

# 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 ..... 28/09/2021 18:09 (SGT)  
Date of Accident ..... 27/09/2021 23:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BLK 122 BEDOK RESERVOIR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF5097P

### 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 ..... (Office) +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 ..... 1496

### 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 ..... MALISA QISTINA DENNIS HICKMOTT  
NRIC No ..... TXXXX156G

Date Of Birth .....	17/08/2002
Occupation .....	Outdoor
Date Of Driving Pass .....	25/06/2021
Driving experience .....	3 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97270785
Alt. Phone Number .....	(Home) +65-67890373
Email Address .....	DREAMCARRENTALSG@GMAIL.COM
Address .....	BLK 497H TAMPINES ST 45
Address complement .....	#02-94
Postcode .....	526497
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 Parked Vehicle
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NUR ANISA BINTE DZULRAINI
Gender .....	Female

#### 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

PLEASE REFER TO POLICE REPORT NO:T/20210928/7008

#### 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 .....	GBK9030Y
Vehicle Manufacturer .....	Toyota

Vehicle Model .....	Hiace
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) .....	-

# SKETCH PLAN

## IMPORTANT NOTICE

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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 28/1/2021, 1330 hrs

Driver's Signature (if driver is not the policyholder) / Date & Time 28/1/2021, 1330 hrs

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

Defer Police report

NO : T/20210928/7008

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

28/9/2021  
1330 hrs

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

28/9/2021  
1330 hrs

Witnessed by Reporting Centre Personnel



























# SINGAPORE POLICE FORCE

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



T/20210928/7008

1 of 4

Report No: T/20210928/7008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2021 11:53	Vide Report No.: G/20210927/0294	Station Diary No.:
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### Informant's Particulars

Name of Informant: MALISA QISTINA DENNIS HICKMOTT			Address: 497H TAMPINES STREET 45 #02-94 SINGAPORE 526497		
ID Type / ID No.: NRIC NO / T0224156G			Contact No.: Home/Office:		Mobile: 97270785
Nationality: SINGAPORE CITIZEN			Email: MALISAO@YAHOO.COM		
Sex: Female	Age: 19	Date of Birth: 17/08/2002	Type of Informant: Driver		Institution / School Name:
Race: Malay			Language: English		
Occupation: STUDENT			Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2021 23:30	Type of Location: Straight Road
Location: BEDOK RESERVOIR ROAD			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 15 Km/h	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
GBK9030Y	Van	TOYOTA	hiace	Black	Slightly Damaged	2
SLF5097P	Car	MAZDA	2	Grey	Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**

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



T/20210923/7003

2 of 4

Report No. T/20210923/7008

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF5097P	DreamCar Rental Company			

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
<b>Passenger</b>				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	GBK9030Y (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
<b>Driver</b>				
Name	MALISA QISTINA DENNIS HICKMOTT		ID No.	T0224156G
Related Vehicle	SLF5097P (Car)		Contact No.	97270785
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
<b>Passenger</b>				
Name	NUR ANISA BINTE DZULRAINI		ID No.	T0210938C
Related Vehicle	SLF5097P (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



**SINGAPORE  
POLICE FORCE**



T/20210928/7008

3 of 4

Report No. T/20210928/7008

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

My car was at the sheltered walkway as I was dropping off a passenger, hazard lights were turned on from the start and I stopped in the lane, not crossing over the centre line. I went out of the car to take a call in front of the car however there was still a passenger in my car and also another witness that was standing next to my car. As I was walking back to the car, a black hiace van (GBK9030Y) wanted to drive past. In the process of doing this, he hit my side mirror and grazed the back right of my car (the back tyre). He did not stop or alighted from the van to exchange particulars but instead just went to park the van and left. His passenger in front attempted to forcefully close my side mirror even after telling her that it was not possible. The driver of the van even shouted at me and kept on telling me to move my car despite telling him I was not able to as firstly I could not even access the driver seat and secondly to avoid any further damage. We waited for nearly 30 minutes for the driver to come back down as there was a sign placed in his front windshield stating that he was on delivery and that he would be back in 15 minutes however he did not show up even after 30 minutes hence it led to me making the decision to call the police as I did not know what else to do. There were also 2 other witnesses that saw the whole incident happen.



**SINGAPORE  
POLICE FORCE**

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



T/20210928/7008

4 of 4

Report No. T/20210928/7008

**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 / TPIB /  
SYED MUHAMMAD ISA BIN OMAR  
ALHABSHEE  
Contact No.: 65476214

This report is lodged at Traffic Police Kiosk 2

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
28/09/2021 11:53

Classification Of Case: