

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	01/11/2021 18:51 (SGT)
Date of Accident	31/10/2021 22:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BKE TWDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC1298S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BOSS CAR LEASING PTE LTD
Company Reg No	2XXXXX709H
Email Address	dreamcarrentalsg@gmail.com
Mobile Phone No	(Phone) +65-81288789
Alternative Phone No	+65-81288789

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SD21V05787/VPZ/R00
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED SYABIL BIN MOHAMED SHAMSUDIN
NRIC No	TXXXX903E

Date Of Birth	27/10/2000
Occupation	Outdoor
Date Of Driving Pass	12/07/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90106490
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 53 NEW UPPER CHANGI RD
Address complement	#06-1470
Postcode	461053
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	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	NUR JANNAH
Gender	Female

PASSENGER 2

Name	ZEE SYED HUSSAIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tanah Merah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004499999
Alt. Police Station Phone No	(Fax) +65-62447251
Police Station Address	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211101/2036

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	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT5930K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHANG TZE LUM
NRIC No	SXXXX010D
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	NUR JANNAH BEGUM BINTE MOHAMED SHAMSUDIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJC1298S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SENATH BEGAM D/O P JAINULLABERDEN SYED HUSSAIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJC1298S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

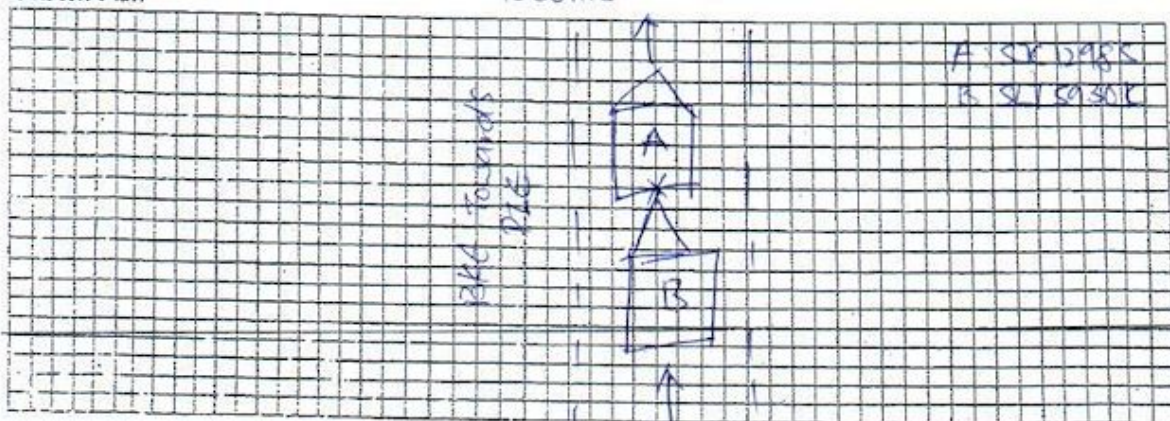
(c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time
 1/11/2021 1500hrs

 Driver's Signature (If driver is not the policyholder) / Date & Time
 1/11/2021 1500hrs

 Witnessed by Reporting Centre Personnel
 01/11/21

Sketch Plan



Describe Circumstances of the Accident

Refer police report

NO. T/20211101/2036

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

11/11/2021
1500 hrs

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

11/11/2021
1500 hrs

Witnessed by Reporting Centre Personnel

shym 01/11/21



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999



T/20211101/2036

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Report No. T/20211101/2036

CONTINUATION OF REPORT

Driver		ID No.	
Name	MOHAMED SYABIL BIN MOHAMED SHAMSUDIN	ID No.	T0036903E
Related Vehicle	SJC1298S (Car)	Contact No.	90106490
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.	
Name	CHANG TZE LUM	ID No.	S7123010D
Related Vehicle	SLT5930K (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/10/2021 at about 2240 hrs, I was driving in my car SJC1298S along BKE towards PIE on the second lane. Subsequently, I noticed that there is a car speeding on the first lane and pass by my car. Thereafter, I felt an impact on the rear of my car and my car spins twice and subsequently, my car front right collided to the railing of the road shoulder. I made a checked and discovered that another car, SLT5930K had collided to the rear right portion of my car.

I wished to state that there was no injury sustained on both parties however, my car sustained serious damages to the rear right portion and slight damages to the front right portion. The road shoulder railing was also damaged after the accident. Traffic police came and instructed to lodge a traffic accident report vide to J/20211031/0200 and took my car camera SD card for investigation purposes.



