

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 16:24 (SGT)
Reported by	Actual Driver
Date of Accident	29/11/2024 13:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG ANG MO KIO AVE 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5977A
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LENTOR AMBULANCE PTE LTD
Company Reg No	200511954H
Email Address	J.RAPHAEL.TAN@LENTORAMBULANCE.com
Mobile Phone No	(Phone) +65-94786533
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE HIGH ROOF COMMUTER TURBO AUTO
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	Government
Transmission	Auto
CC	2982
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMCVSNW00000442404

DRIVER

Name of Driver	SHAO XINYU
Passport No/FIN	G4140042R
Date Of Birth	15/01/1996
Occupation	Outdoor
Driving Pass Date	20/01/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85450840
Alt. Phone Number	-
Email Address	MR.SHAOXINYU@GMAIL.COM
Address	51 LENTOR AVENUE, SINGAPORE 786876
Address complement	-
Postcode	786876
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SLR2418D
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE PING HOCK
NRIC No	S1602275F
Contact Number	(Phone) +65-98007768
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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


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

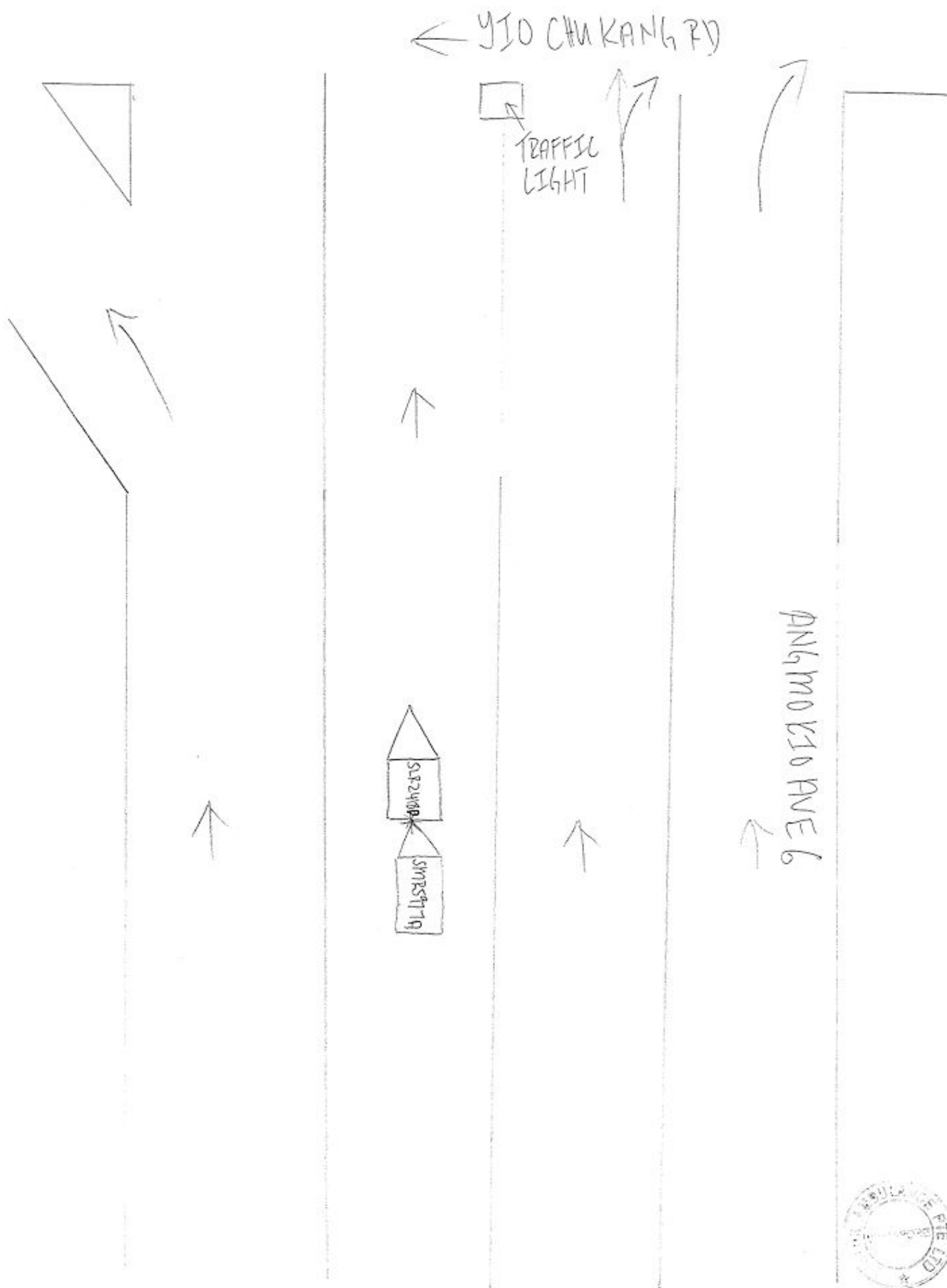

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Refer to the attachment.

vJun2022

5



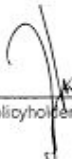

Describe Circumstance of the Accident

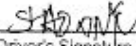
Refer to the attachment

No video was taken during the accident.

Declaration

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

 
Policyholder's Signature / Date & Time


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

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

DAMAGE TO / LOST OF COMPANY'S PROPERTY**INCIDENT REPORT****For Company Use Only (Tick ☒ the box where applicable):**

<input type="checkbox"/>	Lentor Ambulance Pte Ltd
<input type="checkbox"/>	Lentor Ambulance Services Pte Ltd

Reporting Person:	SHAD XIN YU	Crew Leader:	—
Date of reporting	29/11/2024	Medic:	—
		Driver:	SHAD XIN YU

A. DATE / TIME/ LOCATION OF INCIDENT/ DETAILS & CONTACT NO. OF OTHER PARTY

29/11/2024
12:00
Ang Mo Kio AVE 6 Yio CHU kang RD.

B. DETAILS OF INCIDENT

on 29 November 2024, while driving vehicle SLP5971A along Ang Mo Kio AVENUE 6, my vehicle touched the rear of vehicle SLP2418D. Prior to the incident, vehicle SLP2418D was stationary before the traffic light. There were several cars also stationary in front of vehicle SLP2418D. Responding to the traffic light, while stepping on the break trying to bring my vehicle to a stop, the front of my vehicle touched the rear of vehicle SLP2418D.

after the incident, the driver of vehicle SLP2418D and myself stopped ~~at~~ out of our vehicle to exchange particulars. I noticed there are a passenger seated at the rear passenger seat of vehicle SLP2418D. There was no mention of any injuries sustained because of the incident. at the time of the incident, all parties involved including myself seemed uninjured.

I make this Report BASED on the best of my memory

* Please attach pictures showing the damages.

C. REMARKS

Please tick on either of the boxes. (Please tick even if there is insurance coverage for accidents.



I acknowledge that the incident is caused by me and agree to pay for part of the repair/damages caused. I also kindly ask the company to exercise leniency and allow me to continue putting my best efforts for the



I am not responsible for the damages.

NB: If eventually you are found to be responsible for the incident, you will be severely punished with Full KPI deduction and other suitable punishment or deductions. Further disciplinary action will also be taken against you for falsifying the statement and facts.

Agreement For Payment of Damage to / LOST OF Company's Property

I SHAO XIN YU (Name of staff), hereby acknowledge that I am liable to half/ full* the amount for the cost of the repair/ replacement* of the below company's property which was lost/ damaged* while under my charge. For damage to vehicle, the recovery of costs can include loss of use and claim by Third Party not claimable via insurance cover.

The final sum payable will be made known to me **AFTER** a quotation from the Company's designated vendor is available and the final investigation is completed. Any appeal must be made in writing to the Management within 2 days of the date when the total sum payable is made known.

The monies will be recovered through the deduction of salary, monthly case incentives, allowances or bonus deemed appropriate by the Company in line with the regulations set down by the Ministry of Manpower.

Staff

Signed: SHAO XIN YU Date: 29/11/2024

Name: SHAO XIN YU Employee No: E778

Witnessed by (Operations Team)

Signed: [Signature] Date: 29/11/2024

Name: JOSHUA TAN Position: DM

*Strike off where applicable













LENTOR AMBULANCE PTE LTD

51 Lentor Avenue, Singapore 786876 Tel: 6451 300 Fax: 6450 3616
Co Reg. No.: 200511954H GST Reg No.: 200511954H

Date: 2 December 2024

TO WHOM IT MAY CONCERN

RE: SMR5977A

This letter serves to inform that Shao Xinyu NRIC GXXX0042R hereby be authorized to report on behalf of the Company on accidents for the above mentioned vehicle.

For further information, you may contact the under-signed at this telephone number 9478 6533 or email: j.raaphael.tan@lentorambulance.com

Yours faithfully,
for Lentor Ambulance Pte Ltd



Joshua Raphael Tan Kuan Hong
Operations Manager