

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 2XXXXXX953H
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? Yes
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 SXXXXX841G
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) -

IMPORTANT NOTICE

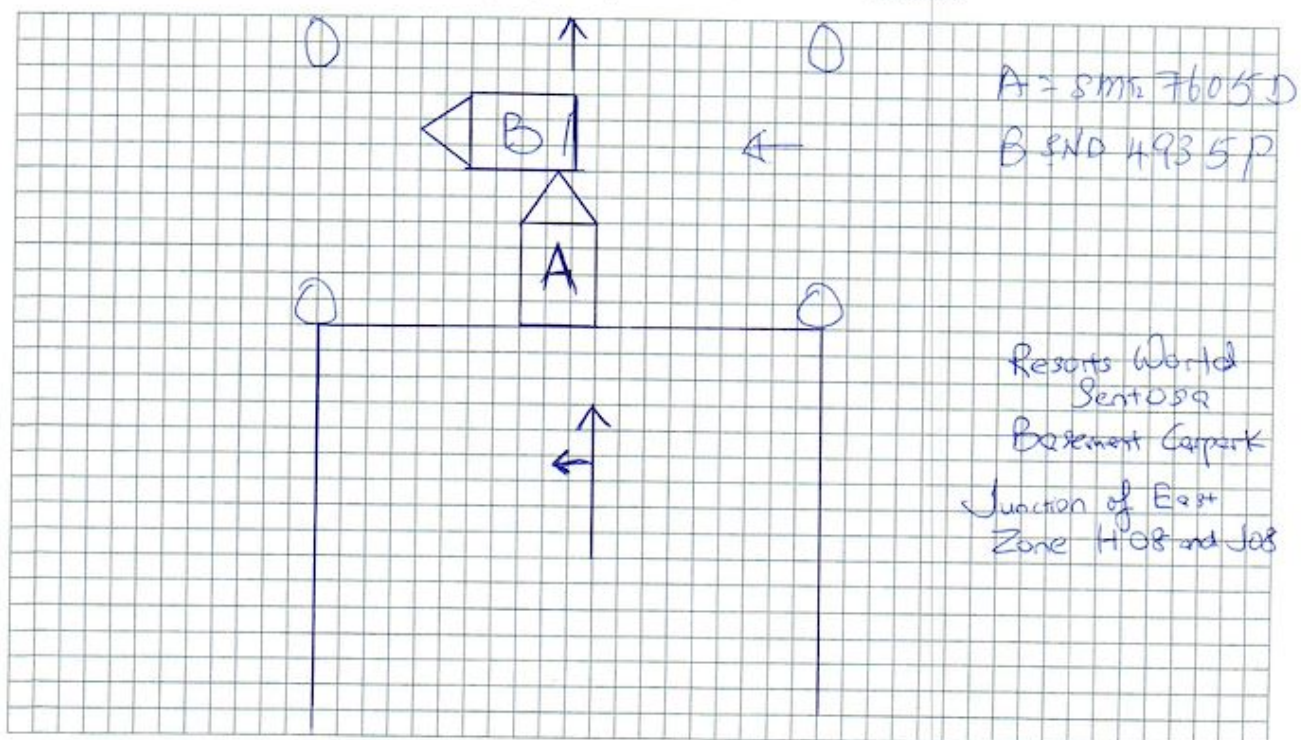
1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The Report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for 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.

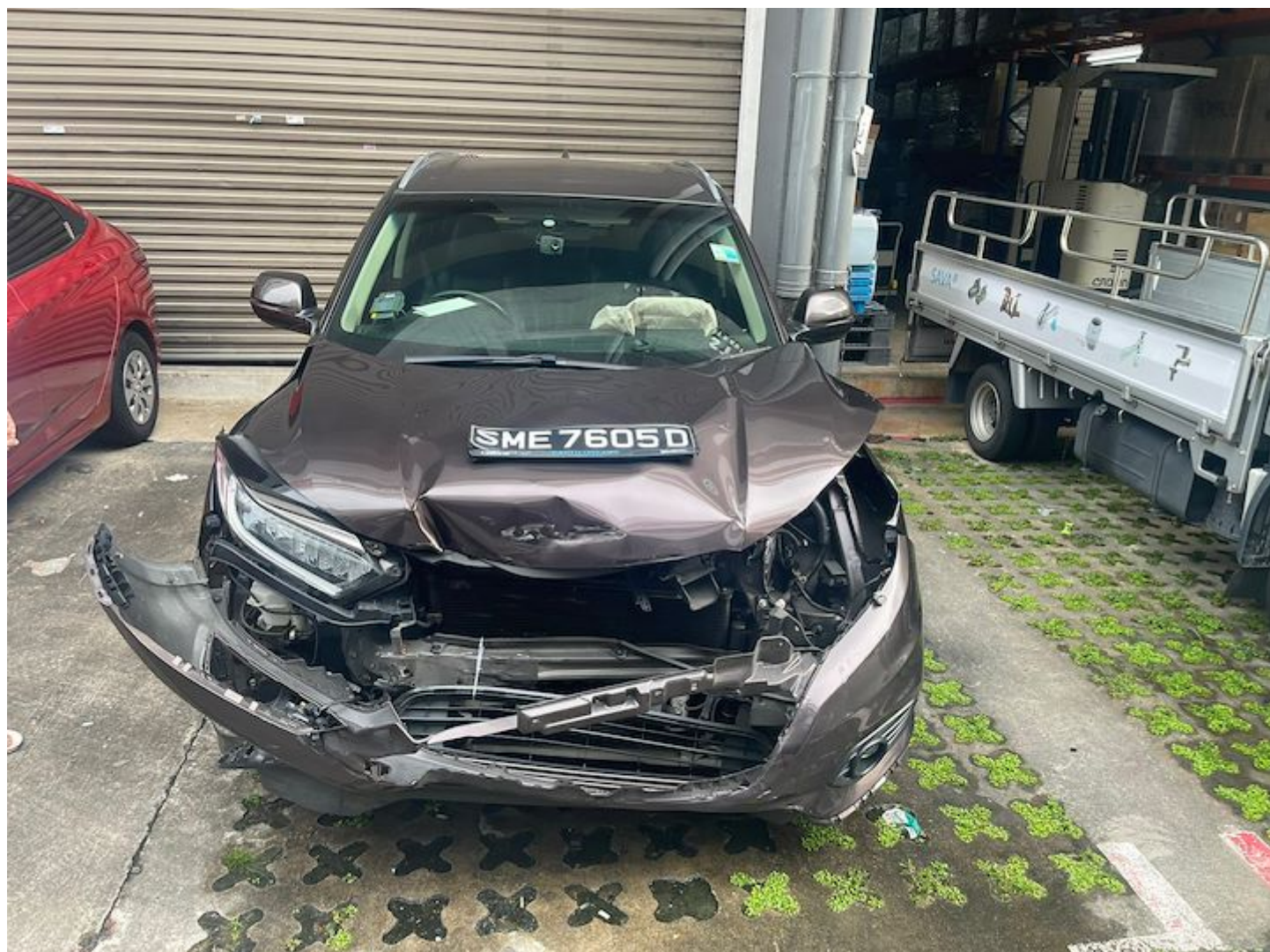


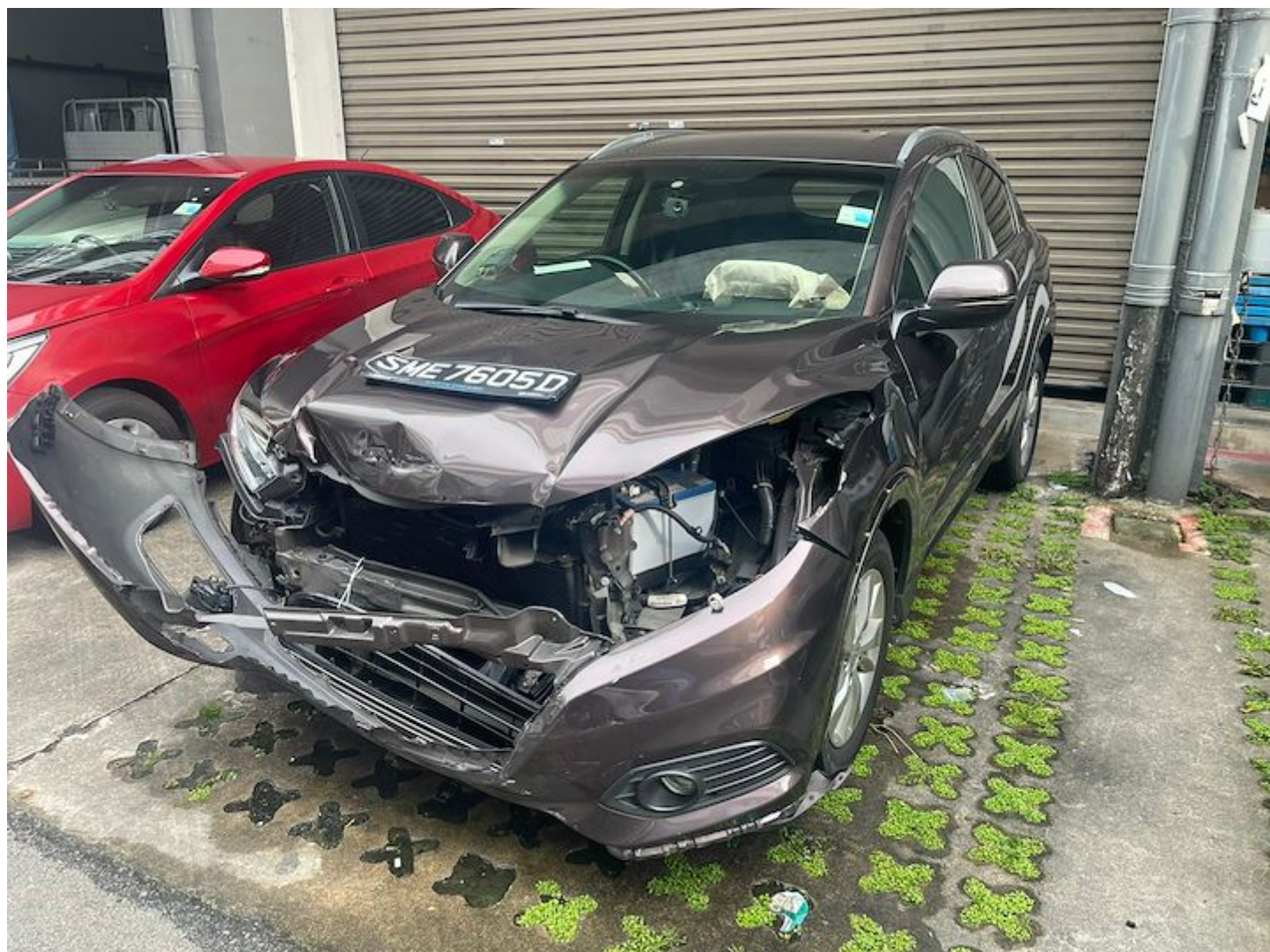
Policyholder's Signature / Date & Time

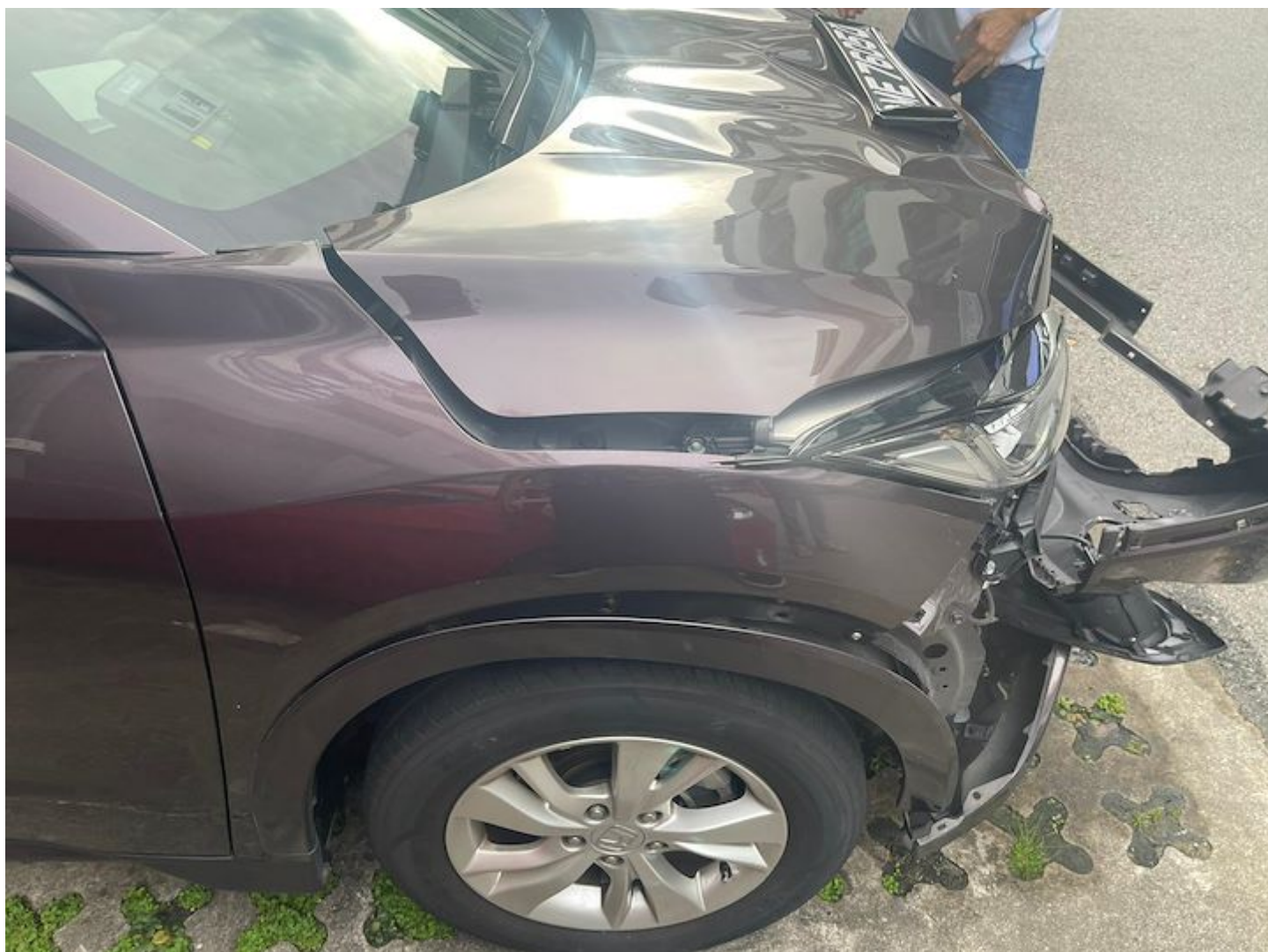
Driver's Signature (if driver is not the policyholder) / Date & Time

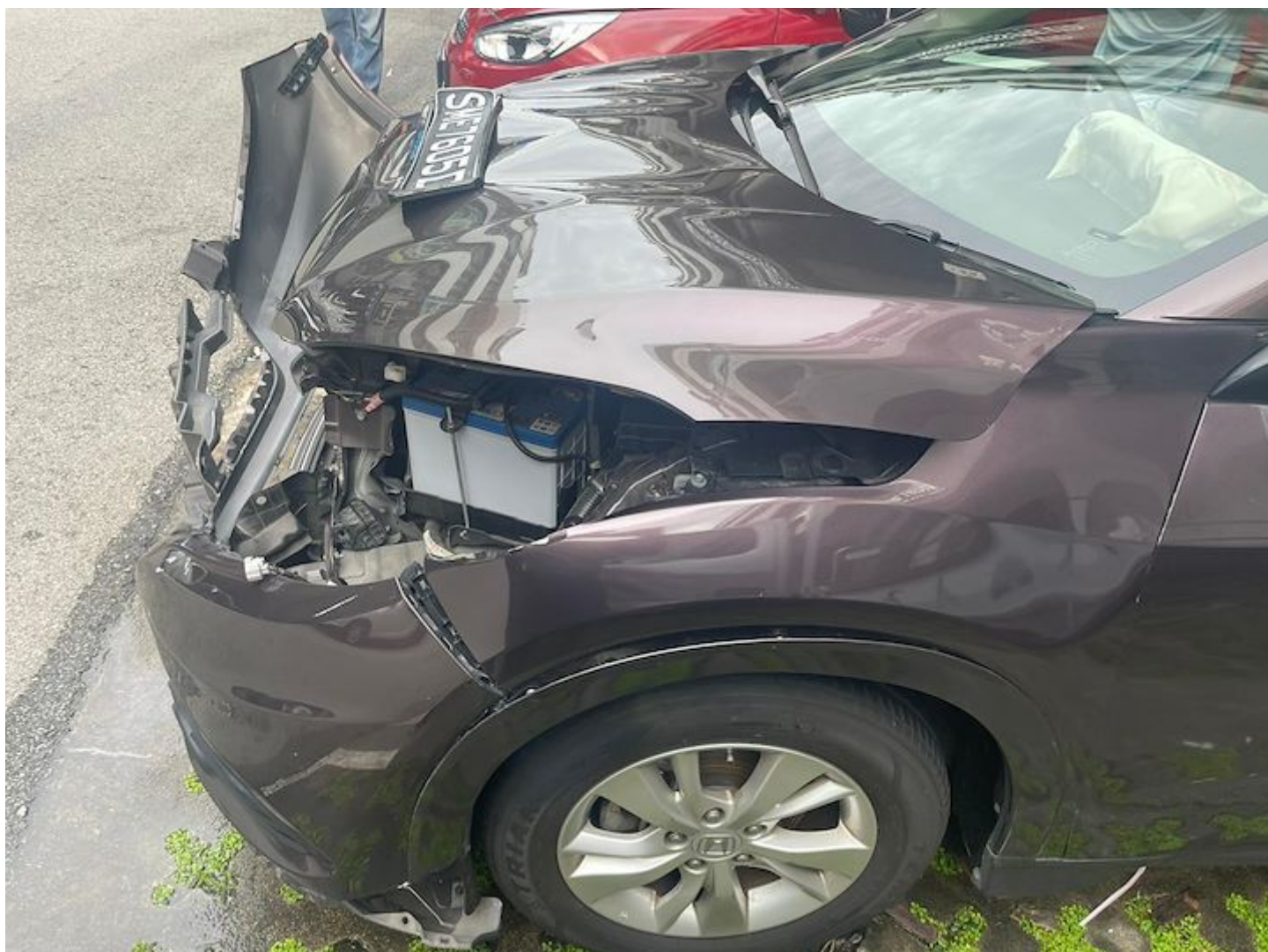
Witnessed by Reporting Centre Personnel

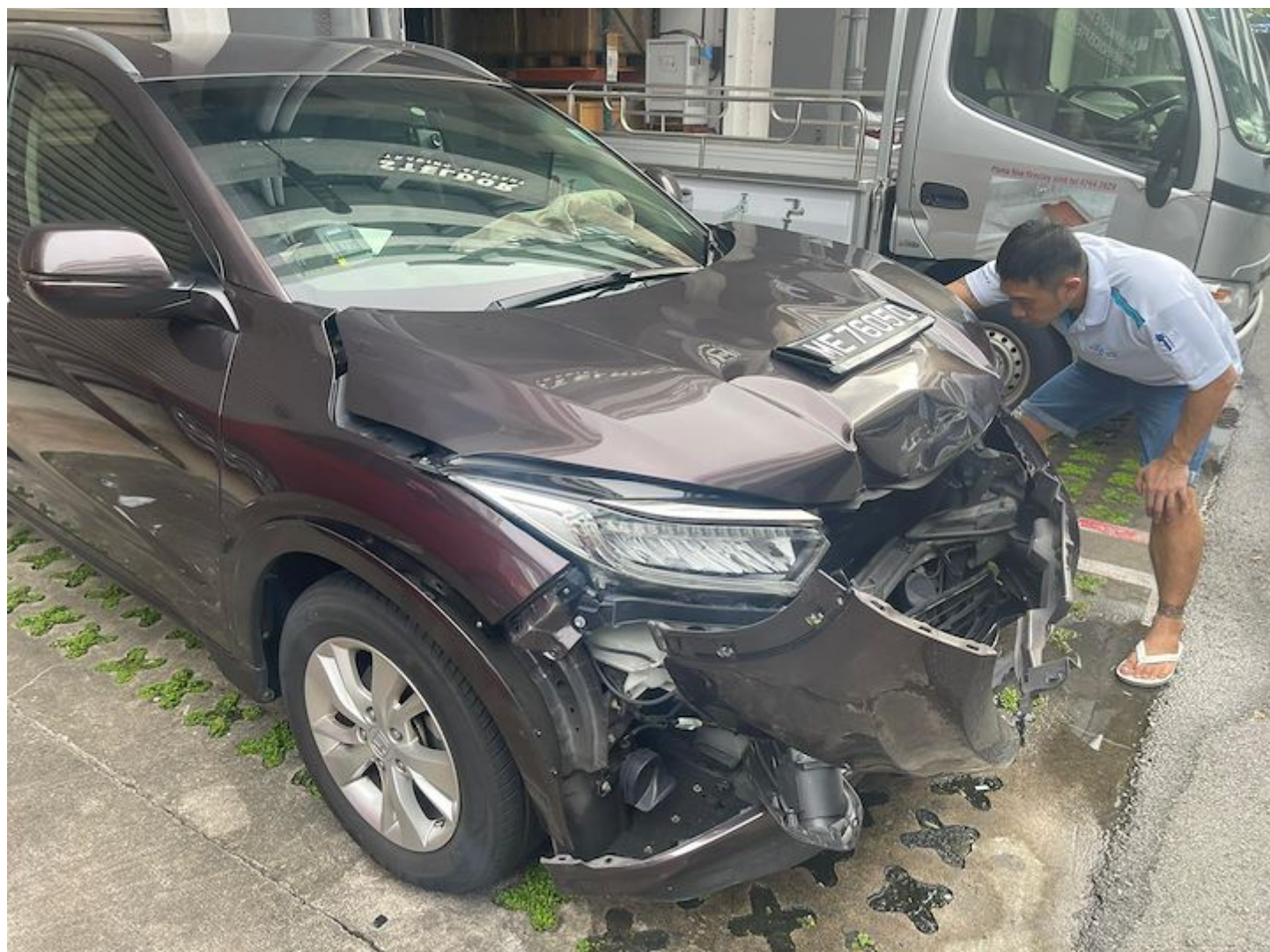


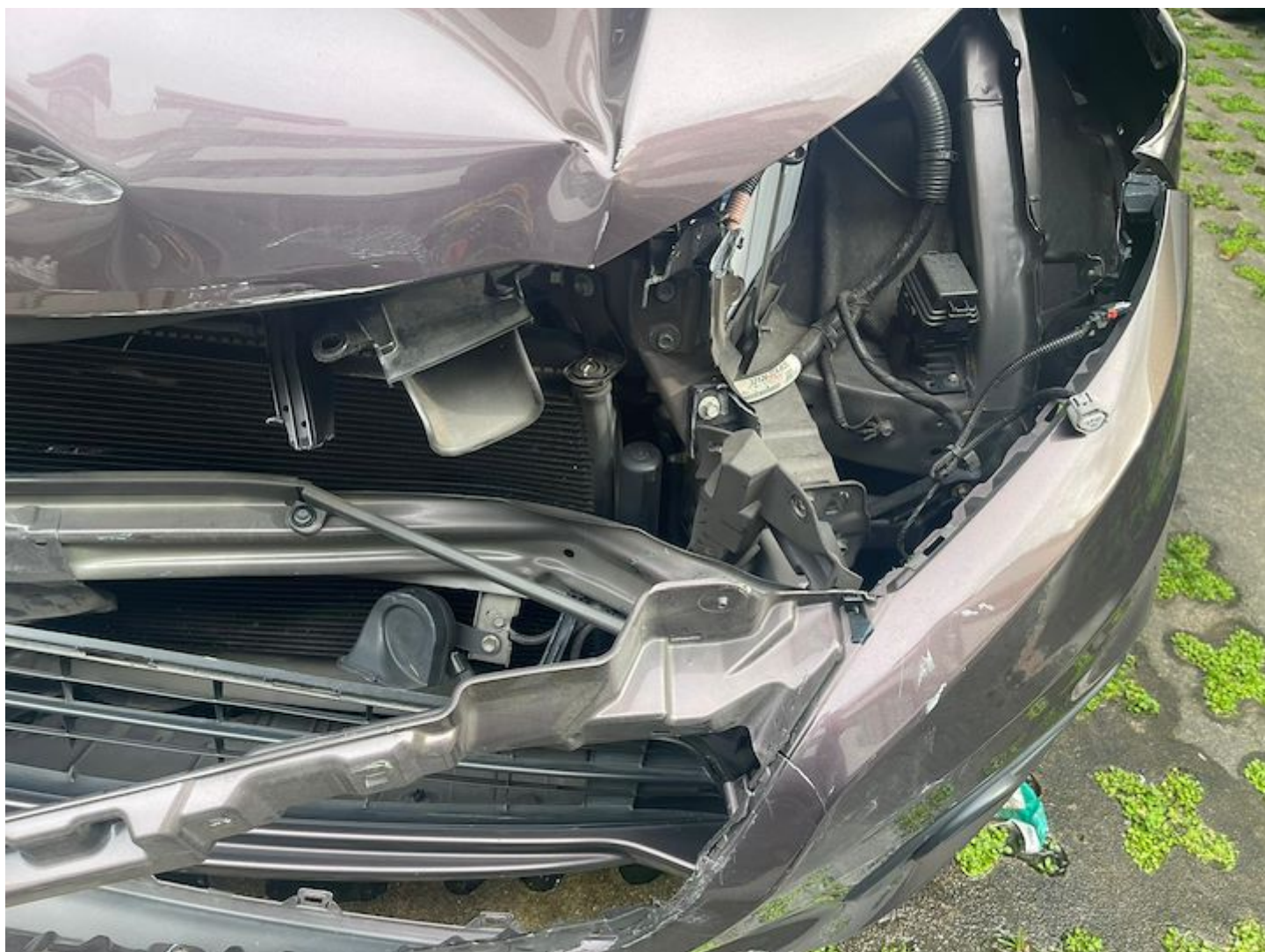






















POLICE REPORT (NP299)



1 of 3

Report No. D/20221030/7006

Brief details.

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
30/10/2022 11:39

Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20221030/7006

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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:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922AV000G Vehicle Registration No: SME 76QSD

Name (as shown in NRIC): JOSHUA CHIAGHIM LENG NRIC/FIN/Passport No: S8922841G

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: 102A BIDADATI PARK DRIVE #09-193 Singapore ()

Contact (Tel): 9011 8459 Mobile No.: _____

Email Address: DREAMCARRENTALS@GMAIL.COM

Date of Accident: 30/10/2022 Time of Accident: 00:00

Place of Accident: Resorts World Sentosa Basement 1 Carpark Junction of East zone

Insurance Company: Liberty Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Revert from RP to OD claims



Policyholder / Driver's Signature
Date:

R. 1/11/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: