

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	05/07/2022 15:25 (SGT)
Reported by	Driver
Date of Accident	04/07/2022 10:45 (SGT)
Exact Location of Accident	Ophir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM892E
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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) +65-93712258
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V12920/VPZ/R01

DRIVER

Name of Driver	VENKATRAM JAYARAM JOIS
NRIC No	SXXXX550G
Date Of Birth	20/02/1963
Occupation	Indoor

Date Of Driving Pass	25/04/1992
Driving experience	30 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93712258
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 43 BEDOK ROAD
Address complement	#05-10
Postcode	469564
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	GAYATHRI JOIS
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002369999
Alt. Police Station Phone No	(Fax) +65-62204360
Police Station Address	391 New Bridge Road Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK312A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOH KOK YIN
NRIC No	SXXXX894G
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	GAYATHRI JOIS
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJM892E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

IMPORTANT NOTICE

SKETCH PLAN

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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.



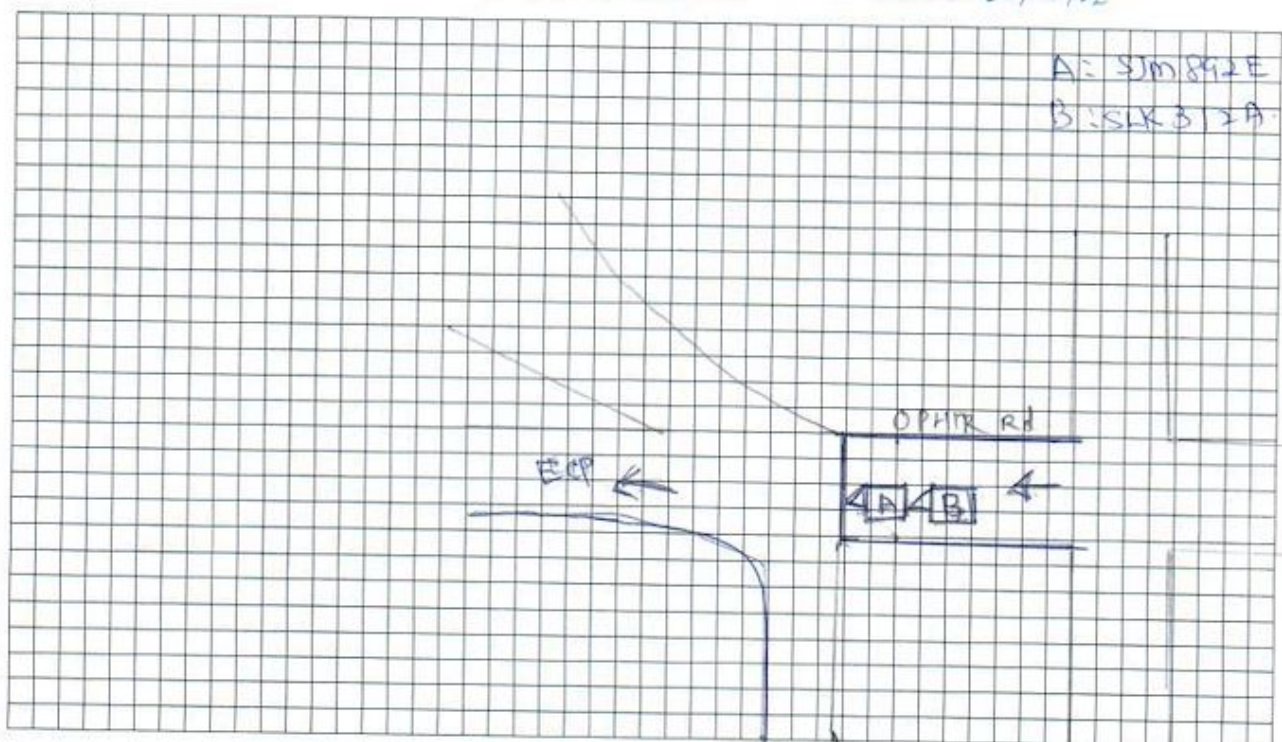
Policyholder's Signature / Date & Time

5/7/22
2pm

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

[Signature]
2pm 05/7/22

Witnessed by Reporting Centre Personnel 05/07/22



Declaration

Policyholder's Signature /
Date & Time



5/7/22
2pm

[Signature]

2pm 05/7/2022

Witnessed by Reporting Centre
Personnel 05/07/22

✓ ROSLINDA BINTI A WAHAB.



**SINGAPORE
POLICE FORCE**



T/20220704/2113

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

2 of 4

Report No. T/20220704/2113

CONTINUATION OF REPORT

Passenger			
Name	GAYATHRI JOIS	ID No.	S7080072A
Related Vehicle	SJM892E (Car)	Contact No.	93501379
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/07/2022	Date Discharge	04/07/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	VENKATRAM JAYARAM JOIS	ID No.	S2677550G
Related Vehicle	SJM892E (Car)	Contact No.	93712258
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOH KOK YIN	ID No.	S2767894G
Related Vehicle	NIL	Contact No.	94597707
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 04/07/2022 at about 1045hrs to 1050hrs, I was driving along Ophir Road. My wife was at the rear-right seat just behind me. I was at the junction of Ophir Road x Republic Avenue when I had to stop upon seeing the traffic light ahead turn amber. Right after I came to a stop, another vehicle behind me rear-ended my vehicle and an impact was felt at the back of my vehicle. The other driver, who seemed to be alone got out of his vehicle and we exchanged particulars.

There was a big dent at the back of my vehicle SJM892E (a rented vehicle). I saw a slight minor dent at the front of the other vehicle (SLK312A).

My wife had some pain at her back, and she sought medical attention at Mount Alvernia Hospital and was discharged on the same day with a 5-day medical certificate issued to her, 04/07/2022 through



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3 of 4

Report No. T/20220704/2113

CONTINUATION OF REPORT

08/07/2022.

I will be using this report to settle administrative requirements with the vehicle rental company.

That is all.















**SINGAPORE
POLICE FORCE**



T/20220704/2113

1 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
391 New Bridge Road Police Cantonment
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Tel No: 1800-2369999

Report No. T/20220704/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2022 20:51	Vide Report No.:	Station Diary No.: 129
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Informant's Particulars

Name of Informant: VENKATRAM JAYARAM JOIS			Address: BLK 43 BEDOK ROAD #05-10 SINGAPORE 469564	
ID Type / ID No.: NRIC NO / S2677550G			Contact No.: Home/Office: Mobile: 93712258	
Nationality: INDIAN			Email: VJJOIS@HOTMAIL.COM	
Sex: Male	Age: 59	Date of Birth: 20/02/1963	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: CONSULTANT			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/07/2022 10:45	Type of Location: Straight Road
Location: OPHIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SJM892E	Car				Slightly Damaged	1
SLK312A	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20220704/2113

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Report No. T/20220704/2113

CONTINUATION OF REPORT

Passenger			
Name	GAYATHRI JOIS	ID No.	S7080072A
Related Vehicle	SJM892E (Car)	Contact No.	93501379
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Date Treatment	04/07/2022	Date Discharge	04/07/2022
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	VENKATRAM JAYARAM JOIS	ID No.	S2677550G
Related Vehicle	SJM892E (Car)	Contact No.	93712258
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOH KOK YIN	ID No.	S2767894G
Related Vehicle	NIL	Contact No.	94597707
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

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T/20220704/2113

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Report No. T/20220704/2113

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:
A /
SGT 2 JAVIER TAN KAI MING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Other MUHAMMAD NOOR BIN ABDUL
RAHMAN
Contact No.: 65476219

Signature Of Informant:

Date/Time:
04/07/2022 20:51

Classification Of Case:

NP168



Serve all with Love

Mount Alvernia Hospital Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department

No: M22000091039

This is to certify that GAYATHRI JOIS, S7080072A, is granted Outpatient Sick Leave for 5 day(s) from 04-Jul-2022 to 08-Jul-2022.

Remark :

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.

Dr. Ho Li Chin
MCR : 06147F

A & B / 24-HOUR WALK-IN CLINIC
Mount Alvernia Hospital
820 Thomson Road
Singapore S74623
Tel: 63476210

04/07/2022

Date



820 THOMSON ROAD, SINGAPORE S74623
MAIN LINE: 6347 6688 WEBSITE: www.mta.vernia.sg
GST REGN NO: M4-G003321-8

Patient Name : GAYATHRI JOIS
ID No. : S7080072A
Account No. : 0220717702

Receipt No. : 220068276
Date : 04/07/2022
Page : 1 of 1

Item	Qty	UOM	Amount (\$)
ARCOXIA TAB 120MG	5	EA	19.90
KEFENTECH PLASTER 30MG 8/PKT	1	EA	6.20
OUTPATIENT NURSING SERVICE	1	EA	23.00
RMO CONSULTATION FEE	1	EA	39.00
Total Charges			88.10
GST @ 7%			6.17
			94.27

Paid:
MASTER CARD BY GAYATHRI JOIS
Mode of Payment : MASTER CARD

Reference No. : ---

This is a computer generated official receipt, no signature is required.