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 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

Private use

Private car

No - Claiming third party

Vehicle Registration Number SJC1298S

INSURED/POLICYHOLDER

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

+65-81288789

Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Axio Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy 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 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? Nο 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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? 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? 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

SD CARD WITH TRAFFIC POLICE

No

Was there any audio recorded?

Reasons for not uploading a video of the accident

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)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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 take reporting may be referred to the Police for investigation.
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- 7. By the odgement 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 fform) 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' 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 the citims:
- (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' law yers/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 Slaw vers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time (11 202) Sochri

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

Witnessed by Reporting Centre 2027 Personnel

Sketch Plan

1500 hrs

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SECURE CERTS						
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Declaration						100
We declare storegoing	particulars are true in	every respect.				
1						





Report No. T/20211101/2036

2 of 3

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

CONTINUATION OF REPORT

river :	ONA DIL	AHOM MI	MED	ID No.		T0036903E
Name	MOHAMED SYABIL E	SIIV WOT IV	.,,	O - start	No	90106490
Related Vehicle	SJC1298S (Car)			Contact	NO.	50100100
(claico roma		Amily what the same			f	Class: 3
Hospital/Clinic	NIL	11,000	(3a) 5480 V	Class of Driving Licence Expiry !	. &	Date of Expiry: NIL
			Date Dis	charge	NIL	
Date Treatment	NIL Visal Legyo	NIL	Degree	of Injury	NIL	STREET, STREET
No. of Days gran	nted Medical Leave	THE RESERVE OF				
Driver,	A STATE OF THE PARTY OF THE PAR			ID No.		S7123010D
Name	CHANG TZE LUM	: stame(2	36 (3.6)	31		The second secon
Name	CHANG TZE LUM	a zamerz	30 Mun		ct No	The second second
	CHANG TZE LUM	or damer 2	30 73 U	Contac		. NIL
Name Related Vehicle	CHANG TZE LUM SLT5930K (Car)	a zamer2	30 (300)	Contac	of	NIL Class: NIL
Name	CHANG TZE LUM	swijamer2	30 (310)	Contac Class Driving Licence	of g ce &	Class: NIL Date of Expiry: NIL
Name Related Vehicle	CHANG TZE LUM SLT5930K (Car)	sa gamer 2	30 (300)	Contac Class Driving	of g ce & y Date	Class: NIL Date of Expiry: NIL
Name Related Vehicle	CHANG TZE LUM SLT5930K (Car) NIL	sa gamer 2	Date D	Contac Class Driving Licence	of g ce & y Date	Class: NIL Date of Expiry: NIL

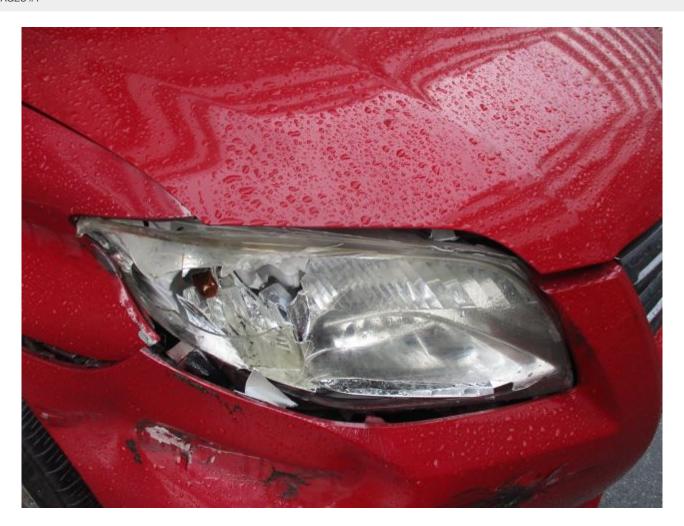
On 31/10/2021 at about 2240 hrs, I was driving in my car SJC1298S along BKE towards PIE on the second lane. Subsequently, I noticed that there is a car speeding on the first lane and pass by my car. Thereafter, I felt an impact on the rear of my car and my car spins twice and subsequently, my car front 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.



