

VEHICLE NO: SMV 95772

MAKE & MODEL: TOYOTA VOXY

AUTO / MANUAL

DATE OF ACCIDENT	26 / 05 / 24	CC
TIME OF ACCIDENT	0755	AM / PM
LOCATION OF ACCIDENT	223A SUMANG LANE	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	ROYALE RENTAL PTE LTD.	
EMAIL	CHARLOTTEVEHICLES@GMAIL.COM	Office, MOBILE: 96971787
NRIC	202337095N	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INSURANCE CO.	ALLIANZ	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	SP240532162	
NAME OF DRIVER	AS ABOVE / IF NO, LEE CHUAN KIM TERENCE	
NRIC	S7601733F	
DATE OF BIRTH	29 / 01 / 1976	
ANY PASSENGER	YES / NO: DRIVER ONLY	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	18 / 10 / 06	
GENDER	Male / Female	
CONTACT NO.	Mobile: 97302724	Office:
EMAIL	GOLDENAGRI@YAHOO.COM	
ADDRESS	26C SUMANG LANE #04-274 S(823226)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER: -
RELATIONSHIP	Employee / If No, HIREE	
WEATHER CONDITION	Clear / Raining / Other	
ROAD SURFACE	Dry / Wet / Other	
ANY INJURIES	No / If yes, Who? DRIVER - UPPER ARM - SERIOUS	
CONVEYED BY AMBULANCE	NO / If yes, Who?	
POLICE REPORT	No / If yes, Where? PUNGGOL NPC	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	0X1295G	Any Passenger
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger	
VEHICLE D NO.	Any Passenger	
VEHICLE E NO.	Any Passenger	
VEHICLE F NO.	Any Passenger	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Who is Reporting	Driver / Owner / Both	
Original Language Used	English / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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.

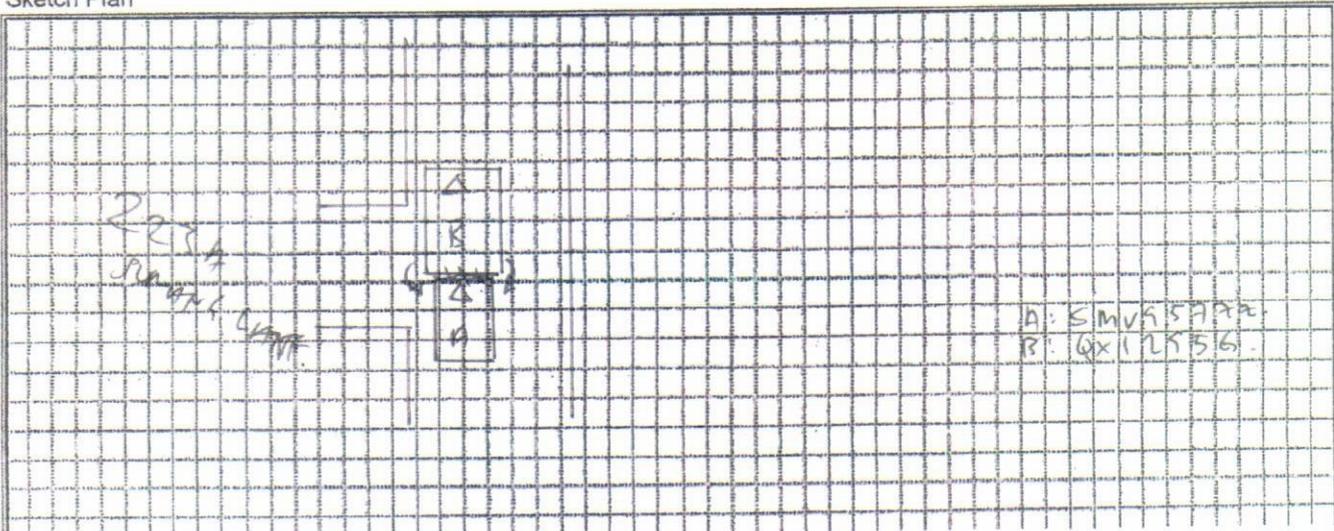


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

POLICE REPORT

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20240920/2019

1 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20240920/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/09/2024 10:35	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars			
Name of Informant: LEE CHUAN KIM TERENCE		Address: 226C SUMANG LANE #04-230 SINGAPORE 823226	
ID Type / ID No.: NRIC NO / S7601733F		Contact No.:	Mobile: 97302724
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 48	Date of Birth: 24/01/1976	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 20/09/2024 07:55	Type of Location: Straight Road
Location: SUMANG LANE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
QX1295G	Ambulance				No Damage	3
SMV9577Z	Motor car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240920/2019

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Report No. T/20240920/2019

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

CONTINUATION OF REPORT

Brief Details.

On 20/09/2024 at 0755hrs, I was along the service road of blk 223A Sumang Walk as I was there to pick up a passenger. I stopped behind the said ambulance and I observed that I had at least a car length between me and the ambulance. The ambulance was seen to be reversing. I horn once to informed them that I am behind however, the ambulance did not hear and continue to reverse I then kept on horning and shortly after the ambulance hit on to my front bumper. I then speak to the driver of the ambulance and the SCDF Personnel made a check on me to ensure that I am fine and also provide me a form to claim against the government.



**SINGAPORE
POLICE FORCE**



T/20240920/2019

3 of 3

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

Report No. T/20240920/2019

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 1 OH JUN XIANG, BRIAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/09/2024 10:35

Officer In Charge Of Case:
TP / AEIT /
SUPT (1A) CHUA SOON KEONG
Contact No.: 65476030

Classification Of Case:

NP168