

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	11/11/2022 11:40 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 00:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF THOMSON AND MOULMEIN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN1673K
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BOSS CAR LEASING PTE LTD
Company Reg No	2XXXXX709H
Email Address	dreamcarrentalsg@gmail.com
Mobile Phone No	(Phone) +65-81288789
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1794

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V02829/VPZ/R01

DRIVER

Name of Driver	ASHWIN SIVAKUMAR S/O KRISHNAN
NRIC No	SXXXX790B
Date Of Birth	17/02/1978
Occupation	Outdoor

Date Of Driving Pass	16/09/2010
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93258281
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 134 BUKIT BATOK WEST AVE 6 #04-461
Address complement	-
Postcode	650134
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	RENTAL 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	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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
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	SMV695A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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 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

 11/11/2022
Witnessed by Reporting Centre Personnel

NO SKETCH AVAILABLE

Describe Circumstances of the Accident


Refer to police no
G/2022/1110/7098


Declaration

I / 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

 11/11/2022
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



G/20221110/7098

1 of 3

POLICE REPORT (NPB99)

Report No. G/20221110/7098

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 10/11/2022 19:17	Vide Report No.	Station Diary No.
Name Of Informant NEO BEE CHOO	Address 155 KAKI BUKIT AVENUE 1 #02-01 SHUN LI INDUSTRIAL PARK SINGAPORE 416012	
ID Type / ID No. NRIC NO / S1728369C	Contact No. Home/Office: Mobile: 81288789	
Nationality SINGAPORE CITIZEN	Email Address dreamcarrentalsg@gmail.com	
Occupation Management executive	Sex Female	Age 57
Institution/School Name	Date of Birth 15/04/1965	Race Chinese
Date/Time Of Incident 10/11/2022 18:55 - 10/11/2022 19:00	Location Of Incident LORONG 10 GEYLANG	

Brief details.

OUR VEHICLE NUMBER : SLN 1673K WAS RENTED TO HIRER NAME: ASHWIN SIVAKUMAR S/O KRISHNAN NRIC NO: S7801790B FROM 1/11/2022 - 10/11/2022

WE RECEIVED LETTER FROM OUR INSURANCE COMPANY (LIBERTY) THAT SLN 1673K WAS INVOLVED IN RTA ON 1/11/2022 ALONG JUNCTION OF THOMSON & MOULMEIN ROAD WITH SMV 695A

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: 10/11/2022 19:17
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20221110/7098

2 of 3

POLICE REPORT (NPB99)

CONTINUATION OF REPORT

Report No. G/20221110/7098

ON 9/11/2022 SPOKEN AND CONFIRM WITH MR. ASHWIN ON THE ACCIDENT WHICH HE ADMITTED AND HE FAILED TO INFORM US REASON BEING THAT HE HAS NO MONEY TO PAY FOR THE REPAIRS. HE AGREES TO COME TO OUR OFFICE TO DO THE ACCIDENT REPORT ON 10/11/2022 BUT HE FAILED TO TURN UP AND REMAIN UNCONTACTABLE.

ON 10/11/2022 @ 1712 HOURS OUR COMPANY STAFF WENT DOWN TO THE CAR LOCATION AT GEYLANG LOR 10 ROADSIDE PARKING LOT TO TAKE BACK OUR BADLY DAMAGED VEHICLE TO OUR WORKSHOP TO REPAIR.

HIRER ALSO FAILED TO PAY THE RENTAL TILL TO DATE

Subjects Involved			
Victim			
Person Name	NEO BEE CHOO		
ID Type	NRIC NO	ID No	S1728369C
Gender	Female	Age	57
Race	Chinese	Language	English
Occupation	Management executive	Address	155 KAKI BUKIT AVENUE 1 #02-01 SHUN LI INDUSTRIAL PARK SINGAPORE 416012
Mobile No	81288789	Is Informant A Victim?	Yes
Person Name	NEO BEE CHOO (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
10/11/2022 19:17

Classification Of Case:











**SINGAPORE
POLICE FORCE**



G/20221110/7098

1 of 3

POLICE REPORT (NPB99)

Report No. G/20221110/7098

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 10/11/2022 19:17	Vide Report No.	Station Diary No.
Name Of Informant NEO BEE CHOO	Address 155 KAKI BUKIT AVENUE 1 #02-01 SHUN LI INDUSTRIAL PARK SINGAPORE 416012	
ID Type / ID No. NRIC NO / S1728369C	Contact No. Home/Office: Mobile: 81288789	
Nationality SINGAPORE CITIZEN	Email Address dreamcarrentalsg@gmail.com	
Occupation Management executive	Sex Female	Age 57
Institution/School Name	Date of Birth 15/04/1965	Race Chinese
Date/Time Of Incident 10/11/2022 18:55 - 10/11/2022 19:00	Location Of Incident LORONG 10 GEYLANG	

Brief details.

OUR VEHICLE NUMBER : SLN 1673K WAS RENTED TO HIRER NAME: ASHWIN SIVAKUMAR S/O KRISHNAN NRIC NO: S7801790B FROM 1/11/2022 - 10/11/2022

WE RECEIVED LETTER FROM OUR INSURANCE COMPANY (LIBERTY) THAT SLN 1673K WAS INVOLVED IN RTA ON 1/11/2022 ALONG JUNCTION OF THOMSON & MOULMEIN ROAD WITH SMV 695A

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: 10/11/2022 19:17
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20221110/7098

2 of 3

POLICE REPORT (NPB99)

CONTINUATION OF REPORT

Report No. G/20221110/7098

ON 9/11/2022 SPOKEN AND CONFIRM WITH MR. ASHWIN ON THE ACCIDENT WHICH HE ADMITTED AND HE FAILED TO INFORM US REASON BEING THAT HE HAS NO MONEY TO PAY FOR THE REPAIRS. HE AGREES TO COME TO OUR OFFICE TO DO THE ACCIDENT REPORT ON 10/11/2022 BUT HE FAILED TO TURN UP AND REMAIN UNCONTACTABLE.

ON 10/11/2022 @ 1712 HOURS OUR COMPANY STAFF WENT DOWN TO THE CAR LOCATION AT GEYLANG LOR 10 ROADSIDE PARKING LOT TO TAKE BACK OUR BADLY DAMAGED VEHICLE TO OUR WORKSHOP TO REPAIR.

HIRER ALSO FAILED TO PAY THE RENTAL TILL TO DATE

Subjects Involved			
Victim			
Person Name	NEO BEE CHOO		
ID Type	NRIC NO	ID No	S1728369C
Gender	Female	Age	57
Race	Chinese	Language	English
Occupation	Management executive	Address	155 KAKI BUKIT AVENUE 1 #02-01 SHUN LI INDUSTRIAL PARK SINGAPORE 416012
Mobile No	81288789	Is Informant A Victim?	Yes
Person Name	NEO BEE CHOO (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
10/11/2022 19:17

Classification Of Case:



SINGAPORE
POLICE FORCE



G/20221110/7098

3 of 3

POLICE REPORT (NPB99)

CONTINUATION OF REPORT

Report No. G/20221110/7098

--

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
10/11/2022 19:17

Classification Of Case: