and the visibility of the roar was clear. There was no government properties damage.



T/20210823/2056

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 3 Report No. T/20210823/2055

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:	Signature Of Informant:
Sgt 2 WU MING HAN	<i>f</i>
Signature Of Interpreter:	Date/Time:
Not applicable	23/08/2021 14:42
Officer In Charge Of Case:	Closeife del a constant
TP / GIT /	Classification Of Case:
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI Contact No.: 65476960	
Authentication Stamp P188 Pouce Poice SN 158	
SPRINGED COTTON	
Ou .	
SIGNATURE	