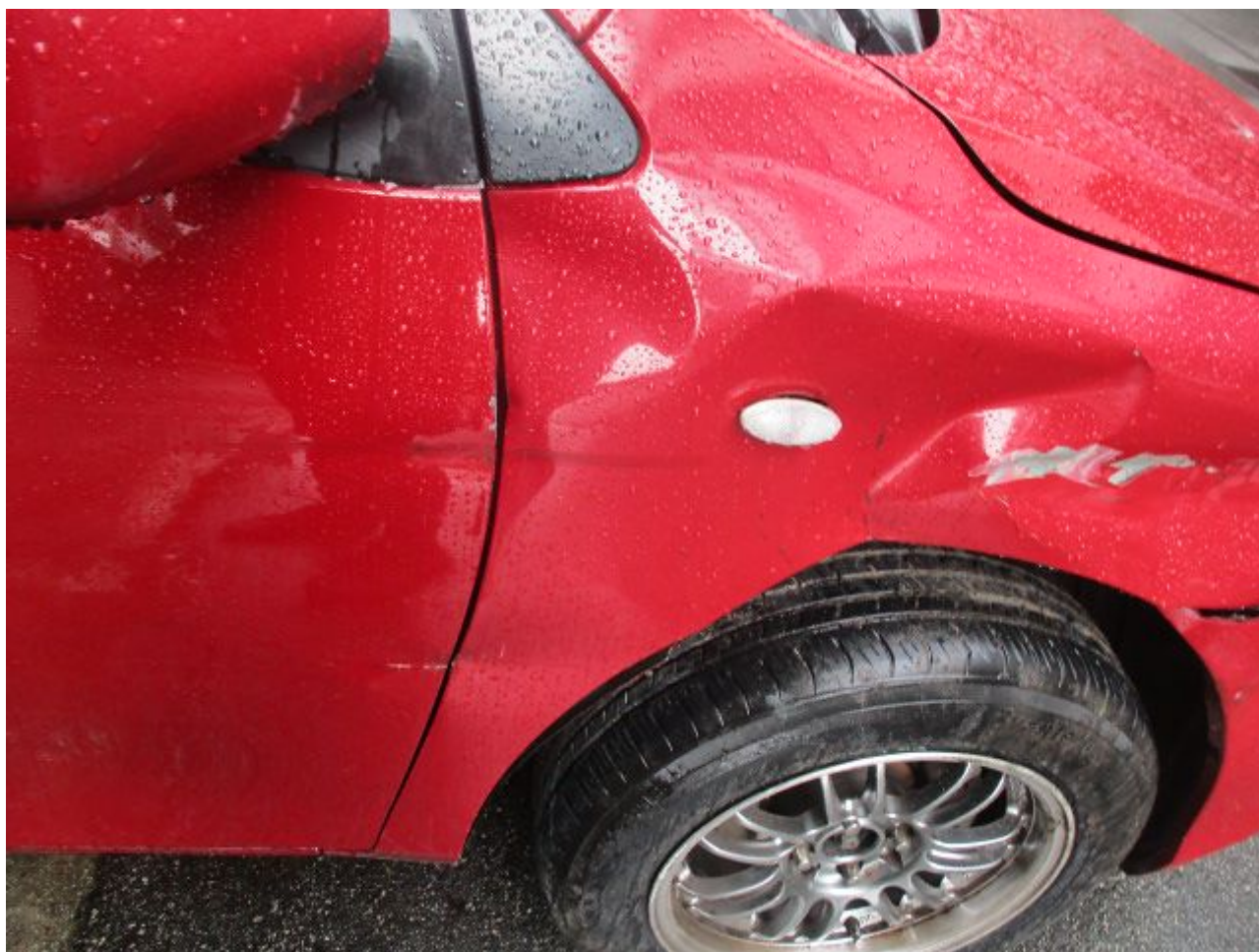
































**SINGAPORE
POLICE FORCE**



T/20211101/2036

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Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20211101/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/11/2021 13:12	Vide Report No.: J/20211031/0200	Station Diary No.: 9
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Informant's Particulars

Name of Informant: MOHAMED SYABIL BIN MOHAMED SHAMSUDIN			Address: APT BLK 53 NEW UPPER CHANGI ROAD #06-1470 SINGAPORE 461053		
ID Type / ID No.: NRIC NO / T0036903E			Contact No.: Home/Office: Mobile: 90106490		
Nationality: SINGAPORE CITIZEN			Email: mdsyabil9@gmail.com		
Sex: Male	Age: 21	Date of Birth: 27/10/2000	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/10/2021 22:40	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC1298S	Car				Seriously Damaged	2
SLT5930K	Car				Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20211101/2036

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Report No. T/20211101/2036

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

Driver		ID No.		T0036903E	
Name	MOHAMED SYABIL BIN MOHAMED SHAMSUDIN			Contact No.	90106490
Related Vehicle	SJC1298S (Car)			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL			Date Discharge	NIL
Date Treatment	NIL	No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver		ID No.		S7123010D	
Name	CHANG TZE LUM			Contact No.	NIL
Related Vehicle	SLT5930K (Car)			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date Discharge	NIL
Date Treatment	NIL	No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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**SINGAPORE
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T/20211101/2036

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Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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Report No. T/20211101/2036

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

G /

Sr Staff Sgt MUHAMMAD
KAMARULARIFIN BIN
MOHAMED YUSOFF

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

01/11/2021 13:12

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

NAC 406933

Original Report No: SN0921B1000A Vehicle Registration No: SJC 1298S

Name (as shown in NRIC): Boss Car Leasing pte Ltd NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 31 Oct 2021 Time of Accident: 2240

Place of Accident: BKE towards PIE

Insurance Company: Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I would like to add that the passengers
are injured during the accident.

Front Passenger: Nur Fannah Begum Binte Mohamed
Shamsudin Nric 59919682C

Left back Passenger: Senath Begam d/o P
Jainullaberdien syed Hassan
Nric 57035762C



Policyholder / Driver's Signature

Date: 10/11/21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: