

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	02/12/2024 12:22 (SGT)
Reported by	Actual Driver
Date of Accident	29/11/2024 12:40 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 6, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2418D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JOYRIDE.SG
Company Reg No	53384748J
Email Address	LEASING@GLOBALAUTOSPECIALIST.COM
Mobile Phone No	(Phone) +65-96391626
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797
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	5111054306-05

DRIVER

Name of Driver	LEE PING HOCK
NRIC No	S1602275F
Date Of Birth	20/06/1963
Occupation	Outdoor
Driving Pass Date	08/01/1985
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	39 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98007768
Alt. Phone Number	-
Email Address	LEASING@GLOBALAUTOSPECIALIST.COM
Address	416A FERNVALE LINK
Address complement	#06-110
Postcode	791416
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	Raining
Road Surface	Wet

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	PASSENGER 1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMR5977A
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE PING HOCK
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained 5 DAYS MC
 Injured person in which vehicle? SLR2418D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

IMPORTANT NOTICE

SKETCH PLAN

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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.

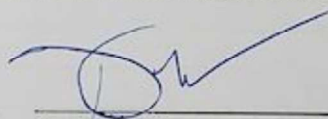
8. Consent under the Personal Data Protection Act (PDPA)

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


A - 8LR2418D
B - 3MR5977A

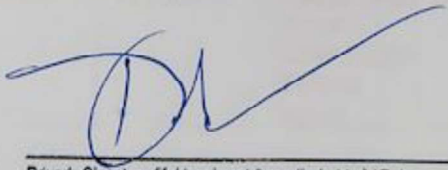



Describe Circumstance of the Accident

Please refer to police report no. T/2024-1129/2059

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)

2



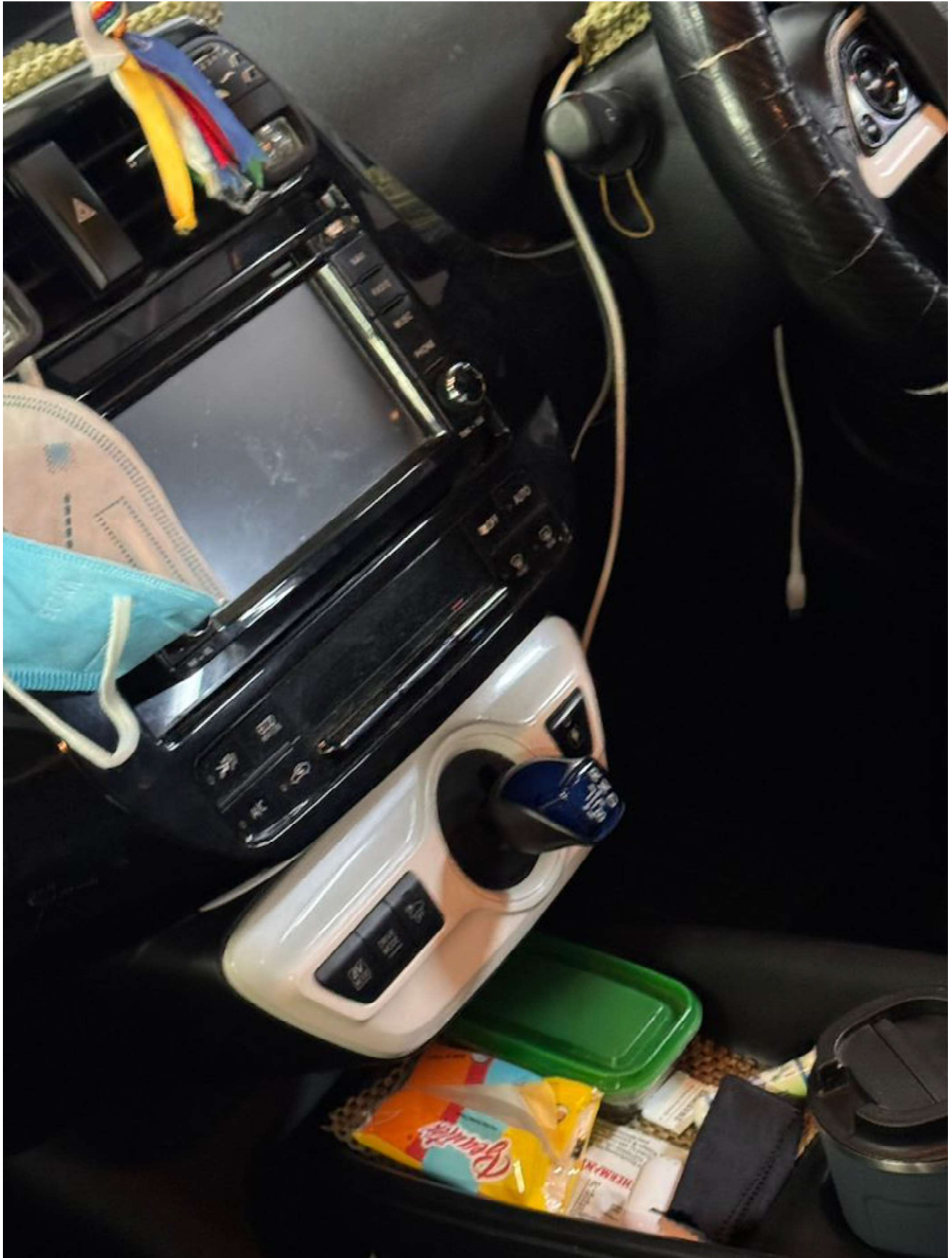




























**SINGAPORE
POLICE FORCE**



T/20241129/2059

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Report No. T/20241129/2059

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE PING HOCK	ID No.	S1602275F
Related Vehicle	SLR2418D (Motor car)	Contact No.	98007768
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	29/11/2024	Date Discharge	29/11/2024
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	SHAO XINYU	ID No.	G4140042R
Related Vehicle	SMR5977A (Motor van)	Contact No.	85450840
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 29/11/2024 at about 1240hrs, I was driving my vehicle, SLR2418D, along Ang Mo Kio Avenue 6, heading towards Lentor Avenue. Nearing towards the junction of Ang Mo Kio Avenue 6 and Ang Mo Kio Avenue 9, the vehicles ahead of mine was slowing down, as such I followed suit and slowed down. Suddenly, I felt an impact from the rear portion of my vehicle. I alighted and realised that a vehicle, SMR5977A, Lentors Medical Transport vehicle, had collided onto the rear portion of my vehicle. We both then exchanged particulars, took a few photos of the accident and went our separate ways.

On the same day, I felt pain on my neck, shoulder and back portion, as such I went to Mount Alvernia Hospital and was given 5 days of medical certificate.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



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Report No. T/20241129/2059

CONTINUATION OF REPORT

Signature of Officer Recording The
E /
SGT 3 Mohamnad Faizal Bin
Hashim Toh

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/11/2024 17:14

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65472079

Classification Of Case:

NP168



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20241129/2059

1 of 3

Report No. T/20241129/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
29/11/2024 17:14

Vide Report No.:

Station Diary No.:
67

Informant's Particulars

Name of Informant: LEE PING HOCK			Address: 416A FERNVALE LINK #06-110 SINGAPORE 791416		
ID Type / ID No.: NRIC NO / S1602275F			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile: 98007768		
Email:					
Sex: Male	Age: 61	Date of Birth: 20/06/1963	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2024 12:40	Type of Location: Straight Road
Location: ANG MO KIO AVENUE 6				
Lamp Post Number: 109F				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR2418D	Motor car	TOYOTA	PRIUS HYBRID 1.8S CVT	Brown	Slightly Damaged	1
SMR5977A	Motor van	TOYOTA	HIACE HIGH ROOF COMMUTER TURBO AUTO	White	Slightly Damaged	0

