

# 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 Actual 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 .....	02/08/2022 11:48 (SGT)
Reported by .....	Driver
Date of Accident .....	28/07/2022 13:45 (SGT)
Exact Location of Accident .....	681 Hougang Ave 8, Singapore
Additional Location Information .....	CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLA6609H
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### 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 .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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 .....	1590

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD21V10886/VPZ/R01

### DRIVER

Name of Driver .....	CHIA JIN GUAN
NRIC No .....	SXXXX807D
Date Of Birth .....	23/06/1992
Occupation .....	Outdoor

Date Of Driving Pass .....	11/05/2021
Driving experience .....	1 YEAR AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87970621
Alt. Phone Number .....	-
Email Address .....	dreamcarrentalsg@gmail.com
Address .....	BLK 503 HOUGANG AVE 8
Address complement .....	#08-726
Postcode .....	530503
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	LEASING
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	GERUIS CHIA
Gender .....	Male

#### PASSENGER 2

Name .....	SONG MEI CHI
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Hougang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004890999
Alt. Police Station Phone No .....	(Fax) +65-63128989
Police Station Address .....	60 Hougang Ave 9 Singapore 538775
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? .....	Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKU6160R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SWEE LEH SEE
NRIC No .....	SXXXX482B
Contact Number .....	(Phone) +65-90175261
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 .....	CHIA JIN GUAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	RIGHT SHOULDER
Injured person in which vehicle? .....	SLA6609H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**IMPORTANT NOTICE**

**SKETCH PLAN**

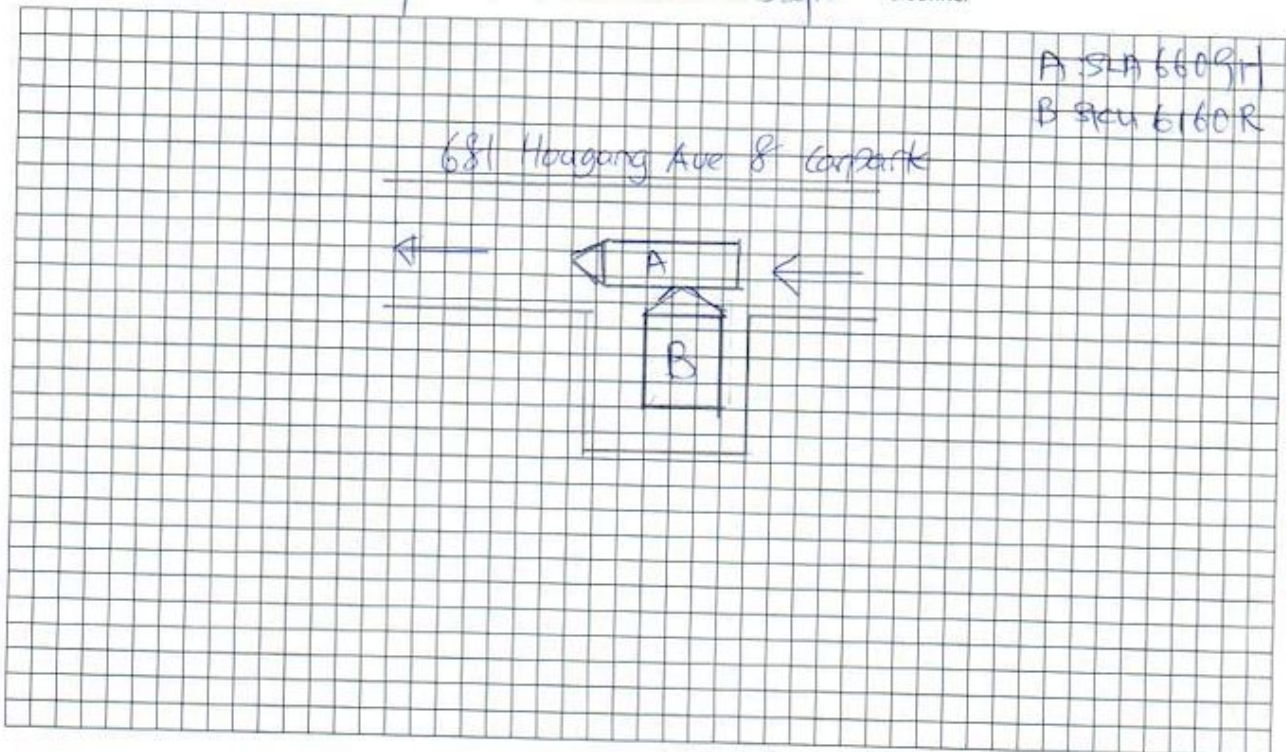
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.



*[Signature]* 28/07/2022  
Policyholder's Signature / Date & Time  
5.34pm

*[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time  
5.34pm

*[Signature]* 02/08/22  
Witnessed by Reporting Centre  
Personnel





**Describe Circumstances of the Accident**

Refer to the police report xlv.

**Declaration**

I / We declare the foregoing particulars are true in every respect.

