

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	01/07/2024 13:25 (SGT)
Reported by	Actual Driver
Date of Accident	28/06/2024 21:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BESAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK3515K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LION CITY RENTALS PTE LTD
Company Reg No	2XXXXX621K
Email Address	lcrarc@lioncityrentals.com.sg
Mobile Phone No	(Phone) +65-62525525
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

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MFL0002571

DRIVER

Name of Driver	ANG GEOK GWEE
NRIC No	SXXXX738H
Date Of Birth	27/09/1968
Occupation	Outdoor

Driving Pass Date	25/10/1989
Driving experience	34 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81575653
Alt. Phone Number	-
Email Address	lcrarc@lioncityrentals.com.sg
Address	BLK 429B, YISHUN AVE 11 #08-536
Address complement	-
Postcode	762429
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 - Change/cross lane
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?	No
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX1768J
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLK3515K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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.
6. The 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.

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

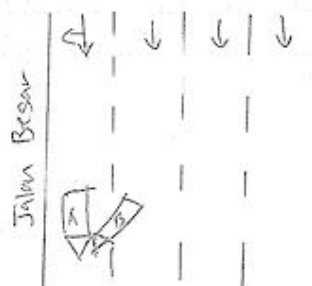
Angie

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A - SLK 3515L

Veh B - Qx 1768J

Describe Circumstances of the Accident

Refer to police report .

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Angie George

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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20240629/2010

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20240629/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2024 01:45		Vide Report No.: A/20240628/0122		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: ANG GEOK GWEE			Address: 429B YISHUN AVENUE 11 #08-356 SINGAPORE 762429		
ID Type / ID No.: NRIC NO / S6838738H			Contact No.: Home/Office: Mobile: 81575653		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 55	Date of Birth: 27/09/1968	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 28/06/2024 21:50	Type of Location: Straight Road
Location: JALAN BESAR				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
QX1768J	Police Vehicle					0
SLK3515L	Motor car	TOYOTA		Silver		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240629/2010

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20240629/2010

CONTINUATION OF REPORT

Driver			
Name	ANG GEOK GWEE	ID No.	S6838738H
Related Vehicle	SLK3515L (Motor car)	Contact No.	81575653
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 28/06/2024 at about 2150hrs, I was driving a silver 'Toyota' car bearing, SLK3515L on the right most lane of a four-lane road along Jalan Besar. I came to a stopped as I needed to answer a call. Shortly, I felt an impact left side and realized that I was collided by Police car, QX1768J.

Traffic Police came down and taken away the SD card from my in-car camera. Case number is A/20240628/0122. I was not injured.



SINGAPORE
POLICE FORCE



T/20240629/2010

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20240629/2010

CONTINUATION OF REPORT

Signature of Officer Recording The
L /
SGT 3 KOH JIN BAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
SI JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Signature Of Informant:

Date/Time:
29/06/2024 01:45

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20240629/2011

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20240629/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2024 01:55		Vide Report No.: T/20240629/2010		Station Diary No.: 21
Informant's Particulars				
Name of Informant: ANG GEOK GWEE		Address: 429B YISHUN AVENUE 11 #08-356 SINGAPORE 762429		
ID Type / ID No.: NRIC NO / S6838738H		Contact No.: Home/Office: Mobile: 81575653		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 55	Date of Birth: 27/09/1968	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 28/06/2024 21:50	Type of Location: Straight Road
Location: JALAN BESAR				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
QX1768J	Police Vehicle					0
SLK3515L	Motor car	TOYOTA		Silver		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20240629/2011

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20240629/2011

CONTINUATION OF REPORT

Driver			
Name	ANG GEOK GWEE	ID No.	S6838738H
Related Vehicle	SLK3515L (Motor car)	Contact No.	81575653
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I had lodged a Road Traffic Accident Report, T/20240629/2010 and would like informed that my car was shaking tremendously after collided by the Police car.



SINGAPORE
POLICE FORCE



T/20240629/2011

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3

Report No. T/20240629/2011

CONTINUATION OF REPORT

Signature of Officer Recording The
L /
SGT 3 KOH JIN BAO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
SI JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Signature Of Informant:

Date/Time:
29/06/2024 01:55

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20240629/2025

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No. T/20240629/2025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2024 10:58		Vide Report No.: T/20240629/2010		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: ANG GEOK GWEE			Address: 429B YISHUN AVENUE 11 #08-356 SINGAPORE 762429		
ID Type / ID No.: NRIC NO / S6838738H			Contact No.: Home/Office: Mobile: 81575653		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 55	Date of Birth: 27/09/1968	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 28/06/2024 21:50	Type of Location: Straight Road
Location: JALAN BESAR				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
QX1768J	Motor car					0
SLK3515L	Motor car					0

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



**SINGAPORE
POLICE FORCE**



T/20240629/2025

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20240629/2025

CONTINUATION OF REPORT

Driver			
Name	ANG GEOK GWEE	ID No.	S6838738H
Related Vehicle	SLK3515L (Motor car)	Contact No.	81575653
Hospital/Clinic	ONECARE CLINIC JURONG WEST	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date Treatment	29/06/2024	Date Discharge	29/06/2024
No. of Days granted Medical Leave	03	Degree of	NIL

Brief Details.

The next day after lodging T/20240629/2010, I woke up and suffered a headache and shoulder pain. I went to consult a doctor at Onecare Clinic Jurong West and was given 3 days MC (MCJW012142) from 29/06/24 to 01/07/24



SINGAPORE
POLICE FORCE



T/20240629/2025

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20240629/2025

CONTINUATION OF REPORT

Signature of Officer Recording The
J/

SGT 1 Cordelia Tan Fong Yu

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/06/2024 10:58

Officer In Charge Of Case:

TP / DDGVT /

SI JOFILIANO BIN MOHAMED ALI

Contact No.: 65476960

Classification Of Case:

NP168