SN0923670005-01 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 07/06/2023 14:15 (SGT)
SUBMITTED BY: NIVITHA
VERSION: 2 (07/06/2023 18:10 (SGT))

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.
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	07/06/2023 14:15 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2023 07:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANCHORVALE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM846R

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) +65-67489747
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1193

INSURANCE COMPANY

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

DRIVER

Name of Driver	ENIT BIN OMAR
NRIC No	TXXXX193C
Date Of Birth	13/05/2004
Occupation	Indoor

Date Of Driving Pass	31/05/2023
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90427495
Alt. Phone Number	-
Email Address	dreamcarrentalsg@gmail.com
Address	APT BLK 313C ANCHORVALE ROAD
Address complement	# 12-142
Postcode	543313
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	Collided into Property
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230606/2020

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH THE TP OFFICER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	RAILING
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

Describe Circumstances of the Accident

Refer Police Report No. T/20230606/2020.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 06/06/2023 1313

Driver's Signature (if driver is not the policyholder) / Date & Time 06/06/2023 1313

07/06/2023

Witnessed by Reporting Centre Personnel

SINGAPORE POLICE FORCE

T/20230606/2020

Report No. T/20230606/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver			
Name	ENIF BIN OMAR	ID No.	T0412193C
Related Vehicle	SLM846R (Car)	Contact No.	90427495
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/06/2023 at 0725hrs I was driving my car and was exiting the carpark of Blk 313 Anchorvale road and was making a left turn into Anchorvale road. While turning left, I heard something fell off from the dashboard which caught my attention and look downwards afterwhich I switched my sight back to the front. I then realized that my car was swerving to the right and eventually lightly collided onto the center guard railing which caused the railing to uproot, there was a LTA officer nearby which assisted me to call Traffic police to attend the accident. Police then took the in-car camera memory card and issued me a acknowledgement slip which include the case number (F/20230606/0048) and adviced me to make a report in regard to this accident.

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any False reporting may be referred to the Police for investigation.**
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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:

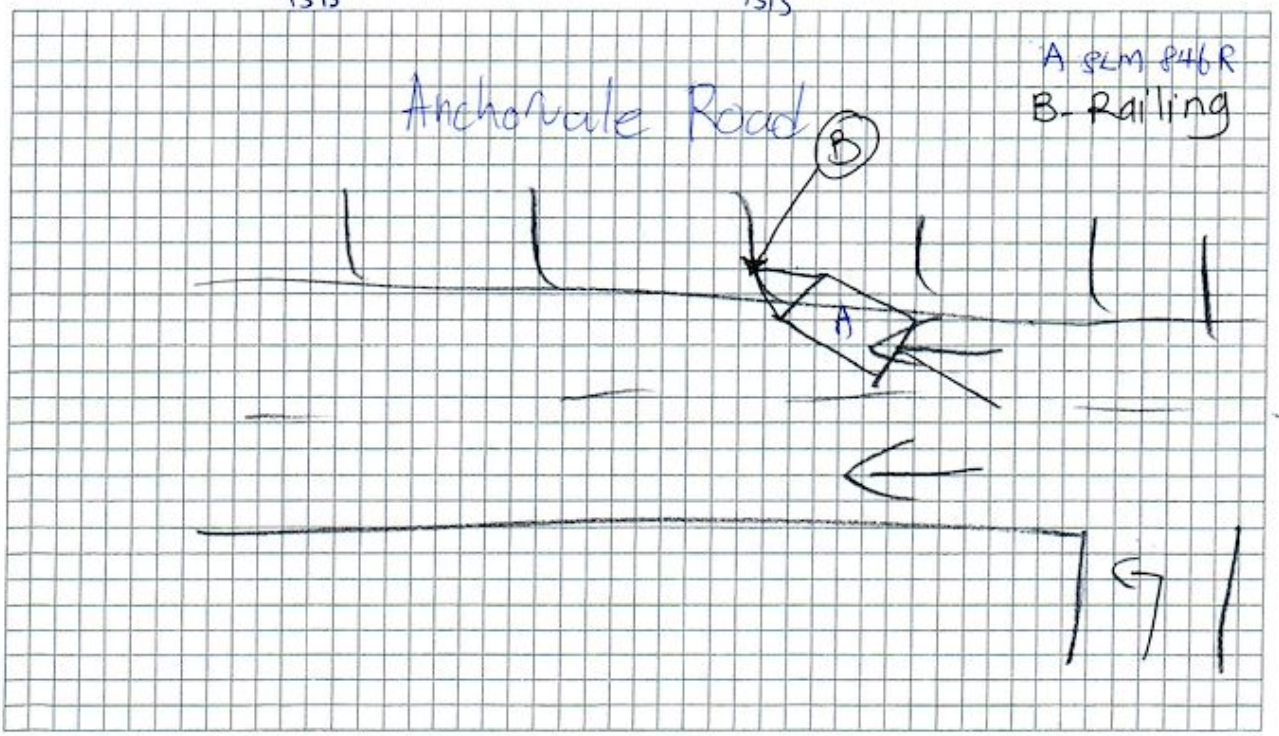
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may / are permitted to collect, use, disclose and / or process my personal data / personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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) 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"**)

(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
R 06/06/2023 1313	06/06/2023 1313	07/06/2023



IMAGES

IMAGES #2

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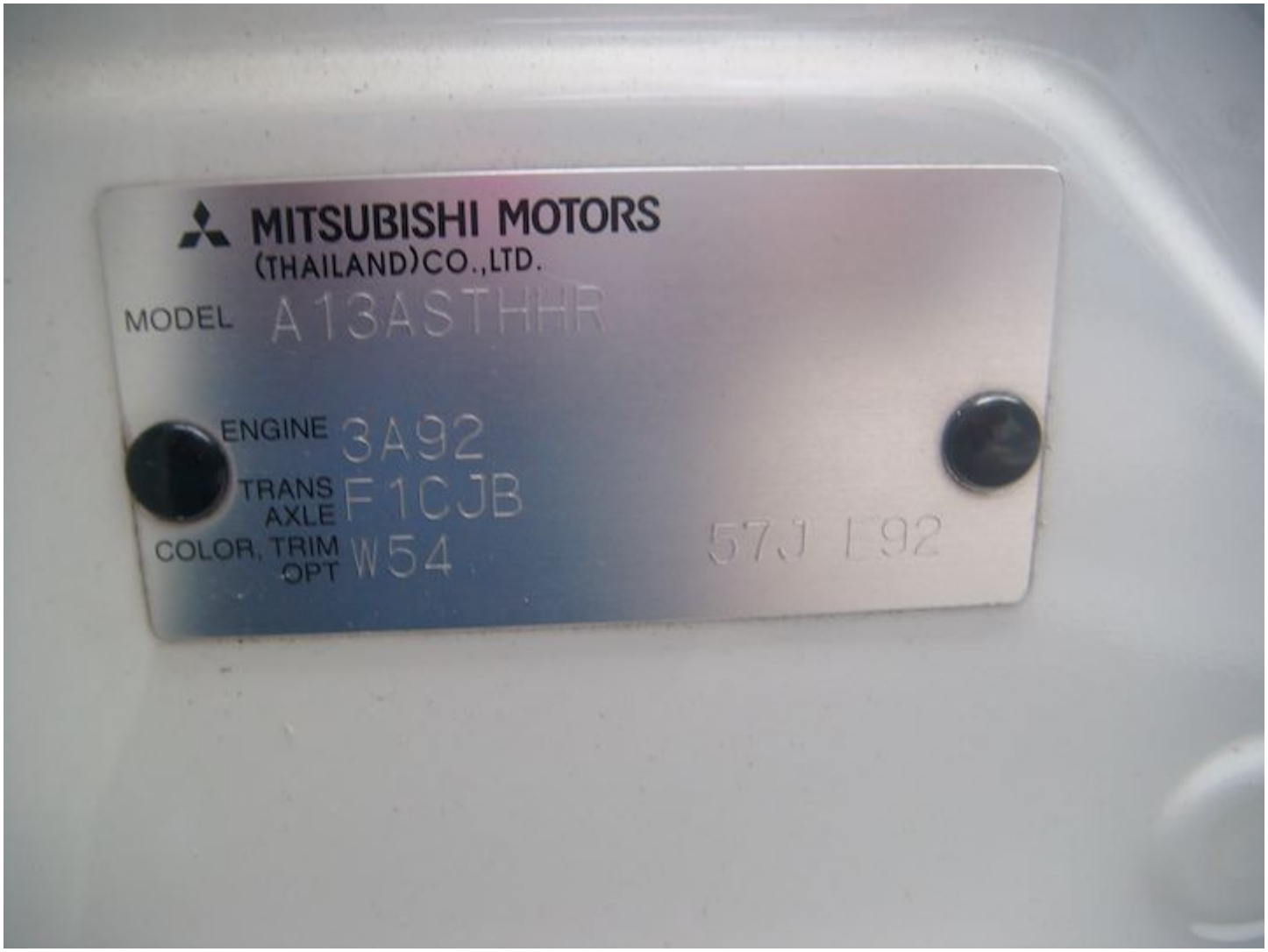
IMAGES #12


MITSUBISHI MOTORS
(THAILAND)CO.,LTD.
MODEL A13ASTHHR
ENGINE 3A92
TRANS F1CJB
AXLE
COLOR, TRIM W54
OPT

SINGAPORE POLICE FORCE

T/20230606/2020

Report No. T/20230606/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
06/06/2023 10:46	F/20230606/0048	27

Informant's Particulars

Name of Informant: ENIF BIN OMAR			Address: APT BLK 313C ANCHORVALE ROAD #12-142 SINGAPORE 543313	
ID Type / ID No.: NRIC NO / T0412193C			Contact No.: Home/Office:	Mobile: 90427495
Nationality: SINGAPORE CITIZEN			Email: enifomar@gmail.com	
Sex: Male	Age: 19	Date of Birth: 13/05/2004	Type of Informant: Driver	
Race: Malay			Language:	
Occupation: Student			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/06/2023 07:25	Type of Location:
Location: ANCHORVALE ROAD				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLM846R	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20230606/2020

Report No. T/20230606/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Driver			
Name	ENIF BIN OMAR	ID No.	T0412193C
Related Vehicle	SLM846R (Car)	Contact No.	90427495
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/06/2023 at 0725hrs I was driving my car and was exiting the carpark of Blk 313 Anchorvale road and was making a left turn into Anchorvale road. While turning left, I heard something fell off from the dashboard which caught my attention and look downwards afterwhich I switched my sight back to the front. I then realized that my car was swerving to the right and eventually lightly collided onto the center guard railing which caused the railing to uproot, there was a LTA officer nearby which assisted me to call Traffic police to attend the accident. Police then took the in-car camera memory card and issued me a acknowledgement slip which include the case number (F/20230606/0048) and adviced me to make a report in regard to this accident.

SINGAPORE POLICE FORCE

T/20230606/2020

Report No. T/20230606/2020

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

CONTINUATION OF REPORT

Signature of Officer Recording The Report: G / SGT 3 NG JUNJIE, EDWIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2023 10:46
Officer In Charge Of Case: TP / GIT / SR STAFF SGT MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

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: SN0923670005 Vehicle Registration No: SLM846R

Name (as shown in NRIC): Enit Bin Omar NRIC/FIN/Passport No: 7041219C

(*Vehicle Driver/~~Policyholder~~) (*) Please delete as appropriate

Address: Apt Blk 313C Anchorvale Road # 12-142 Singapore (543313)

Contact (Tel): Mobile No.: 9042 7495

Email Address: dreamcarrentals@gmail.com

Date of Accident: 06/06/2023 Time of Accident: 07:25

Place of Accident: Anchorvale Road

Insurance Company: Liberty

(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:

Amend sketch plan vehicle B (property)
vehicle B - Railing (property)

Policyholder / Actual Driver's Signature
Date:

7/6/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: