

# 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 .....	27/08/2021 09:48 (SGT)
Date of Accident .....	24/08/2021 13:05 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	FILTERING INTO PIE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLB8475H
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	DREAM CAR LEASING PTE LTD
Company Reg No .....	2XXXXX013Z
Email Address .....	dreamcarrentalsg@gmail.com
Mobile Phone No .....	(Phone) +65-81288789
Alternative Phone No .....	+65-81288789

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	LANCER EX
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1590

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SD20V11100/VPZ/R00
Cover Note Number .....	-

### DRIVER

Name of Driver .....	INDRA RAIYAN PUTERA AZHISHAM
NRIC No .....	TXXXX981H

Date Of Birth .....	26/04/2002
Occupation .....	Outdoor
Date Of Driving Pass .....	07/07/2021
Driving experience .....	1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91275232
Alt. Phone Number .....	-
Email Address .....	dreamcarrentals@gmail.com
Address .....	BLK 520 WOODLANDS DR 14
Address complement .....	#02-307
Postcode .....	730520
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 .....	Collision - Head to Rear
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 vehicle 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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

AT ABOUT 1300HRS WHILE DRIVING AT CTE AT LANE 4,MY VEH HIT ONTO VEH B REAR PORTION.I WAS DRIVING AT 60KM/H WHEN VEH B HAD DONE SUDDEN STOP.I BRAKE ONTIME AND DUE TO HEAVY RAINFALL MY VEH HIT ONTO THE VEH B.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBG241K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ONG TAI CHEW
NRIC No .....	SXXXX597H
Contact Number .....	(Phone) +65-91466472

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

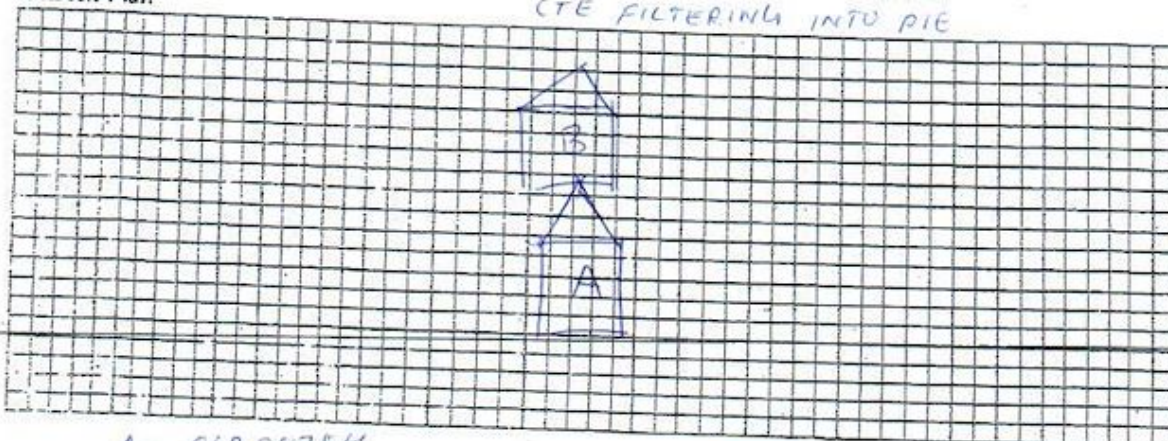
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



A- 5LB8475H  
B- GBG241K



**Describe Circumstances of the Accident**

At about 1300hrs, Tuesday August 24<sup>th</sup>, while driving at CTE, Lancer EX (SLB8475H) had hit a van from behind.  
Plate number 6R6241K

I was driving at 60 km/h when the van in front had done a sudden stop.

I could brake in time and due to heavy rainfall the car I was driving hit the van.


Statement is given By Indra Rajen TOZIRFIH  
He left and moved to Sg.M - try to call him  
But uncontactable


Cheng Chen Chae Wai Frankie  
S7539593J

**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

 27/08/21  
Witnessed by Reporting Centre Personnel



