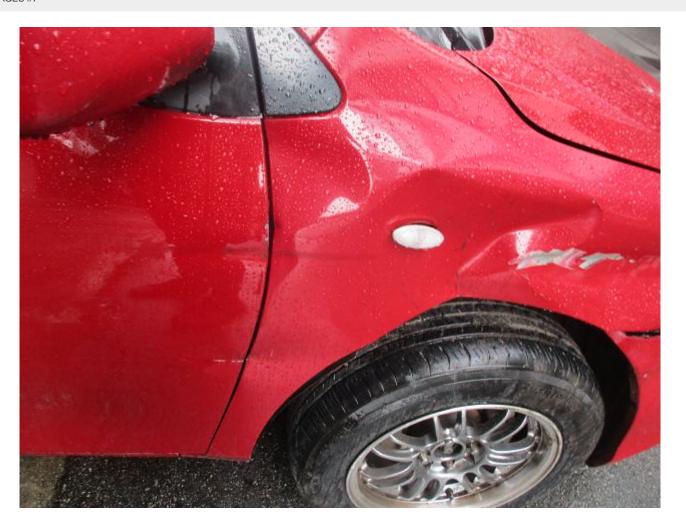


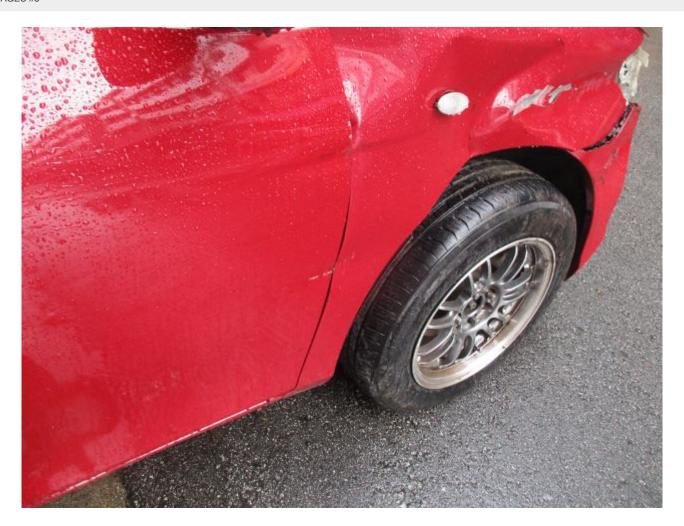








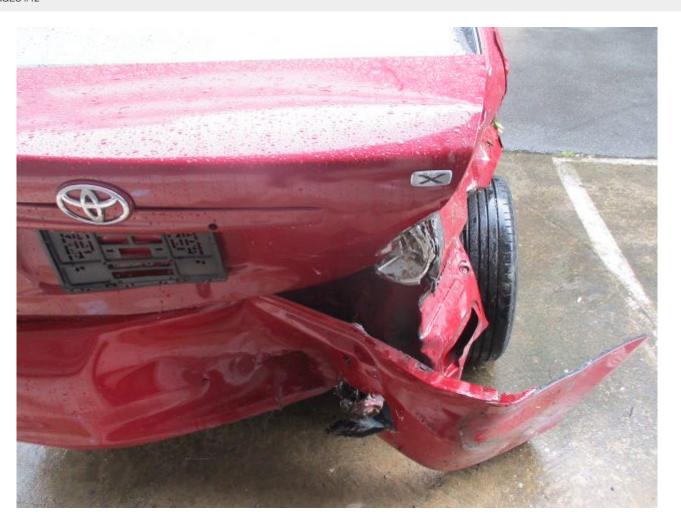




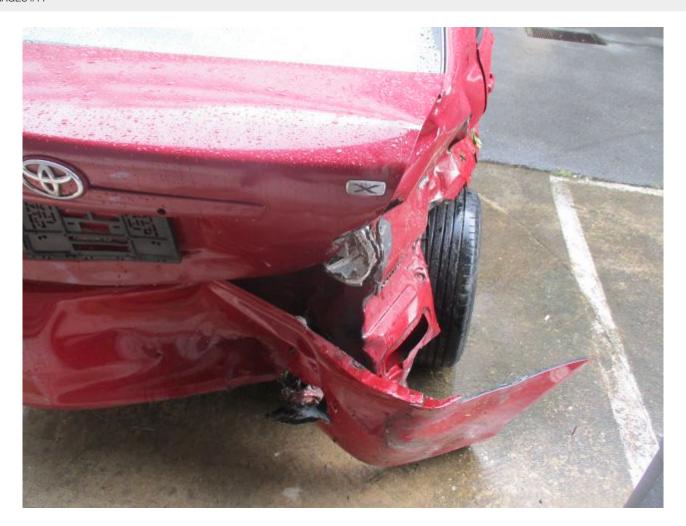




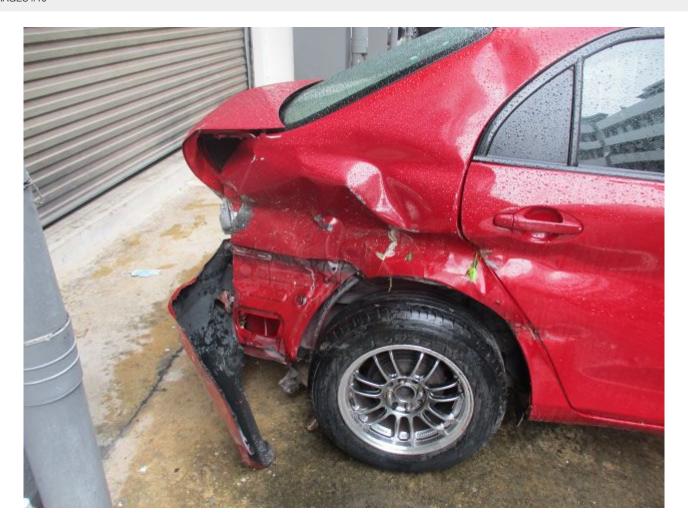
















T/20211101/2036

1 of 3

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

REPORT OF A TRAFFIC ACCIDENT		Station Diary No.:
Date/Time Report Made: 01/11/2021 13:12	Vide Report No.: J/20211031/0200	9
Informant's Particulars		《中国》,李明明,李明明是
AROTHANES Famediaes	A ddrops:	

Informatics Particulars Name of Informant: MOHAMED SYABIL BIN MOHAMED SHAMSUDIN			Address: APT BLK 53 NEW UP SINGAPORE 461053	PER CHANGI ROAD #06-1470
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:		Language: Institution / School Nan		
		Occupation: National Service Full Time		nation: Date of Expiry:

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 TIMA	H EXPRESSWAY			Dod Sood Limit	
Weather: Clear		Road Surface: Wet		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
manio mon.					

Vehicle No.	Type'	Make	Model	Color	Condition	No of Passenge
SJC1298S	Car				Seriously Damaged	
SLT5930K	Car				Seriously Damaged	

Details of Person Involved	The state of the second st
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

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

wer	MOHAMED SYABIL B	BIN MOHAN	MED	ID No.		T0036903E