[Signature] 28/07/2022  
Policyholder's Signature /  
Date & Time 3.30pm

[Signature]  
Driver's Signature (If driver is not  
the policyholder) / Date & Time 3.30pm



[Signature] 02/08/22  
Witnessed by Reporting Centre  
Personnel



**SINGAPORE  
POLICE FORCE**



T/20220729/2020

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20220729/2020

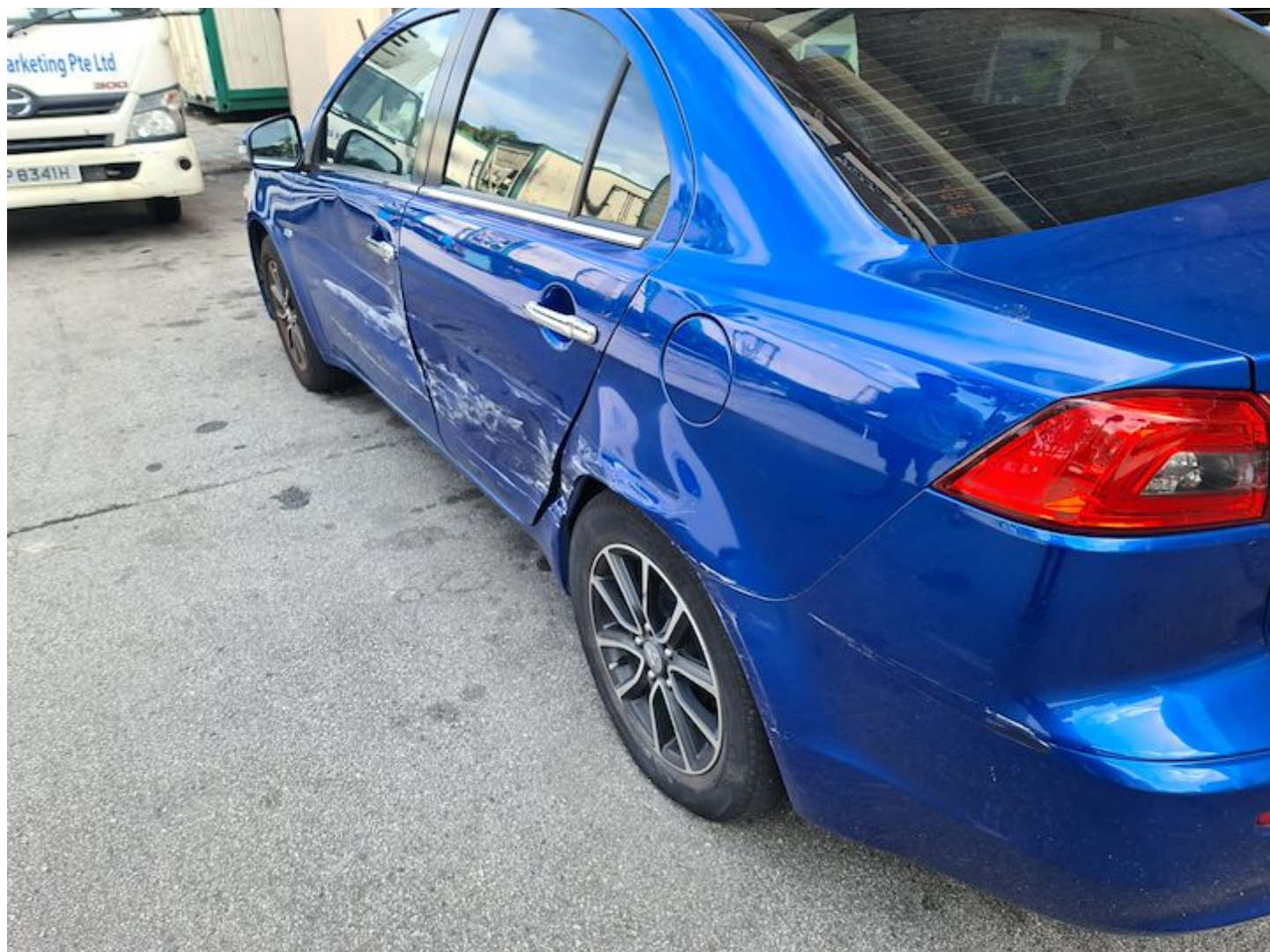
**CONTINUATION OF REPORT****Brief Details.**

On 28/07/22 at about 1345hrs, I was travelling in a rented vehicle, SLA6609H at Hougang open carpark near Blk 681. As I was making my way out of the carpark, a vehicle, SKU6160R made a sudden exit from its parking lot and collided into my car which damaged both left doors of my vehicle. I immediately stopped and made a check on my vehicle.

There were scratches, dents on both left doors and around the tire body as well due to the impact. At that juncture, both parties did not require any medical assistance. We exchanged particulars with the involved driver and wish to state that we agreed to make claims via insurance. Immediately, I proceed on to make a check at Mount Alvernia Hospital as I felt pain on my right shoulder and was given 5 days MC (28/07/22 to 01/08/22). MC no. 22000093156.

I wish to state that I rented the car via Dream Leasing Pte Ltd. No ambulance nor traffic police were at scene. No government property damaged. I have the recording of the incident for investigation purposes if required.

Thus, I am lodging this report for the traffic police and for my insurance purposes as well.











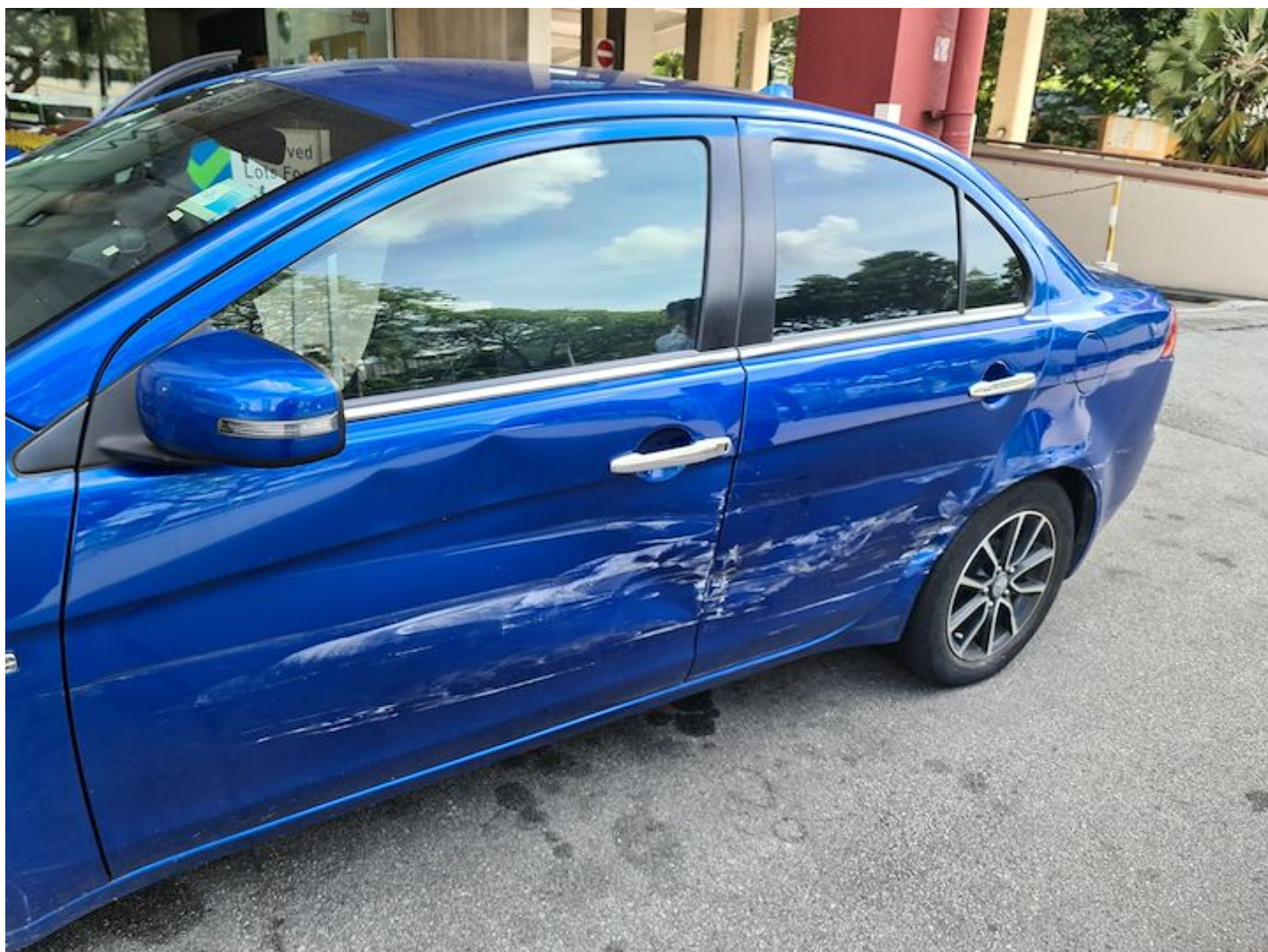
























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T/20220729/2020

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Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20220729/2020

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/07/2022 11:54		Vide Report No.:		Station Diary No.: 69	
<b>Informant's Particulars</b>					
Name of Informant: CHIA JIN GUAN			Address: APT BLK 503 HOUGANG AVENUE 8 #08-726 SINGAPORE 530503		
ID Type / ID No.: NRIC NO / S9221807D			Contact No.: Home/Office: Mobile: 87970621		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 23/06/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Interior Designer			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/07/2022 13:45	Type of Location: Car Park
Location:  HOUGANG AVENUE 8				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SKU6160R	Car				Slightly Damaged	0
SLA6609H	Car				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20220729/2020

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

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T/20220729/2020

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Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

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Report No. T/20220729/2020

**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: F / INSP (1) ONG XIN REN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2022 11:54
Officer In Charge Of Case: TP / GIA / SR STAFF SGT MUHAMMAD NOOR BIN ABDUL RAHMAN Contact No.: 65476219	Classification Of Case:

NP168