

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 | 31/10/2022 18:40 (SGT) |
| Reported by | Driver |
| Date of Accident | 30/10/2022 00:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | RESORTS WORLD SENTOSA BASEMENT 1 CARPARK JUNCTION OF EAST ZONE H08 & J08 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SME7605D |
|-----------------------------------|----------|

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 | Honda |
| Model | Hr-v |
| 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 |
| Policy Number / Cover Note Number | SD22V11016VPZROZ |

DRIVER

| | |
|----------------------|-----------------------|
| Name of Driver | JOSHUA CHIA GHIM LENG |
| NRIC No | SXXXX841G |
| Date Of Birth | 09/06/1989 |

| | |
|--|----------------------------------|
| Occupation | Indoor |
| Date Of Driving Pass | 23/01/2010 |
| Driving experience | 12 YEARS AND 9 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90118459 |
| Alt. Phone Number | - |
| Email Address | DREAMCARRENTALSG@GMAIL.COM |
| Address | 102A BIDADARI PARK DRIVE #09-193 |
| Address complement | - |
| Postcode | S 341102 |
| 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) | 4 |
| 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 | FONG MANYU STEFANIE |
| Gender | Female |

PASSENGER 2

| | |
|--------------|----------------|
| Name | THAM CHIEN WUI |
| Gender | Female |

PASSENGER 3

| | |
|--------------|----------------------|
| Name | ALARIC YEO ZHI SHENG |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|---------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Clementi Division Headquarters |
| Police Station Phone No | (Phone) +65-18007740000 |
| Alt. Police Station Phone No | (Fax) +65-67741705 |
| Police Station Address | 20 Clementi Avenue 5 Singapore 129858 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED 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 SND4935P
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver DAVID SIM
Contact Number (Phone) +65-81363333
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

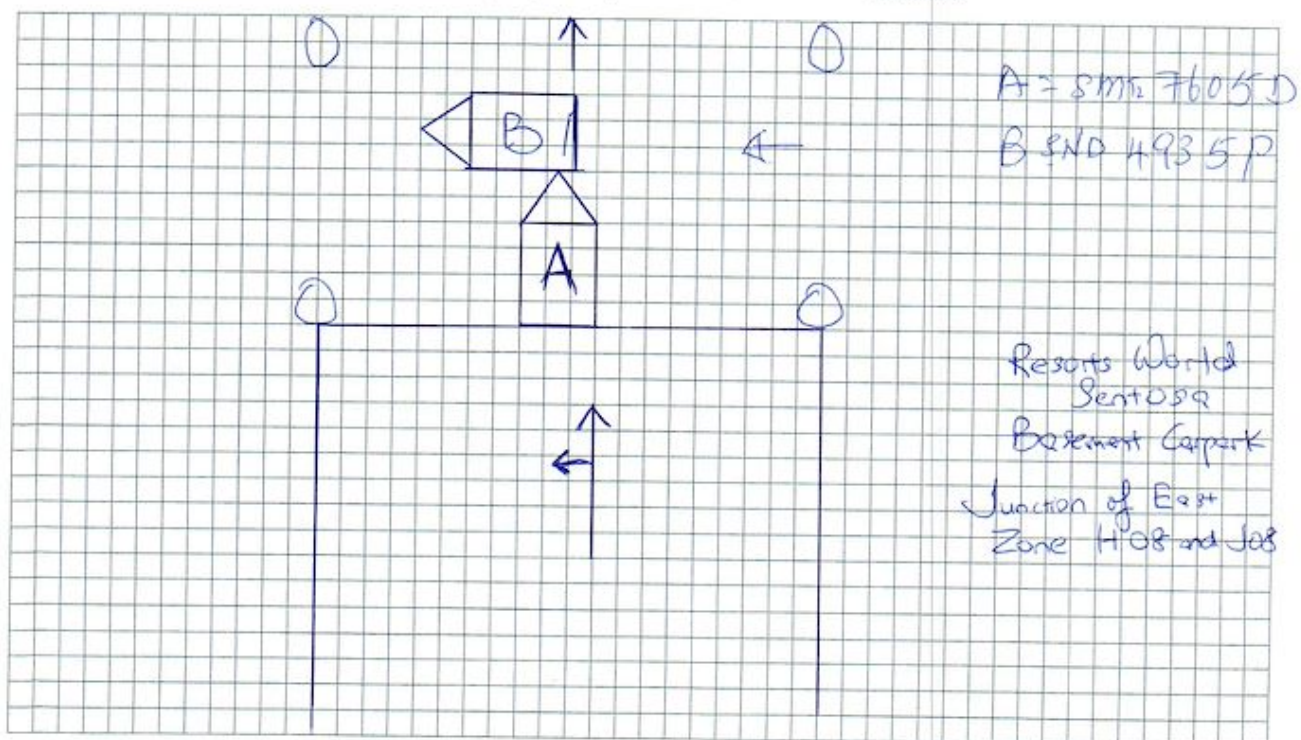
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

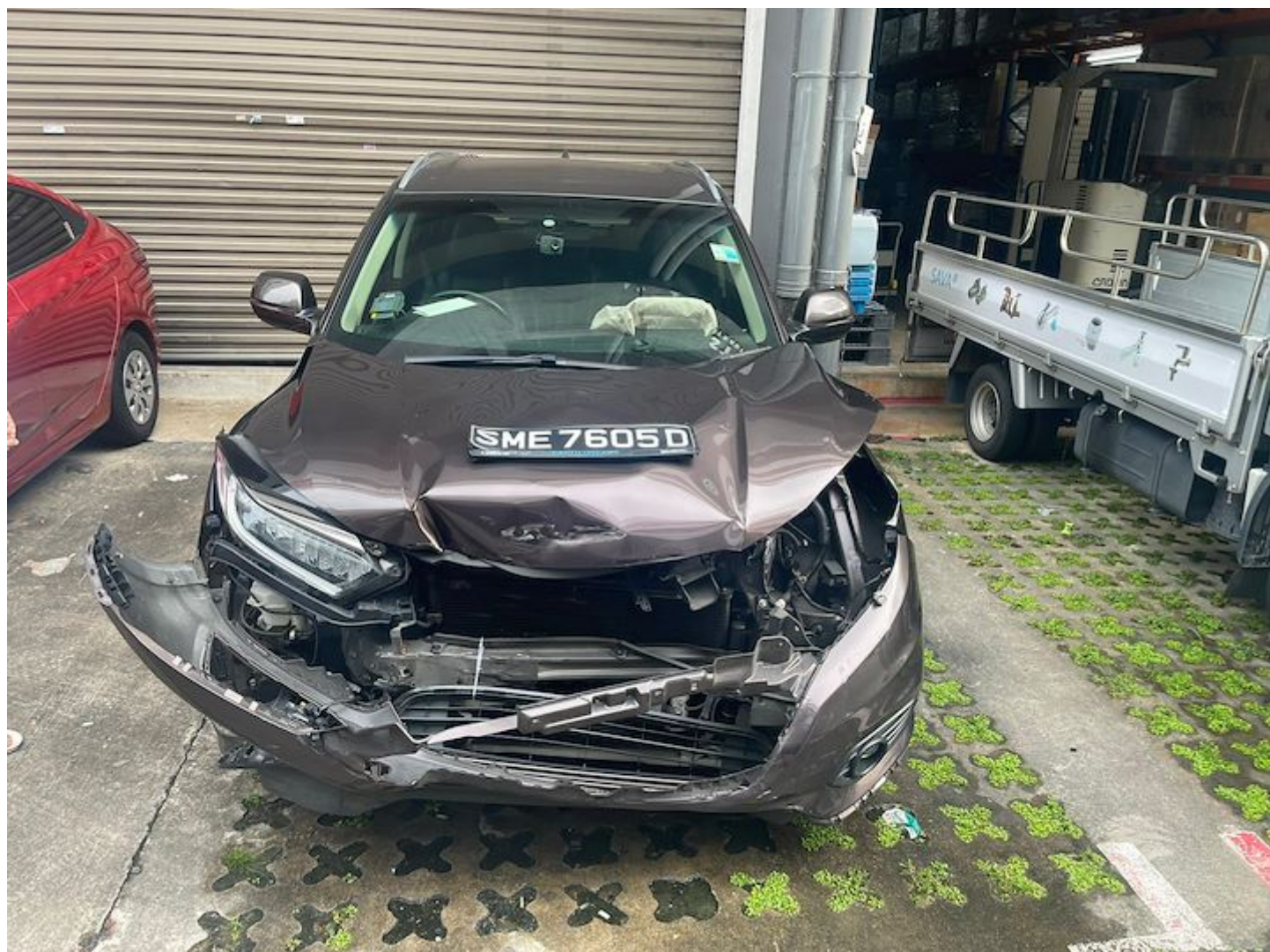


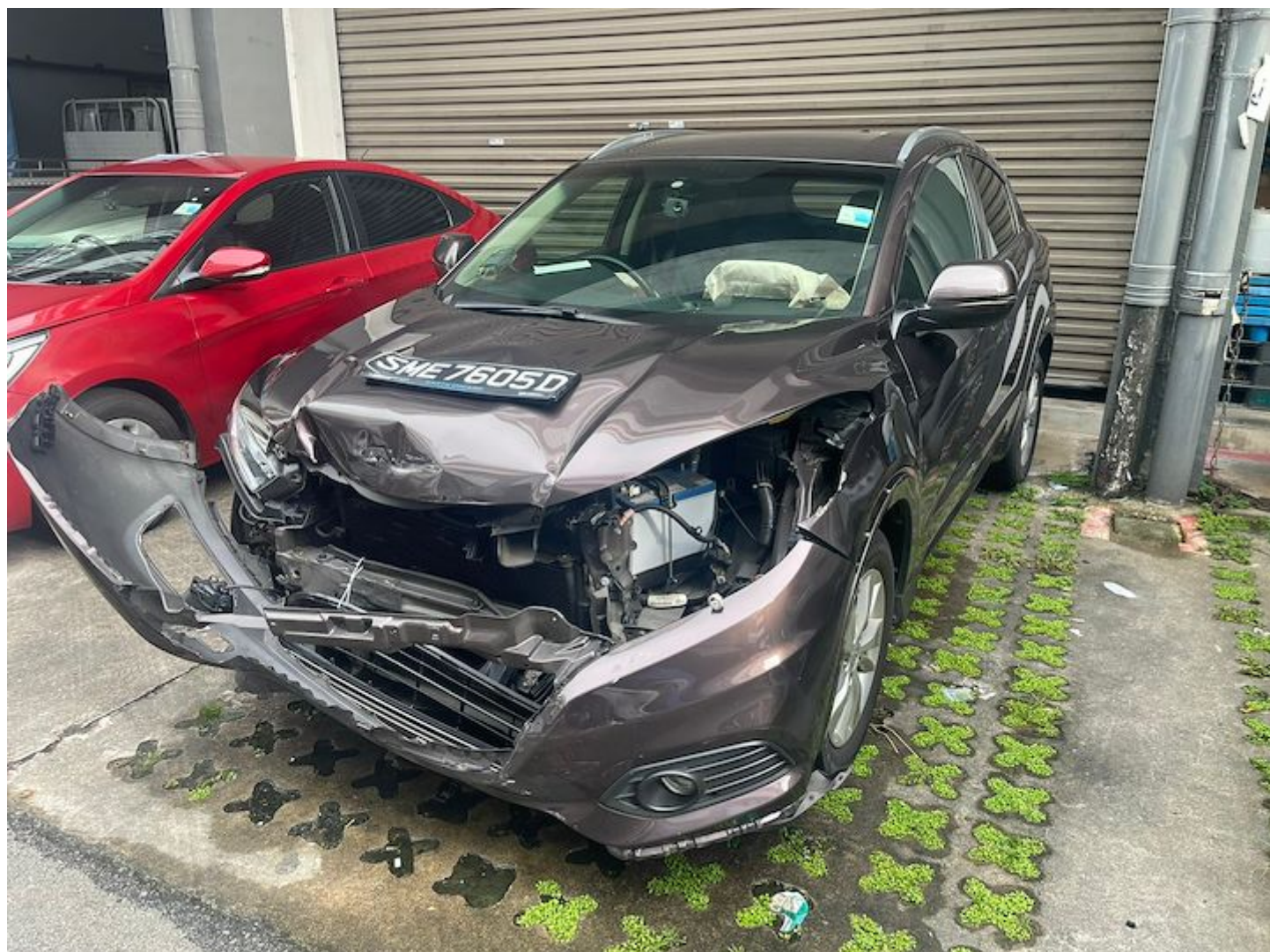
Policyholder's Signature / Date & Time

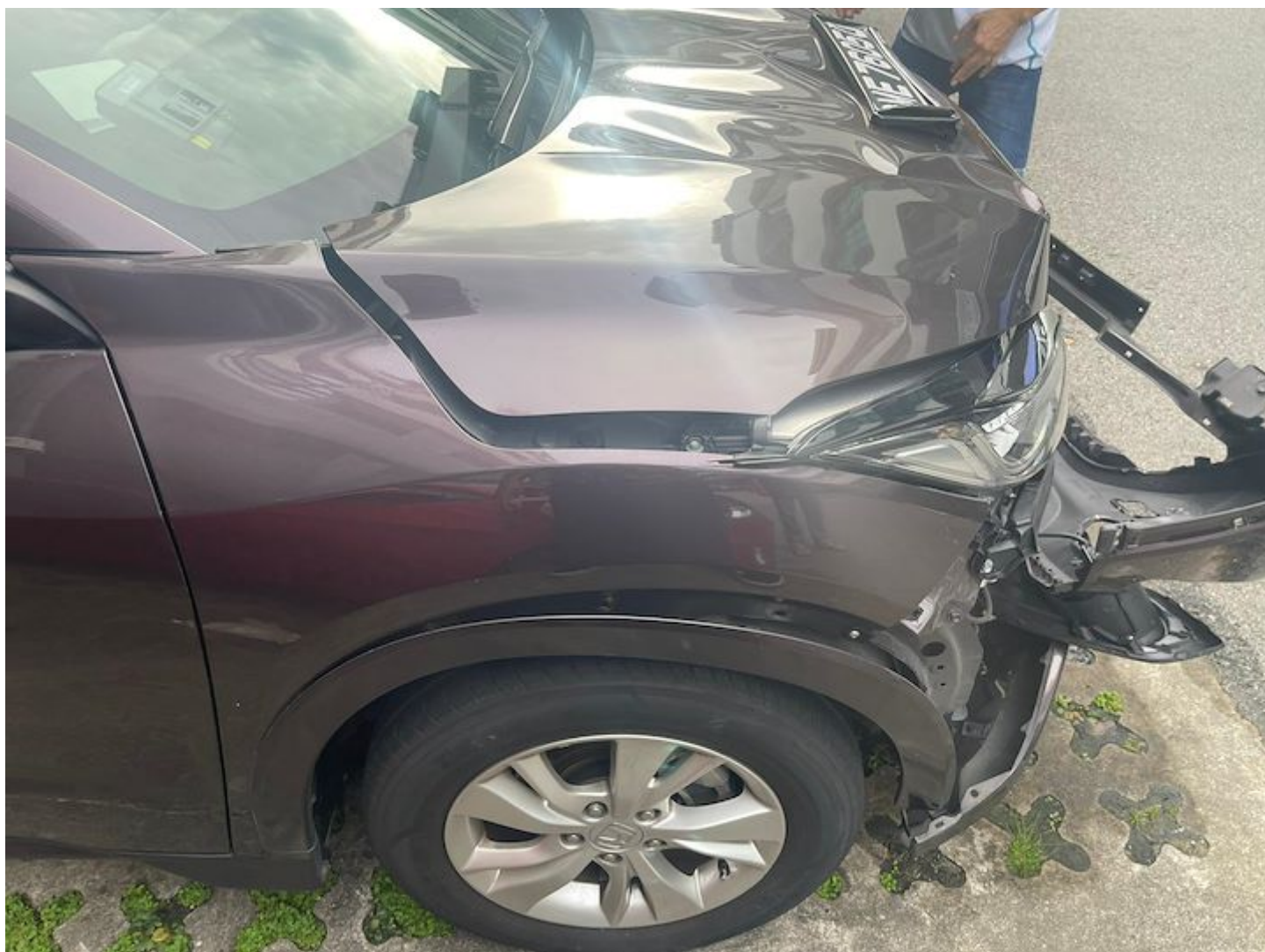
Driver's Signature (if driver is not the policyholder) / Date & Time

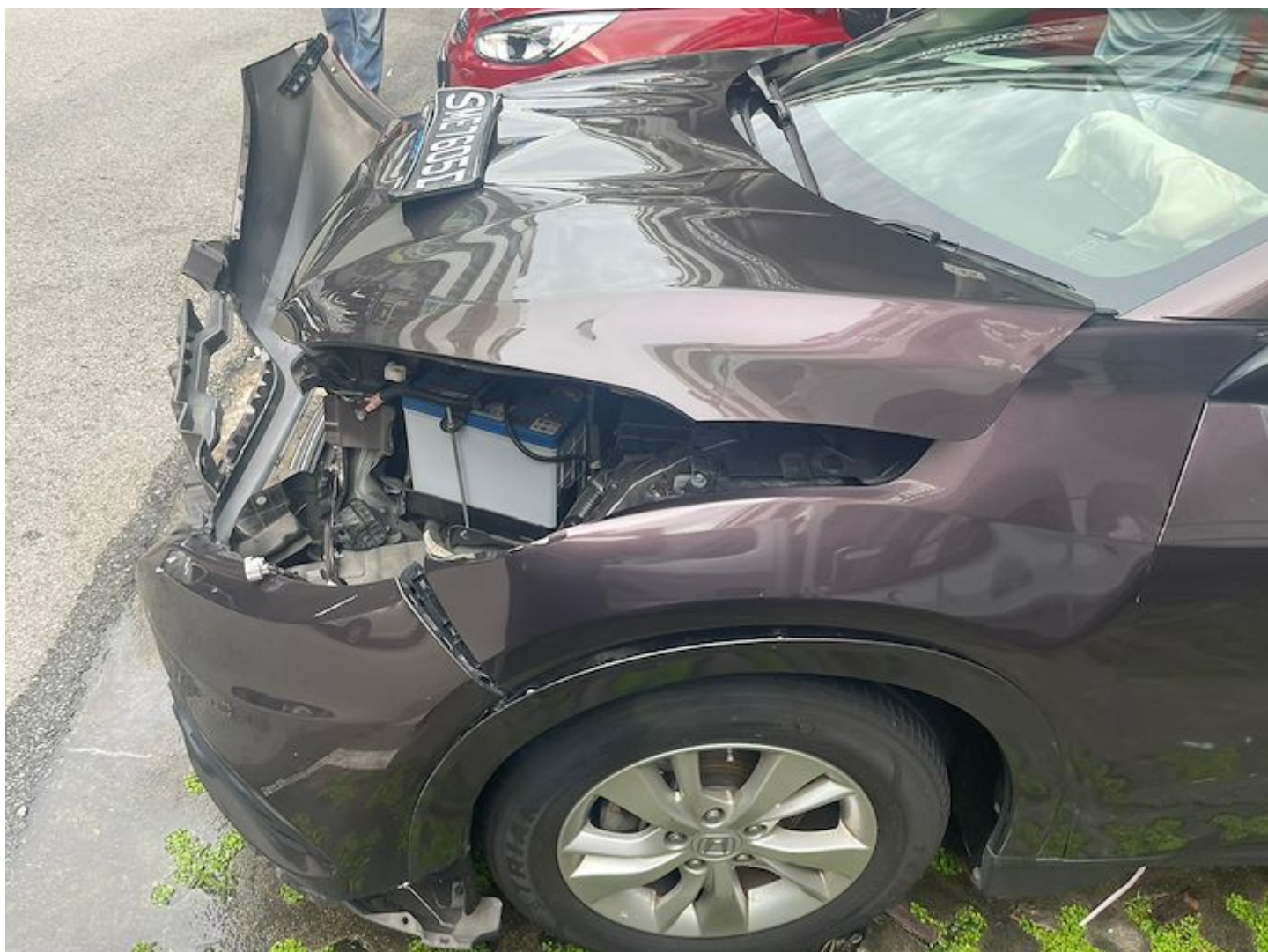
Witnessed by Reporting Centre Personnel



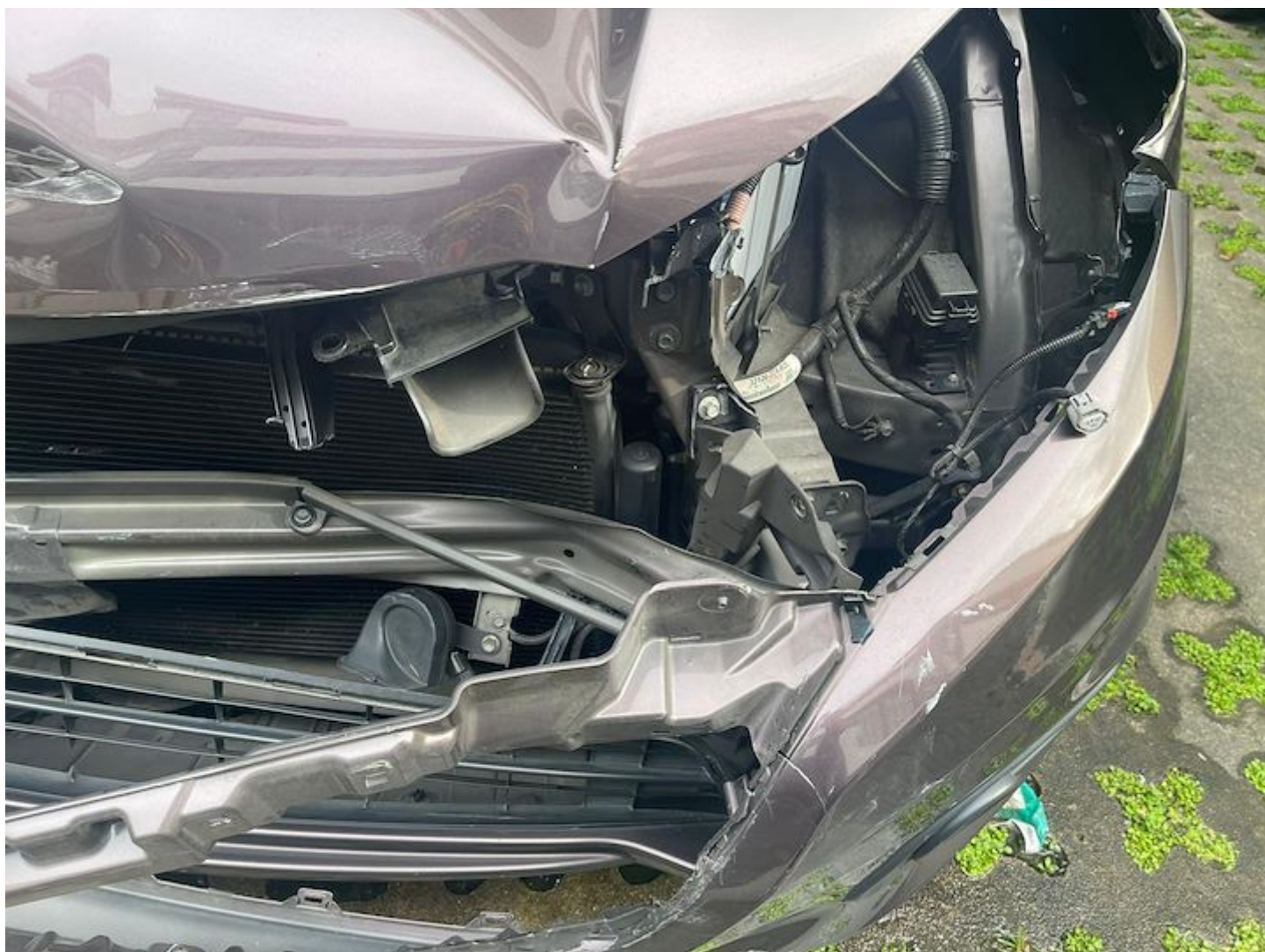




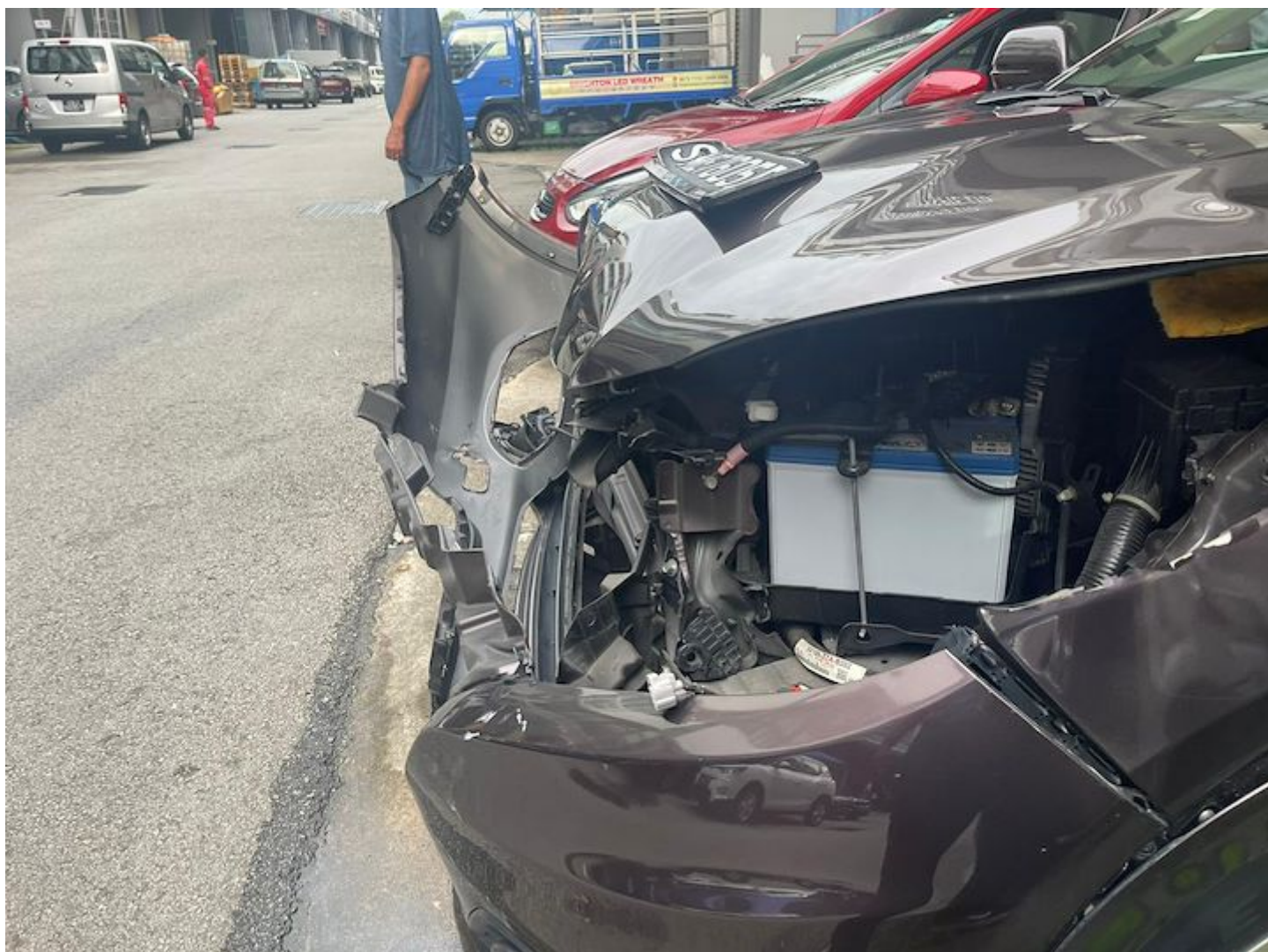




















SINGAPORE
POLICE FORCE



D/20221030/7006

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POLICE REPORT (NP299)

Report No. D/20221030/7006

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

| | | |
|---|---|---------------------|
| Date/Time Report Made 30/10/2022 11:39 | Vide Report No. | Station Diary No. |
| Name Of Informant JOSHUA CHIA GHIM LENG | Address 102A BIDADARI PARK DRIVE #09-193 SINGAPORE 341102 | |
| ID Type / ID No. NRIC NO / S8922841G | Contact No. Home/Office: | Mobile: 90118459 |
| Nationality SINGAPORE CITIZEN | Email Address JOSHUA.CHIA@HOTMAIL.COM | |
| Occupation Registered nurse and other nursing professionals | Sex Male | Age 33 |
| Institution/School Name | Date of Birth 09/07/1989 | Race Chinese |
| Date/Time Of Incident 30/10/2022 00:00 - 30/10/2022 00:30 | Location Of Incident 8 SENTOSA GATEWAY RESORTS WORLD SENTOSA SINGAPORE SINGAPORE 098269 | |

Brief details.

A road traffic accident occurred between my car (License plate number: SME7605D) and the other party's car (License Plate Number: SND4935P) at Resorts World Sentosa Basement Carpark at the junction of East Zone H08 and J08. In the car with me were 3 other passengers with their seatbelts on, 1 in the front seat and 2 at the back seat. I was heading straight and ready to proceed to exit the carpark. At the junction I had depressed my footbrake and checked my corners, I did not visualise any headlights

| | |
|--|---|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 30/10/2022 11:39 |
| Officer In-Charge Of Case: | Classification Of Case: |



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221030/7006

or seen any incoming cars at this point. Subsequently, as I continue to let go of the footbrake, the other party's car appeared in front of me and I fully depressed the brake immediately. However, the crash occurred.

After the brake had occurred, I utilised the gear to switch to parking mode. Then, I proceeded to check with my passengers if they were injured, to which they were all unharmed. Subsequently, I exited the car and proceeded to the car and to check with the driver, Mr David Sim, and his passengers. At this point of time, Mr David Sim and the other passengers did not display any signs of traumatic injuries or bleeding. After which, Mr David Sim exited the vehicle and I proceeded to ask him if he was alright and had any pain in any part of his body. But he did not say anything. After which, he proceeded to lie on the ground and closed his eyes. I checked for his response, but he did not respond to me. However, he responded to the other passengers in his car, namely, Ms Noi, who asked him if he was alright. I proceeded to call 995, but another passenger from Mr David's car had already called 995, thus I cancelled the call before it got through. While waiting for the paramedics to arrive, I continued to ask the passengers in Mr David's car if Mr David had any medical conditions, to which they collectively answered 'No'. Thus, I continued to stay by Mr David and monitor his condition, while ensuring he and all the passengers from both cars were ok. Only Mr David Sim, laid on the kerb on a lady, Ms Jennifer, who claimed that she knew Mr David. Shortly, the paramedics had arrived and assessed his condition, taking vital sign parameters and a electrocardiogram. After checking on him, the paramedic came to check on the passengers in my car and myself, to which we were all ok.

During this period of time, 1 of the passengers from Mr David's car, who was wearing a red shirt, asked to exchange details. A guy in white shirt, who was with Ms Jennifer, claimed to be Mr David's friends.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 30/10/2022 11:39 |
| Officer In-Charge Of Case: | Classification Of Case: |



**SINGAPORE
POLICE FORCE**



D/20221030/7006

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20221030/7006

Thus, he asked me for my IC to exchange details for the accident. However, when I asked for Mr David Sim's IC, the passengers in his car, Ms Jennifer and the guy in white shirt all refused to give me his IC, to take down the details. Hence, we waited for the traffic police to arrive. After arrival, the traffic police was Mr Farhan, who had retained my SD card from the car CCTV.

The only details I managed to obtain from the other parties are as follows: Mr David Sim, Handphone number 81363333. Ms Jennifer, Handphone number 83220870.

| | | | |
|--|--|------------------------|--|
| Subjects Involved | | | |
| Victim | | | |
| Person Name | JOSHUA CHIA GHIM LENG | | |
| ID Type | NRIC NO | ID No | S8922841G |
| Gender | Male | Age | 33 |
| Race | Chinese | Language | English |
| Occupation | Registered nurse and other nursing professionals | Address | 102A BIDADARI PARK DRIVE #09-193 SINGAPORE 341102 |
| Mobile No | 90118459 | Is Informant A Victim? | Yes |
| Person Name JOSHUA CHIA GHIM LENG (Informant) | | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 30/10/2022 11:39 |
| Officer In-Charge Of Case: | Classification Of Case: |