ame	SHAMSUDIN		Contact		90106490	
elated Vehicle	SJC1298S (Car)					
lospital/Clinic	NIL	11,000,000	dai -gase Si	Class of Driving Licence Expiry [&	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis Degree	Of run 3	NIL NIL	
Jale Treatment	ted Medical Leave	NIL	Degree	or mijory	Street, Square,	THE RESERVE OF THE PARTY OF THE
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Driver.	ted Medical Leave		ا د د د د د د د	ID No.	7-2-	S7123010D
Name	CHANG TZE LUM		المراجعة الم	0.000	et No.	The second second
Driver.	CHANG TZE LUM		المالية مناث	9		NIL Class: NIL
Name	CHANG TZE LUM		عالم المالية ا	Contac	of g ce &	NIL Class: NIL Date of Expiry: NII
Driver Name Related Vehicle	CHANG TZE LUM SLT5930K (Car) NIL		Date D	Contac Class Driving Licence	of g ce & Date	NIL Class: NIL Date of Expiry: NII

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T/20211101/2036

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

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.

out destinated that a

Signature of Officer Recording The Report	Signature Of Informant:
Sr Staff Sgt MUHAMMAD	1 lf
KAMARULARIFIN BIN MOHAMED YUSOFF	7
Signature Of Interpreter:	Date/Time:
Not applicable	01/11/2021 13:12
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt ABDUL RAHIM BIN SALIM	
Contact No.: 65476437	
Authentication Stamp NP168	X