

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	29/03/2023 17:35 (SGT)
Reported by	Actual Driver
Date of Accident	27/03/2023 19:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SHUNLI INDUSTRIAL PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5914X
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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	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V11018/VPZ/R00

DRIVER

Name of Driver	CHAN CHEE WEI , FRANKIE (ZENG ZHIWEI , FRANKIE)
NRIC No	SXXXX593J
Date Of Birth	24/12/1975
Occupation	Outdoor

Date Of Driving Pass	11/03/1998
Driving experience	25 YEARS
Gender	Male
Mobile Number	(Phone) +65-81288789
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	BLK 163 POH HUAT ROAD WEST
Address complement	# 04-10
Postcode	546693
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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	MOH SIEW MOI , GINA
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

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230327/2115

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	SLR5450P
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
NRIC No	SXXXX130E
Contact Number	(Phone) +65-96218100
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	CHAN CHEE WEI , FRANKIE (ZENG ZHIWEI , FRANKIE)
Gender	Male
Phone No	(Phone) +65-81288789
Address	BLK 163 POH HUAT ROAD WEST
Address Complement	# 04-10
Post Code	546693
Approximate Age Years Old	-
Injuries Sustained	FRACTURE ON C6 ANTERIOR OSTEOPHYTE, SLIGHT MUSCULAR NECK PAIN - GIVEN 5 DAYS OF MC SMA5914X
Injured person in which vehicle?	SMA5914X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MOH SIEW MOI , GINA
Gender	Female
Phone No	(Phone) +65-90901137
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY AND GIVEN-5 DAYS OF MC SMA5914X
Injured person in which vehicle?	SMA5914X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

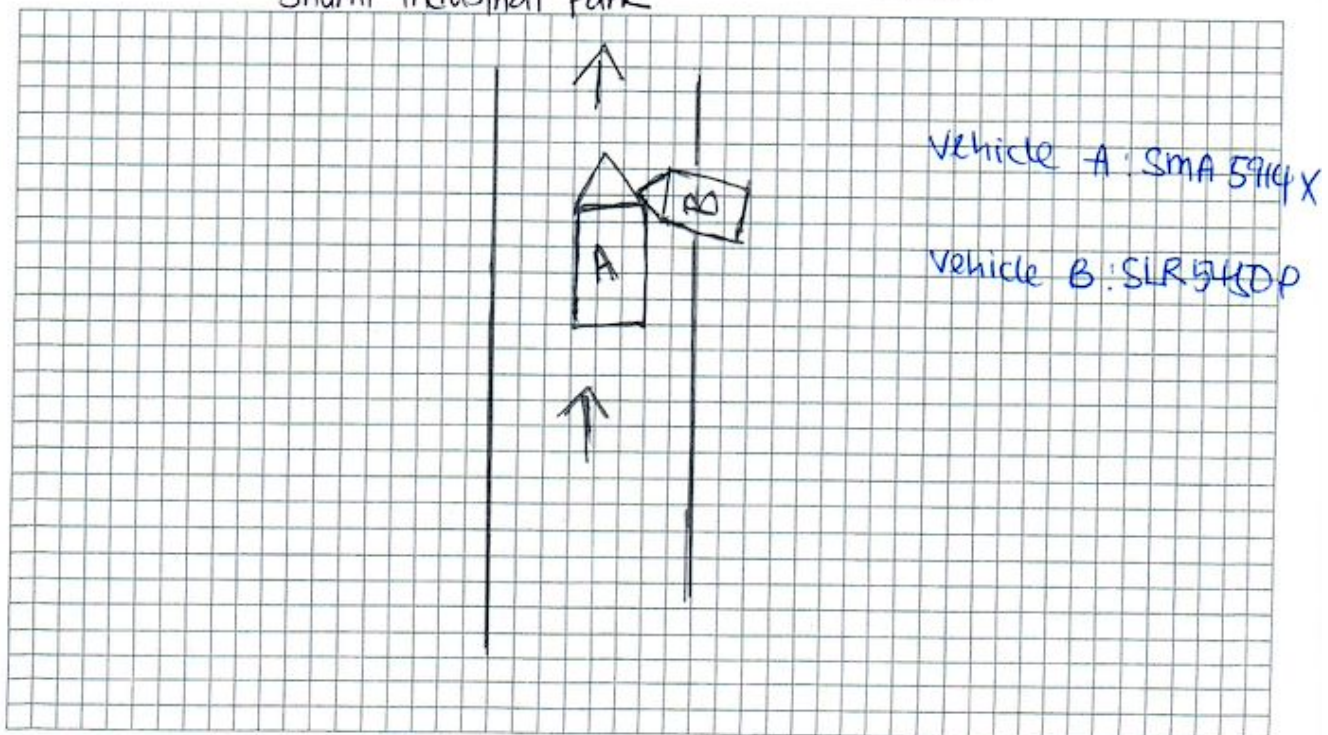
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand,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

Shunli Industrial Park



Describe Circumstances of the Accident

Refer to the police report


T/20230329/245

Declaration

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

 29/3/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230327/2115

2 of 3

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

Report No. T/20230327/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN CHEE WEI, FRANKIE	ID No.	S7539593J
Related Vehicle	SMA5914X (Car)	Contact No.	81288789
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	27/03/2023	Date Discharge	27/03/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	S9705130E
Related Vehicle	NIL	Contact No.	96218100
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 27/03/2023 at about 1915hrs, I was driving my car bearing plate number SMA5914X straight road along Sin Li Industrial Park exiting Kaki Bukit Ave 1 with my girlfriend namely Moh Siew Moi, Gina S8141948E, Tel: 90901137. Suddenly one vehicle bearing plate number SLR5450P came out of nowhere and collided into my car. I do not know where this car came from.

Immediately I made a check on my wife and observe no visible injuries. Both of us then alighted our car and exchanged contact number with the other driver. Thereafter left the scene as me and my wife was not feeling well due to the accident.

Due the accident, my car damage is at the front right portion and the other car damage is at the front left portion.

On 27/03/2023 at about 2030hrs, me and my wife went to Mount Alvernia Hospital A&E both of us was given 05 days of medical leave from 27/03/2023 to 31/03/2023. The doctor informed that I had a fracture on my C6 Anterior Osteophyte, slight muscular neck pain.

I wish to state that I had an in-vehicle camera in my car however my car is in the workshop now.







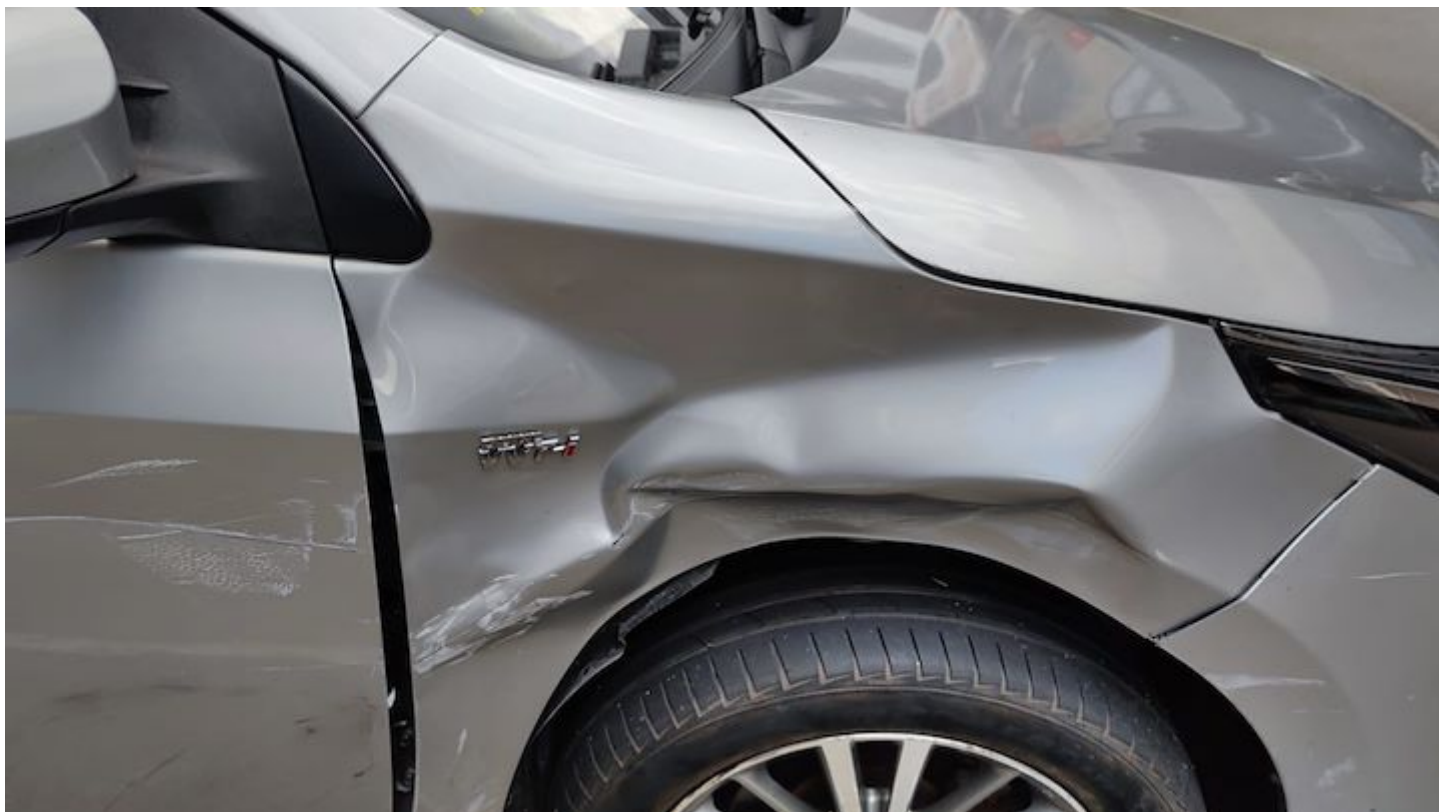




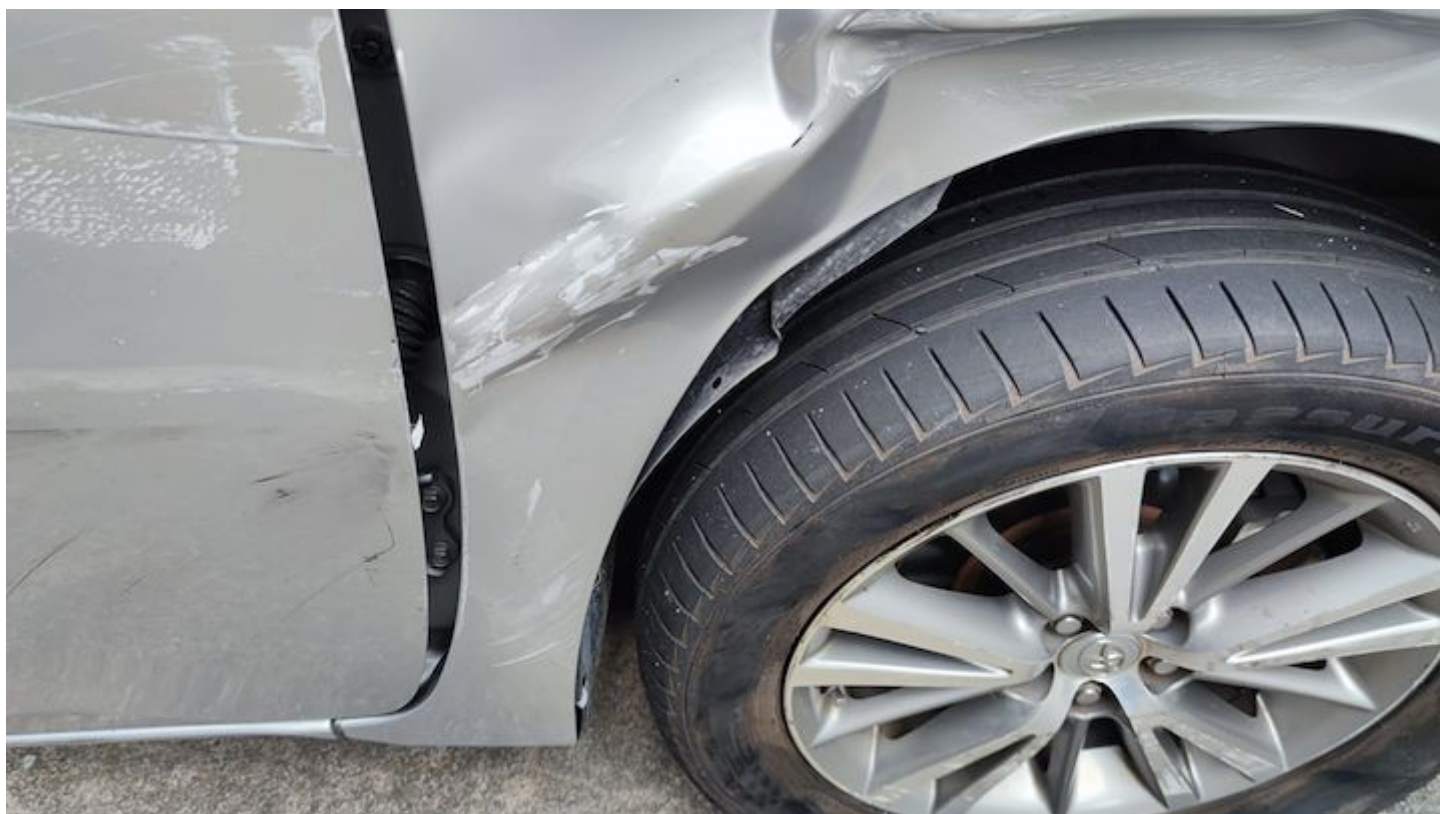


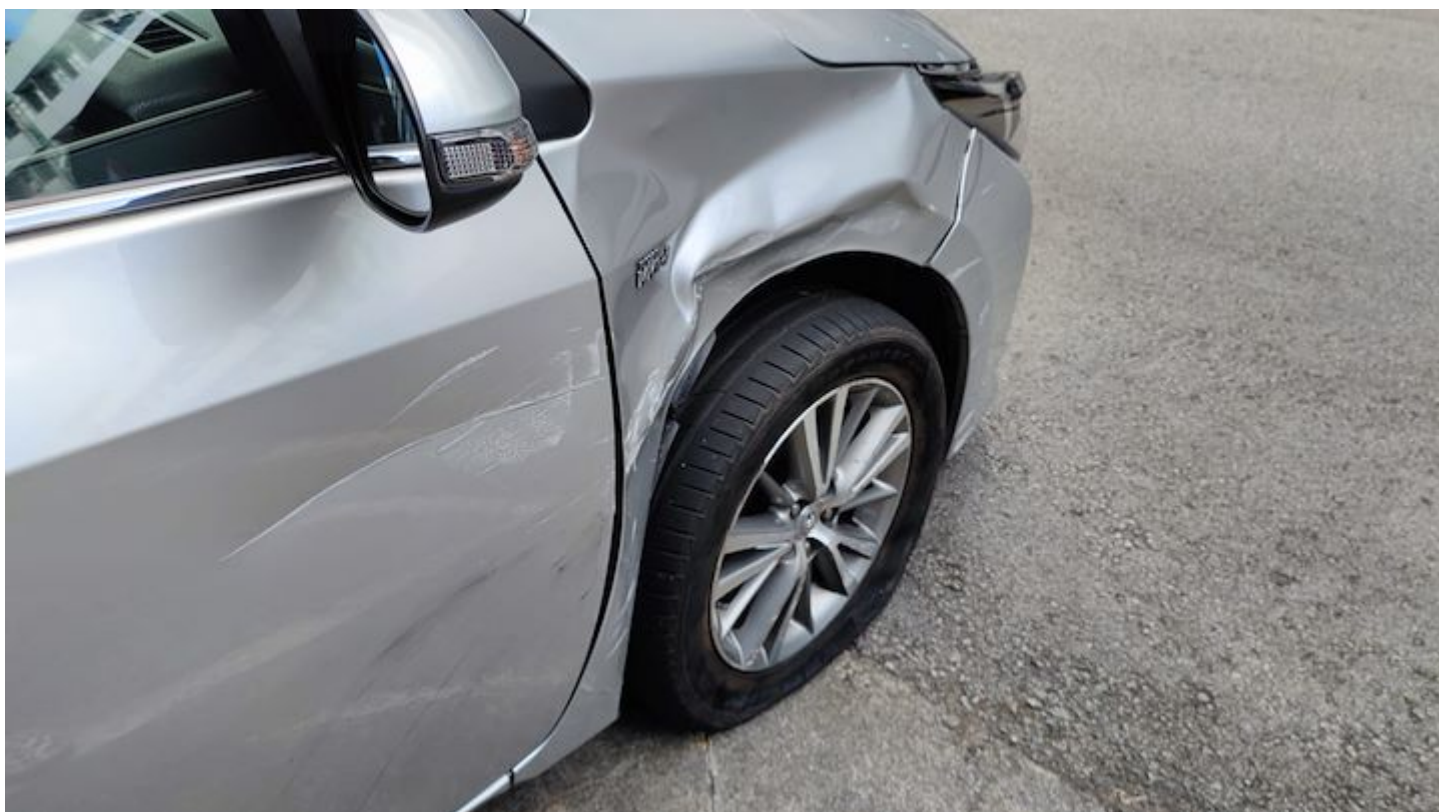




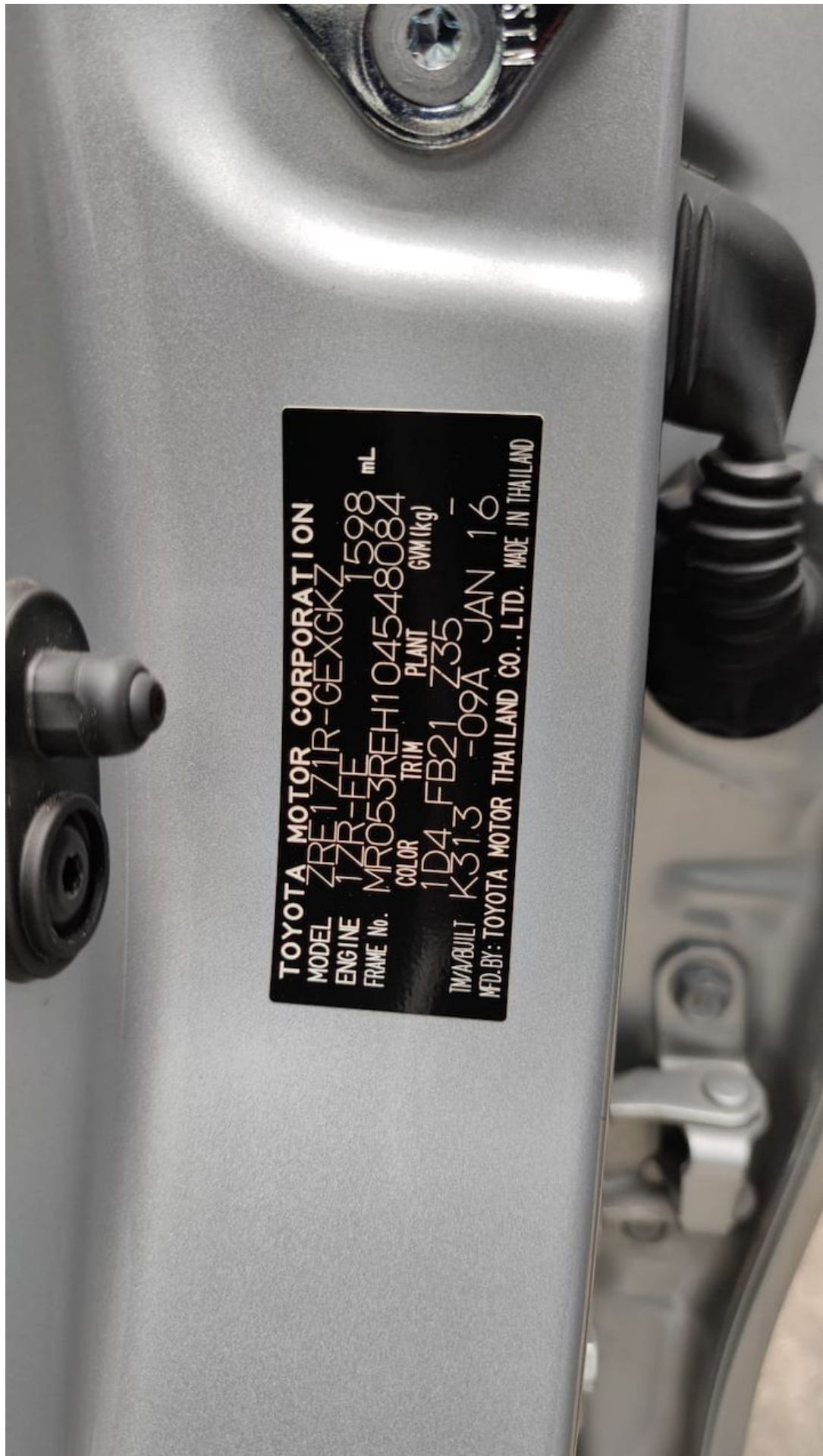














SINGAPORE POLICE FORCE



T/20230327/2115

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

1 of 3

Report No. T/20230327/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2023 23:35		Vide Report No.:		Station Diary No.: 140
Informant's Particulars				
Name of Informant: CHAN CHEE WEI, FRANKIE		Address: BLK 163 POH HUAT ROAD WEST #04-10 SINGAPORE 546693		
ID Type / ID No.: NRIC NO / S7539593J		Contact No.: Home/Office: Mobile: 81288789		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 47	Date of Birth: 24/12/1975	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: MANAGER		Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2023 19:15	Type of Location: Straight Road
Location: KAKI BUKIT AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:	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
SLR5450P	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	White		0
SMA5914X	Car	TOYOTA	COROLLA ALTIS CLASSIC 1.6 CVT	Silver		1



**SINGAPORE
POLICE FORCE**



T/20230327/2115

2 of 3

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Tel No: 1800-4890999

Report No. T/20230327/2115

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN CHEE WEI, FRANKIE	ID No.	S7539593J
Related Vehicle	SMA5914X (Car)	Contact No.	81288789
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	27/03/2023	Date Discharge	27/03/2023
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	Unknown Driver	ID No.	S9705130E
Related Vehicle	NIL	Contact No.	96218100
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/20230327/2115

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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20230327/2115

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 1 NG WEE YONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:

Date/Time:
27/03/2023 23:35

Classification Of Case:

NP168