

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 24/05/2022 14:05 (SGT)
Date of Accident 27/04/2022 22:15 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD6089S

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 +65-81288789

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1498

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 SHAHRUL ALFIAN BIN KAMIS
NRIC No SXXXX220C

Date Of Birth	20/01/1988
Occupation	Outdoor
Date Of Driving Pass	10/03/2022
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93518815
Alt. Phone Number	-
Email Address	dreamcarrentals@gmail.com
Address	BLK 404 SERANGOON AVE 1
Address complement	#02-37
Postcode	550404
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	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)	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SHA8665D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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

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. 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 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.
- (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

[Signature]

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

[Signature] 24/05/22

Witnessed by Reporting Centre Personnel

Sketch Plan

NO SKETCH AVAILABLE

Describe Circumstances of the Accident

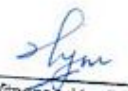
I received a letter from Traffic Police dated 13th May 2022 regarding a traffic accident on 27th April 2022 with my rental vehicle SLD 60895 & SHA 8H6D on 27 April 2022.

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

 24/05/22
Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**

Your Ref : BVS22/0482
Our Ref : GIA/99363/22/0519
Date : 13 May 2022

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
www.police.gov.sg

DREAM LEASING PTE LTD
155 KAKI BUKIT AVENUE 1, SHUN LI INDUSTRIAL PARK
#02-01
SINGAPORE 416012

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING VEHICLES SLD6089S & SHA8665D ON 27.04.2022 @
2215HRS ALONG AYER RAJAH EXPRESSWAY**

I refer to the above accident.

2 We have been informed by your insurance company, **Liberty Insurance Pte Ltd**, that you have yet to report the above accident despite a reminder. Please do so with the said insurance company as soon as possible.

3 If you were not involved in any such accident, please inform your insurance company as such.

4 Should you have any queries, you may contact your insurance company person in-charge, **LOW PUI MUN SAM- TEL: 62380748**.

5 Thank you.

Yours faithfully,

**MUHAMMAD NOOR, SSGT
for HEAD TRAFFIC INVESTIGATION
TRAFFIC POLICE**

cc: LIBERTY INSURANCE PTE LTD
51 CLUB STREET
#04-00
SINGAPORE 609428
ATTN: LOW PUI MUN SAM- TEL: 62380748

A FORCE FOR THE NATION