# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 15/05/2023 14:55 (SGT) Reported by **Actual Driver** Date of Accident 12/05/2023 10:25 (SGT) Exact Location of Accident Singapore Additional Location Information UPPER BUKIT TIMAH ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJS8136X

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner DREAM CAR LEASING PTE LTD Company Reg No 2XXXXX013Z 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 **Employment** Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Private car

Transmission Auto CC 1798

**INSURANCE COMPANY** 

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V11015/VPZ/R02

DRIVER

Name of Driver GOH HAN MIN ( WU HANMIN ) NRIC No SXXXX141G Date Of Birth 25/05/1972 Occupation Outdoor

Date Of Driving Pass 06/06/2003 Driving experience 19 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-86171682 Alt. Phone Number Email Address dreamcarrentalsg@gmail.com Address APT BLK 11 UPPER BOON KENG ROAD Address complement # 05-909 Postcode 380011 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) 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? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO THE ATTACHED STATEMENT 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 SKG2863X Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

Vehicle Category

Name of Driver
Contact Number

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 <b>-</b>

#### SKETCH PLAN

### **IMPORTANT NOTICE**

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  The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance 3.
- Any False reporting may be referred to the Police for investigation.
- 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.
- 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.
- 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;

investigating the accident and / or my claims;

(iii) (iv) carrying out and / or dealing with my instructions or responding to any enquiries by me;

- administrating 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 envelops / mail packages); and / or
- (v) complying with applicable law in administering, processing, handling and / or dealing with my claims. (Collectively the "Purposes")
- 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
- 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.

R

Driver's Signature (if driver is not the

Witnessed by Reporting Centre

Policyholder's Signature / Date & Time 12/05/1015 1425 Personnel Bukit timuh Road policyholder) / Date & Time 12/05/2013

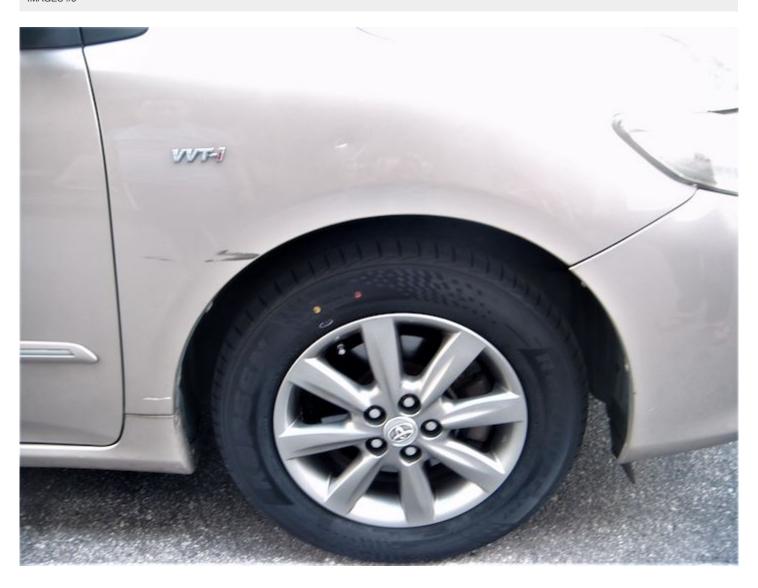
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	cliday stop and I follow until Bulk'd tinah Charring Cent
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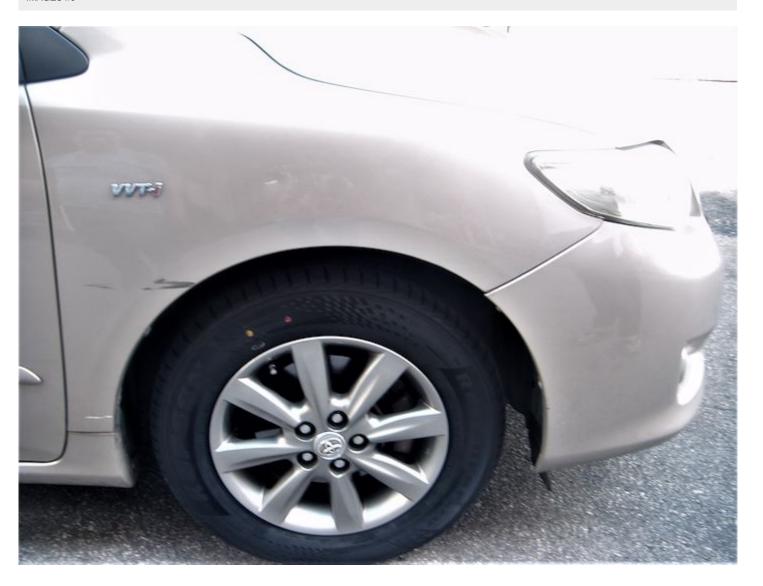




















# Dream Car Leasing Pte. Ltd. (Co.Reg. 201420013Z)

155 Kaki Bukit Shun Li Industrial Park S416012 | Tel: +65 6748 9747 Fax: +65 6748 3762 Email: dreamcarrentalsg@gmail.com | Web: www.dreamcarrental.com.sg

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Mobile: 8617	1/682		Email :			
Address :	(Lan R		Pd		sı 2	11009
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575 8136 X	Altis 1:64	9013	17/22/1021	202 (140 Hrs	1 1	Hrs
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I have read and fully understood the content of this agreement. I will not dispute to the claims made against me for any incident occurring during the stated period and thus this agreement.

## EXISTING DEFECTS & FAULT / TIME & DATE OF HANDING OVER OF VEHICLE

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	FRONT	LEFT SI	DE C	
COLLECTION OF VEH	IICLE	RETUE	RN OF VEHICLE	
IN DATE TIME WIDOW MILEAGE OUT IN 17/2/21 11 46 CHECK OUT BY:		IN DATE TIME am/pm	MILEAGE IN in KM	UEL LEVEL
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GPS Model: P-PLATE	CLEAN Y N R	EFUNDABLE \$	OTHERS:	1000
	Ref.	2pm		
VEHICLE HANDED OVER CLEAN, SHALL BE RETUR SGD10 WILL BE IMPOSED.	NED CLEAN OR A PENALTY OF	AGREED & ACKNO	WLEDGE AS LISTED ABOVE ST	ATED :
VEHICLE ARE STRICTLY FOR LOCAL (SINGAP)	ORE) USE ONLY,	la list	t	Sign
ONLY NAMED DRIVER ARE ALLOWED TO USE	THE VEHICLE AT ALL TIMES.	The state of the s		Here
I have read and fully understand the content of stated period and thus this agreement.	this agreement. I will not dis	pute to the claims made aga	inst me for any incident occur	ring during the
	RETURNING (	OF VEHICLE		
Upon Returning Remarks:				
SIGNED UPON RETURNING OF VEHICLE:		D41	·E:	