

## 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 First Submission .....	22/10/2024 15:01 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	21/10/2024 19:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	COMPASS ONE TAXI STAND
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHD283J
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	TRANS-CAB SERVICES PTE. LTD
Company Reg No .....	200303878K
Email Address .....	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No .....	(Phone) +65-65552222
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Prius
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1500
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5140725663-01

#### DRIVER

Name of Driver .....	LEE QIAN YI
NRIC No .....	S1539384Z
Date Of Birth .....	07/01/1962
Occupation .....	Outdoor
Driving Pass Date .....	12/04/1988
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	36 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-65552222
Alt. Phone Number .....	-
Email Address .....	CLAIMS@TRANSBAC.COM.SG
Address .....	BLK 295B COMPASSVALE CRESCENT
Address complement .....	#01-227
Postcode .....	542295
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Sengkang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18003438999
Alt. Police Station Phone No .....	(Fax) +65-63438939
Police Station Address .....	2 Sengkang Square #01-02
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT

#### 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 .....	ADVICE OI TO SENT TO MOTORVIDEO@INCOME.COM.SG

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLM8931A
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) .....	1

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LEE QIAN YI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	7 DAYS MC
Injured person in which vehicle? .....	SHD283J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**

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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.



22/10/2024  
1457HRS



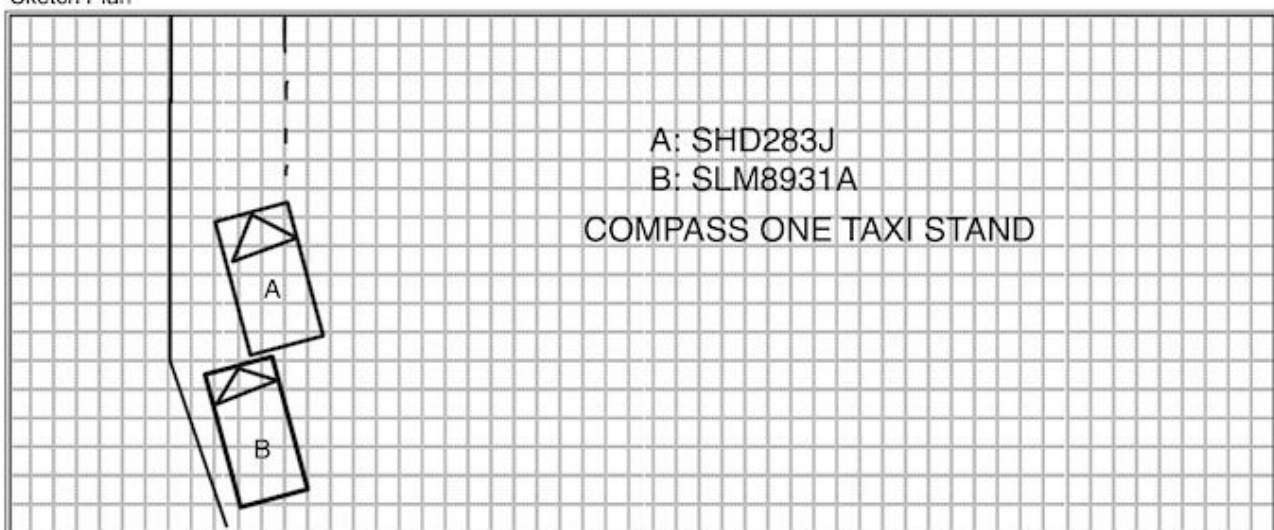
NUR ASYRAF BIN ZAINAL  
S997042

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

REFER TO GEARS

**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

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

NUR ASYRAF BIN ZAINAL  
S997042





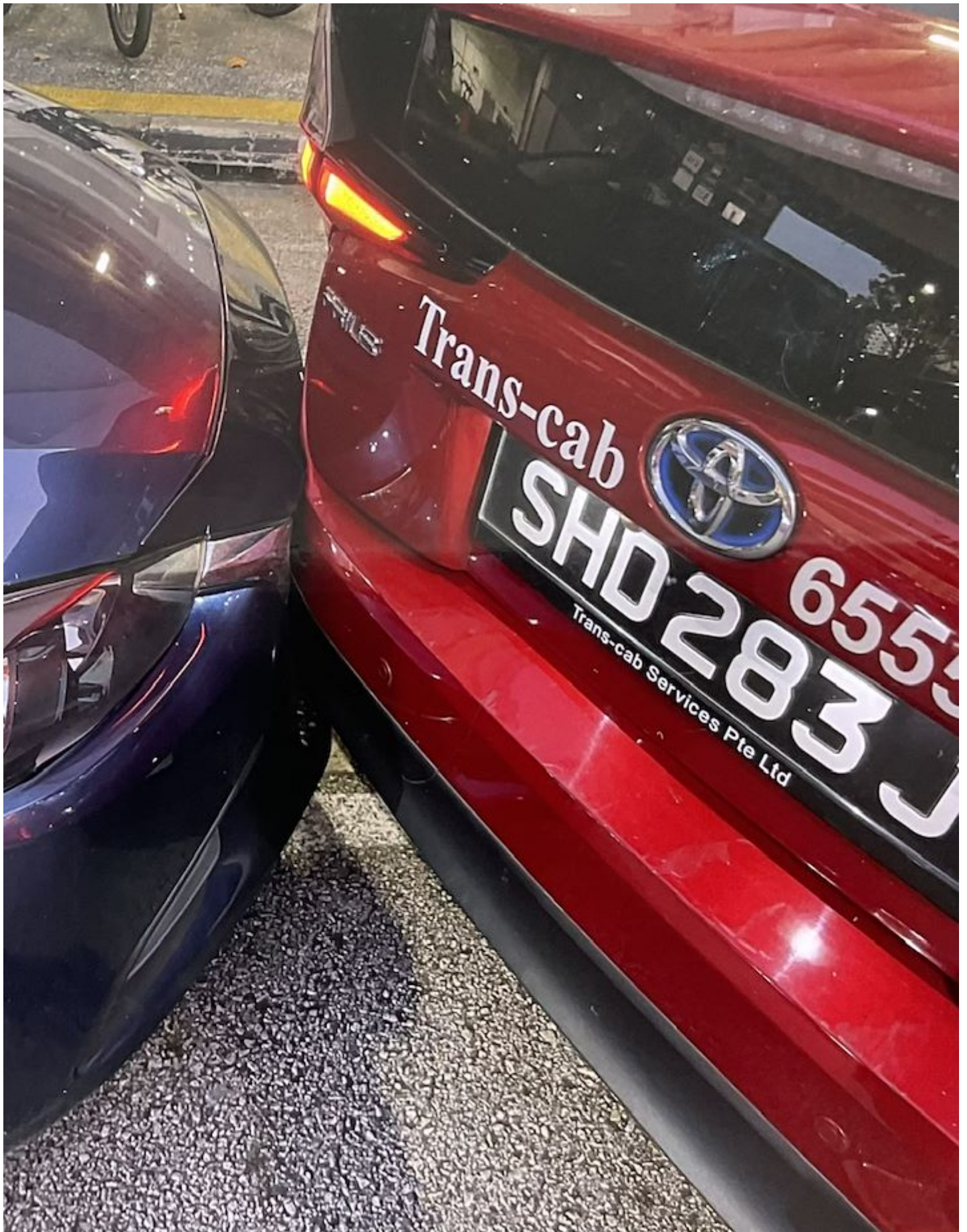












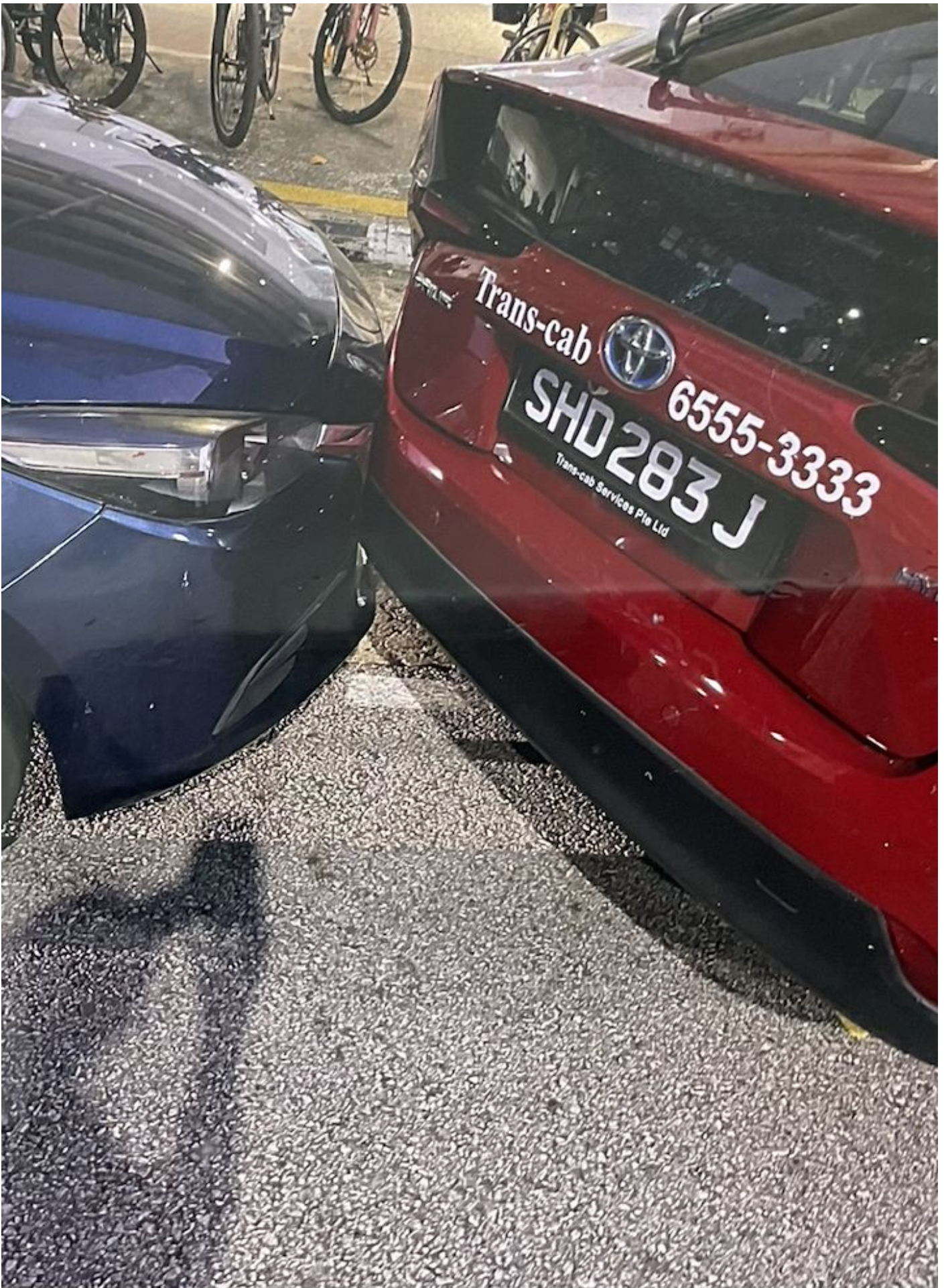
































**SINGAPORE  
POLICE FORCE**



T/20241022/2048

1 of 3

Report No. T/20241022/2048

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/10/2024 14:49	Vide Report No.: F/20241021/0156	Station Diary No.: 79
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**Informant's Particulars**

Name of Informant: LEE QIAN YI			Address: 295B COMPASSVALE CRESCENT #01-227 SINGAPORE 542295		
ID Type / ID No.: NRIC NO / S1539384Z			Contact No.: Home/Office: Mobile: 86866653		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 62	Date of Birth: 07/01/1962	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/10/2024 19:00	Type of Location: Straight Road
Location:  SENGKANG SQUARE				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHD283J	Motor car	TOYOTA	prius	Red	Slightly Damaged	0
SLM8931A	Motor car	MAZDA	3	Blue	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20241022/2048

2 of 3

Report No. T/20241022/2048

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

**CONTINUATION OF REPORT**

**Brief Details.**

I am Lee Qian Yi, and I am currently residing at APT BLK 295B Compassvale Crescent #01-227.

On 21/10/2024 at about 1900hrs, I was at Compass One taxi stand waiting for passengers when another car rear ended me.

I was driving my Toyota Prius (Transcab, SHD283J) while the car that hit me was driving a Mazda 3 (Getgo, SLM8931A). Both of us had no passengers in our car. When I got out of the car to confront him, he insisted on settling the matter privately, but I could not as the car does not belong to me.

Both the police and ambulance were present at my scene, and I was conveyed to Sengkang Hospital. I was given 7 days of Hospitalization leave from the 21/10/2024 until 27/10/2024.



**SINGAPORE  
POLICE FORCE**

T/20241022/2048

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20241022/2048

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
F /  
SGT 2 MOHAMMAD SYABIL BIN  
MUSTAFA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MUHAMMAD FARHAN BIN MOHAMED  
Contact No.: 65476224

NP168

Signature Of Informant:

Date/Time:  
22/10/2024 14:49

Classification Of Case: