

## 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 .....        | 08/08/2024 14:32 (SGT)                                    |
| Reported by .....                     | Both Policyholder and Actual Driver                       |
| Date of Accident .....                | 06/08/2024 22:55 (SGT)                                    |
| Exact Location of Accident .....      | Near 673 Choa Chu Kang North 5, Singapore 680702          |
| Additional Location Information ..... | JUNCTION OF CHOA CHU KANG NORTH 5 AND CHOA CHU KANG DRIVE |
| Country/State of Loss .....           | Singapore   |

### DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SLE527D |
|-----------------------------------|---------|

#### INSURED/POLICYHOLDER

|                                |                      |
|--------------------------------|----------------------|
| Is company? .....              | Yes                  |
| Name Of Registered Owner ..... | RIDE NOW PTE LTD     |
| Company Reg No .....           | 201628643D           |
| Email Address .....            | SUPPORT@RIDENOW.SG   |
| Mobile Phone No .....          | (Phone) +65-91380218 |
| Alternative Phone No .....     | -                    |

#### VEHICLE PARTICULARS

|  |                     |
|--|---------------------|
| Manufacturer .....   | Honda               |
| Model .....  | Vezel               |
| Variant .....  | -                   |
| Exact purpose for which vehicle was being used at time of accident .....           | Private use         |
| Are you claiming under your own insurance policy for repair to your vehicle? ..... | No - Reporting only |
| Vehicle Category .....   | Commercial vehicle  |
| Transmission .....   | Auto                |
| CC .....   | 1496                |
| 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 ..... | DMHCSNA00028882301                            |

#### DRIVER

|  |                          |
|--|--------------------------|
| Name of Driver .....   | LEE JIA XING             |
| NRIC No .....  | T0017240A                |
| Date Of Birth .....  | 20/05/2000               |
| Occupation .....   | Indoor                   |
| Driving Pass Date .....  | 25/01/2024               |
| Driving License Pass Class .....                                   | 3                        |
| Driving License Validity .....                                     | Valid                    |
| Driving experience .....   | 7 MONTHS                 |
| Gender .....   | Male                     |
| Mobile Number .....  | (Phone) +65-97225774     |
| Alt. Phone Number .....  | -                        |
| Email Address .....  | JONATHAN.LJX@GMAIL.COM   |
| Address .....  | 771 CHOA CHU KANG ST. 54 |
| Address complement .....   | 07-63                    |
| Postcode .....   | 680771                   |
| 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 on collision |
| 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) .....   | 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 .....   | JOSIAH |
| Gender ..... | Male   |

#### 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 SUMMARY & 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 .....             | SHA3868T             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Taxi                 |
| Name of Driver .....                          | -                    |
| Contact Number .....                          | (Phone) +65-96655167 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |

**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.

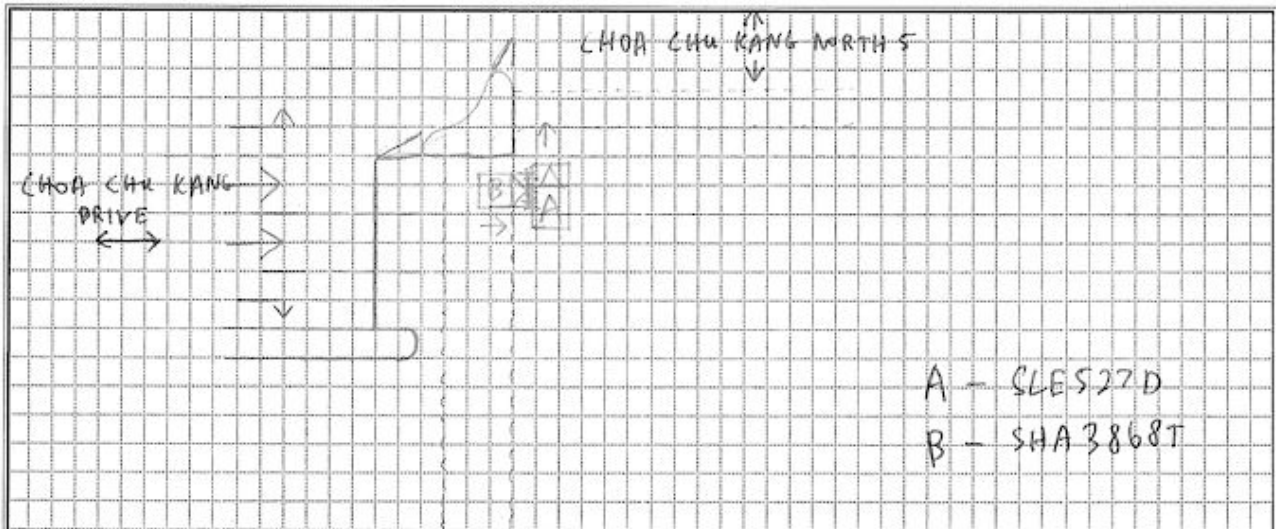


Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



## Describe Circumstance of the Accident

ON 06/08/2024 AT ABOUT 10.55PM, MY VEHICLE A (SLE527D) WAS DRIVING ALONG CHOA CHU KANG NORTH 5 TOWARDS LIMBANG SHOPPING CENTER. UPON CROSSING THE JUNCTION OF CHOA CHU KANG DRIVE, I SUDDENLY FELT AN IMPACT FROM THE LEFT PORTION OF MY VEHICLE A (SLE527D). WHEN I EXITED MY VEHICLE, I SAW THAT VEHICLE B (SHA3868T) FRONT PORTION HAD COLLIDED WITH THE LEFT PORTION OF MY VEHICLE A (SLE527D). AFTER THE ACCIDENT, THE DRIVER OF VEHICLE B (SHA3868T) AND I EXCHANGED PHONE NUMBERS.



## 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)



















中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Hire Car

MZ40SL/B

E SN

AN0367A

Cov. Type:T

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

|  |   |  |
|--|---|--|
| CERTIFICATE No.  | DMHCSNA0002882301   | Engine No.: L15B4033986<br>Chassis No.: RU11113961 |
| 1. Index Mark and Registration Number of Vehicle   | SLE527D   |  |
| 2. Name of Policy Holder   | RIDE NOW PTE LTD  |  |
| 3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment | 28/12/2023<br>(00:00:00)  |  |
| 4. Date of Expiry of Insurance   | 22/12/2024  |  |
| 5. Persons or Classes of Persons entitled to drive*  | <p>As per Named Driver(s) stated below.<br/>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>   |  |
| 6. Limitations as to use.*   | <p>(1) Use for the carriage of passengers or goods in connection with the Policyholder's business.<br/>(2) Use for social domestic pleasure purposes and business purposes of any person to whom the vehicle is hired.</p> <p>The Policy does not cover<br/>(1) Use for racing, pace-making, reliability trial or speed-testing.<br/>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> |  |

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: Tan Canxing  
Authorised Officer

张世义  
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road, #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.ctaiping.com



**RIDE NOW PRIVATE LIMITED**

No. 1 Bukit Batok Crescent WCEGA Plaza  
#04-40 Singapore 658064  
R.O.C.: 201628643D

TEL: 67343438

Date : 8 August 2024

Authorised letter for accident reporting for SLE527D

We Ride Now Private Limited authorised LEE JIA XING T0017240A to make accident report for DOA7-AUG-2024.

Thank you.





## Ride Now Pte Ltd

1 BUKIT BATOK CRESCENT #04-40 WCEGA PLAZA  
SINGAPORE 658064 CO. REGN NO.: 201628643D

TEL: 67343438  
FAX: 67343478

### RENTAL AGREEMENT

REF NO: RN24-22679

#### HIRER'S PARTICULARS



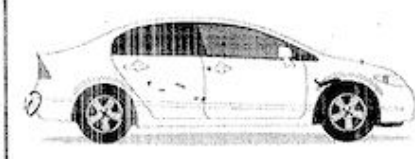

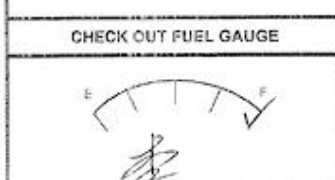
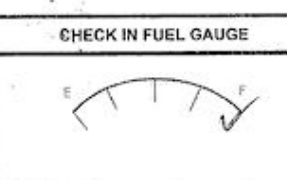
NAME: LEE SECK ENG  
NRIC/PASSPORT: S1489987A  
CONTACT: 88511609  
ADDRESS: BLK 771 CHOA CHU KANG STREET  
54 #07-63 SINGAPORE 680771

#### RELIEF DRIVERS

Driver Contact  
LEE JIA XING (T0017240A) 97225774  
LEE MING FENG, JOSIAH 88774370  
(T0207305B)

| RENTAL DETAILS    |  |
|-------------------|--|
| CAR:              | Honda/Vezel                                |
| REGISTRATION:     | SLE527D                                    |
| COLLECT DATE:     | 6 Aug 2024                                 |
| RETURN DATE:      | 7 Aug 2024                                 |
| P-PLATE:          | No   |
| GPS:              | No   |
| VEHICLE DELIVERY: | No   |
| REMARKS:          | FOC // SG ONLY // REPLACEMENT FOR SMV1391U |

| RENTAL CHARGES                     |        |
|------------------------------------|--------|
| SUBTOTAL                           | \$0.00 |
| TOTAL                              | \$0.00 |
| AMOUNT PAID                        | \$0.00 |
| BALANCE DUE                        | \$0.00 |
| REFUNDABLE DEPOSIT                 | \$0.00 |
| Cash / Nots / Credit Card / Cheque |        |

| (A) - ACCIDENTS (D) - DENTS (S) - SCRATCHES   |   |
|---|---|
|  |  |
|  |  |
| CHECK OUT FUEL GAUGE  | CHECK IN FUEL GAUGE   |
|  |  |
| ADDITIONAL NOTES  |   |

| COLLECTION OF VEHICLE |            |
|-----------------------|------------|
| OUT DATE              | 6 Aug 2024 |
| TIME AM/PM            | 4:50pm     |
| MILEAGE OUT IN KM     | 076440     |
| FUEL LEVEL            | 100%       |
| CHECKED OUT BY:       | yu         |


| RETURN OF VEHICLE |            |
|-------------------|------------|
| IN DATE           | 7 Aug 2024 |
| TIME AM/PM        | 2:30am     |
| MILEAGE IN KM     | 076493     |
| FUEL LEVEL        | 100%       |
| CHECKED IN BY:    | yu         |

| I agree to pay for the following damages |            |
|--|------------|
| DAMAGES:                                 | SIGNATURE: |
| REFUNDED:                                |            |

The hirer hereby read and understood all terms and conditions stated on this page and overleaf

  
Hirer Signature  
Date: 2024-08-06  
Time:

527

  
Approving Officer  
TRAVIS SEAH