

# 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 ..... 09/03/2022 19:40 (SGT)  
Date of Accident ..... 09/03/2022 07:45 (SGT)  
Exact Location of Accident ..... Bukit Batok Rd, Singapore  
Additional Location Information ..... JURONGTOWN HALL L/P 7  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLR6974M

### 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 ..... Toyota  
Model ..... CHR  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1196

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD21V12919/VPZ/R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NEO BEE SIONG  
NRIC No ..... SXXXX595H

Date Of Birth .....	10/11/1974
Occupation .....	Outdoor
Date Of Driving Pass .....	05/08/2004
Driving experience .....	17 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92318672
Alt. Phone Number .....	-
Email Address .....	dreamcarrentals@gmail.com
Address .....	BLK 447A BUKIT BATOK WEST AVENUE 9
Address complement .....	#17-130
Postcode .....	551447
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	WIFE
Gender .....	Female

#### PASSENGER 2

Name .....	SON
Gender .....	Male

#### 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

PLS REFER TO THE POLICE REPORT : T/20220309/2055.

#### 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 .....	WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	JUR575I
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
Name of Driver .....	CHIN TZE SIANG
Passport No/FIN .....	GXXXX088W
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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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.

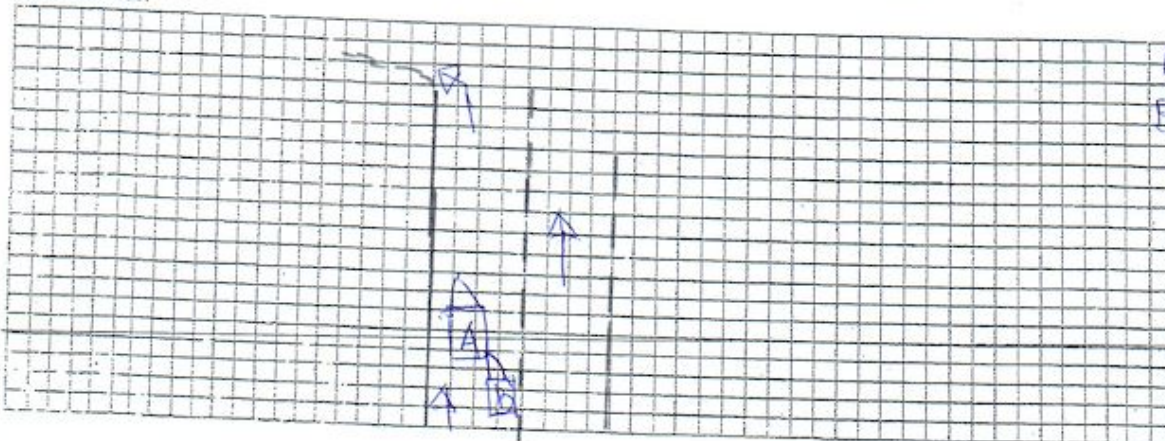


Policyholder's Signature / Date & Time  
 4pm 9/3/22

Driver's Signature (If driver is not the policyholder) / Date & Time  
 4pm 9/3/22

Witnessed by Reporting Centre Personnel  
 01/03/2022

Sketch Plan



A: SLR 6974M

B: JUR 575 I

Bukit Batok Rd.

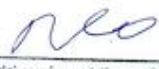
**Describe Circumstances of the Accident**

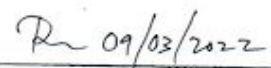
Refer to police report. (Report No T/20220309/2015)

**Declaration**

We declare the foregoing particulars are true in every respect.

  
  
 Policyholder's Signature / Date & Time  
 4pm 9/3/22

  
 Driver's Signature (if driver is not the policyholder) / Date & Time  
 4pm 9/3/22

  
 Witnessed by Reporting Centre Personnel











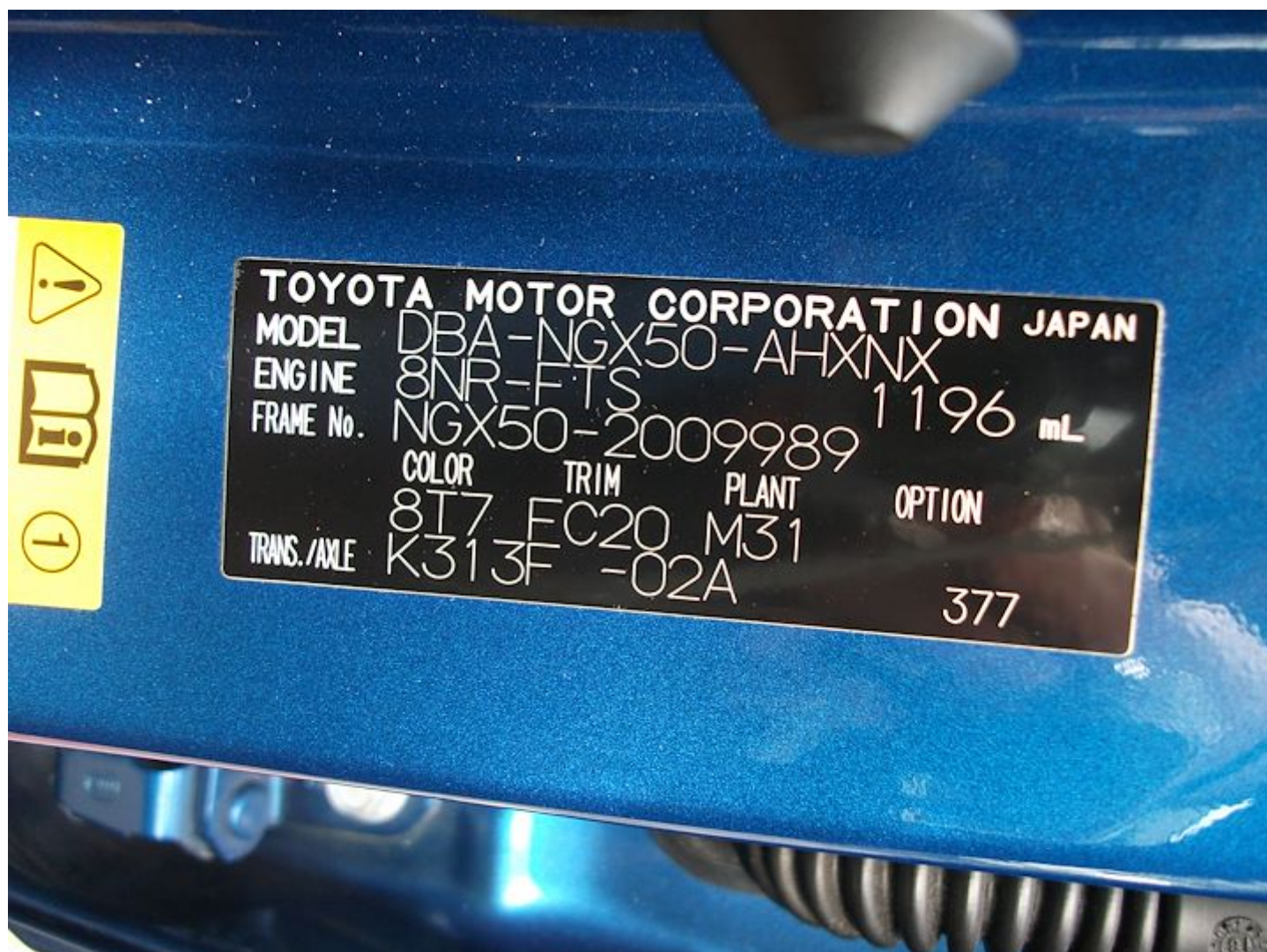














**SINGAPORE  
POLICE FORCE**



T/20220309/2055

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

1 of 3

Report No. T/20220309/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/03/2022 15:31	Vide Report No.: J/20220309/0050	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NEO BEE SIONG			Address: 447A BUKIT BATOK WEST AVENUE 9 #17-130 SINGAPORE 651447	
ID Type / ID No.: NRIC NO / S7438595H			Contact No.: Home/Office: Mobile: 92318672	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 10/11/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: CAR RENTAL			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/03/2022 08:25	Type of Location: Straight Road
Location:  BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen	Traffic Volume: Moderate	
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
JUR5751 (Not Accurate)	Motorcycle			Red		0
SLR6974M	Car	TOYOTA	CHR 1.2L ST	Blue		2

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20220309/2055

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

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Report No. T/20220309/2055

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	Unknown Rider		ID No. NIL
Related Vehicle	JUR5751 (Motorcycle)		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
<b>Driver</b>			
Name	NEO BEE SIONG		ID No. S7438595H
Related Vehicle	SLR6974M (Car)		Contact No. 92318672
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

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION.

ON 09/03/2022 AT AROUND 0745HRS I WAS DRIVING ALONG BT BATOK RD > JURONGTOWN HALL L/P 7. THE VEHICLE (SMC7325Y) INFRONT OF ME MADE A SUDDEN BRAKE. I ALSO BREAK TO AVOID HITTING HIS REAR. SUDDENTLY A MOTORCYCLE (JUR5751) FROM MY REAR DECIDED TO SWERVE RIGHT TO AVOID HITTING ON TO MY REAR. HE COLIDED WITH THE CAR (SKE4968A) ON THE LEFT SIDE.

THAT IS ALL.

IO:KEN LEE / HP: 65476423 REF. J/20220309/0050



**SINGAPORE  
POLICE FORCE**



T/20220309/2055

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

3 of 3

Report No. T/20220309/2055

**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:  
TP / Other MUHAMMAD AQIL  
MARZUQ BIN JUHARI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD ZICKIE BIN AHMAD  
SUYUTI  
Contact No.: 65476904

NP168

Signature Of Informant:

Date/Time:  
09/03/2022 15:31

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: \_\_\_\_\_