

## 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 Authorised 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 ability.
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 Report	23/08/2018 12:20
Date Of Accident	21/08/2018 13:20
Exact Location Of Accident	ALONG BOON LAY WAY (COMMONWEALTH AVE WEST)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR170E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEMON HONG FAR EAST
Co Reg No	53367460C
Email Address	1985HQL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98341626
Alternative Phone No	OFFICE-98341626

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093386670
Cover Note Number	

### Driver

Name of Driver	ANG CHUANG LII ,LEON
NRIC No	S8502668B
Date Of Birth	14/02/1985
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2009
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98341626
Fax Number	
Contact Number	OTHERS-98341626
E Mail Address	1985HQL@GMAIL.COM

Address	BLK 286B TOH GUAN ROAD #03-28
Postcode	602286
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF2376Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

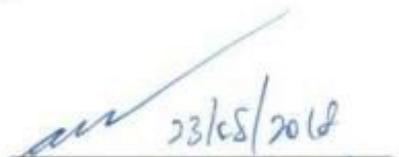
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

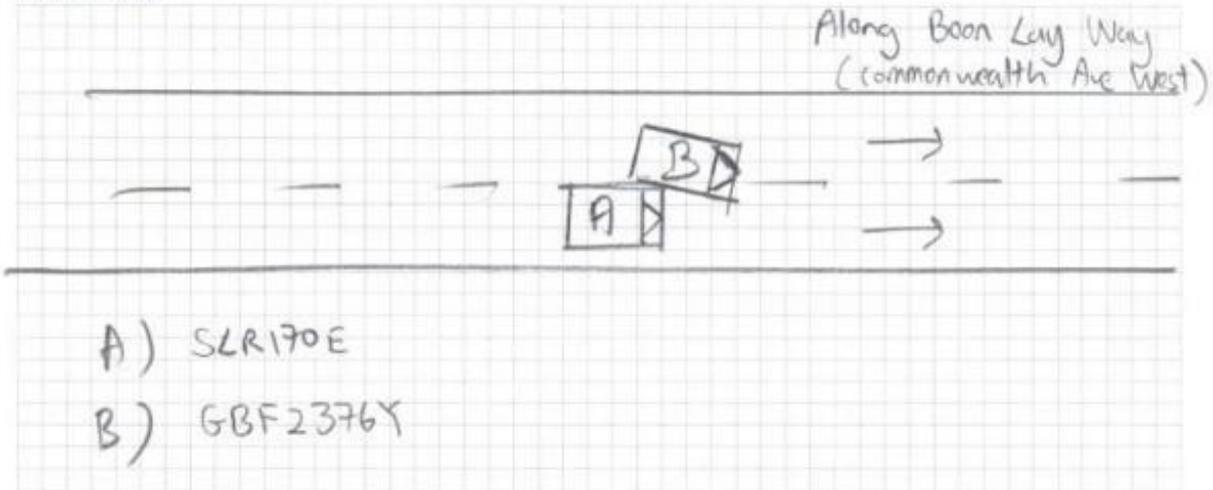
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:  
23/08/18, 10:00 AM

  
\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:  
23/08/18, 10:00 AM

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
23/08/2018  
Jesli WATARS

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21-AUGUST-2018, at around 1:20pm, I was driving along Boon Lay Way (Commonwealth Ave West), when a vehicle (DHLVAN - GBF2376Y) suddenly cuts into my lane from the left hand side (sideline) and causes damage to my vehicle SLR170E (Attached Pics) are the damages. At that moment, there were passengers in my vehicle (Attached Pics) of my RYDE booking for my private hire car.

I stopped the vehicle to exchange details and particulars but the van driver came out of his van and approached me in a fierce and intimidating manner and he highlighted to claim settle by insurance. He walked back to his vehicle and drove away. I came down to take a picture of my damaged vehicle and then send my passengers to their location.

\* Note: I will also include dashcam footage as main evidence for the reckless behavior of the driver of GBF2376Y. as he was endangering my passengers, me as well as his own life.

DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:  
23/08/18, 10:00 AM

*[Signature]*  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:  
23/08/18, 10:00 AM

*[Signature]* 23/08/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: *[Signature]*

## INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

## Business Profile (Business) of LEMON HONG FAR EAST (53367460C)

Date: 27/07/2017

## The Following Are The Brief Particulars of :

Name of Business	: LEMON HONG FAR EAST
Former Name(s) if any	:
Date of Change of Name	:
Registration No.	: 53367460C
Registration Date	: 27/07/2017
Commencement Date	: 27/07/2017
Status of Business	: Live
Status Date	: 27/07/2017
Renewal Date	:
Expiry Date	: 27/07/2018
Renewal via GIRO	: NO
Constitution of Business	: Sole-Proprietor
Principal Place of Business	: 286B TOH GUAN ROAD #03-28 SINGAPORE (602286)
Date of Change of Address	:

## Principal Activities

Activities (I)	: PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	:
Activities (II)	:
Description	:

## Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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## Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry	Position
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**Business Profile (Business) of LEMON HONG FAR EAST (53367460C)**

Date: 27/07/2017

**Existing Sole-Proprietor(s) / Partner(s)**

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry	Position
LEON ANG	S65026688	SINGAPORE CITIZEN	286B TOH GUAN ROAD #03-28 SINGAPORE (602286)	ACRA	27/07/2017	Owner

**Withdrawn Partner(s)**

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
					Position	

**Abbreviation**

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

PLEASE NOTE THE INFORMATION HEREIN CONTAINED IS EXTRACTED FROM FORMS/TRANSACTIONS FILED WITH THE AUTHORITY

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES SINGAPORE

RECEIPT NO. : ACRA170727035128 (Free Business Profile by ACRA)

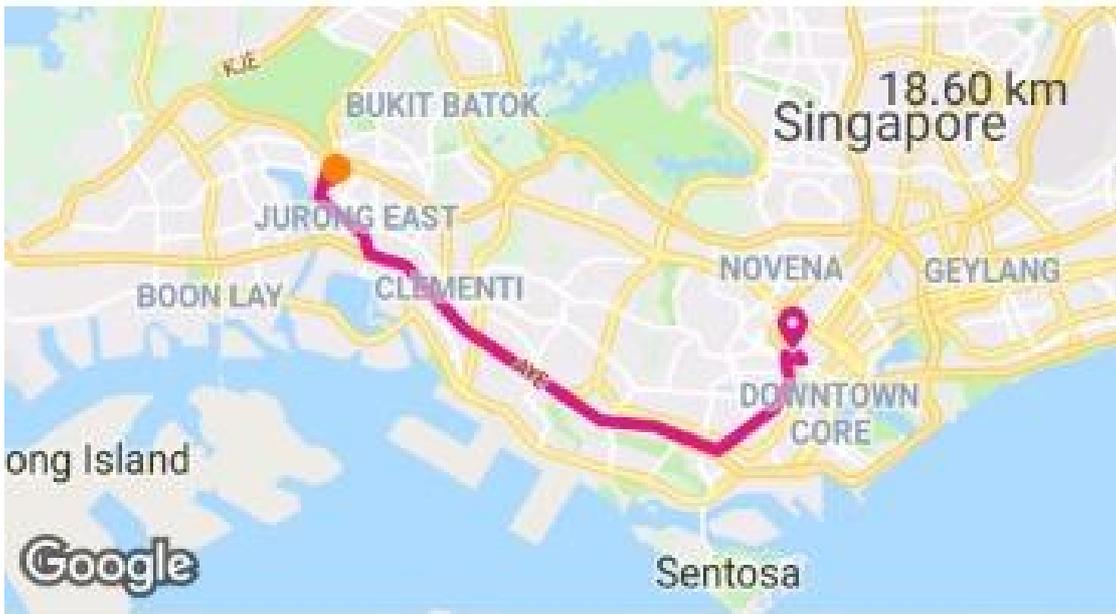
DATE : 27/07/2017

This is computer generated. Hence no signature required.

← Trip Details

**Amanda**

5.00 ★ 17



Tue, 21 Aug, 2018, 01:08 PM



**\$16.60**

Per Trip2

RYDEPAY

- 215 Jurong East Street 21, Block 215,  
Singapore 600215
- ⋮
- Plaza Singapura, 68 Orchard Road, Singapore  
238839



Accident Photo



Accident Photo



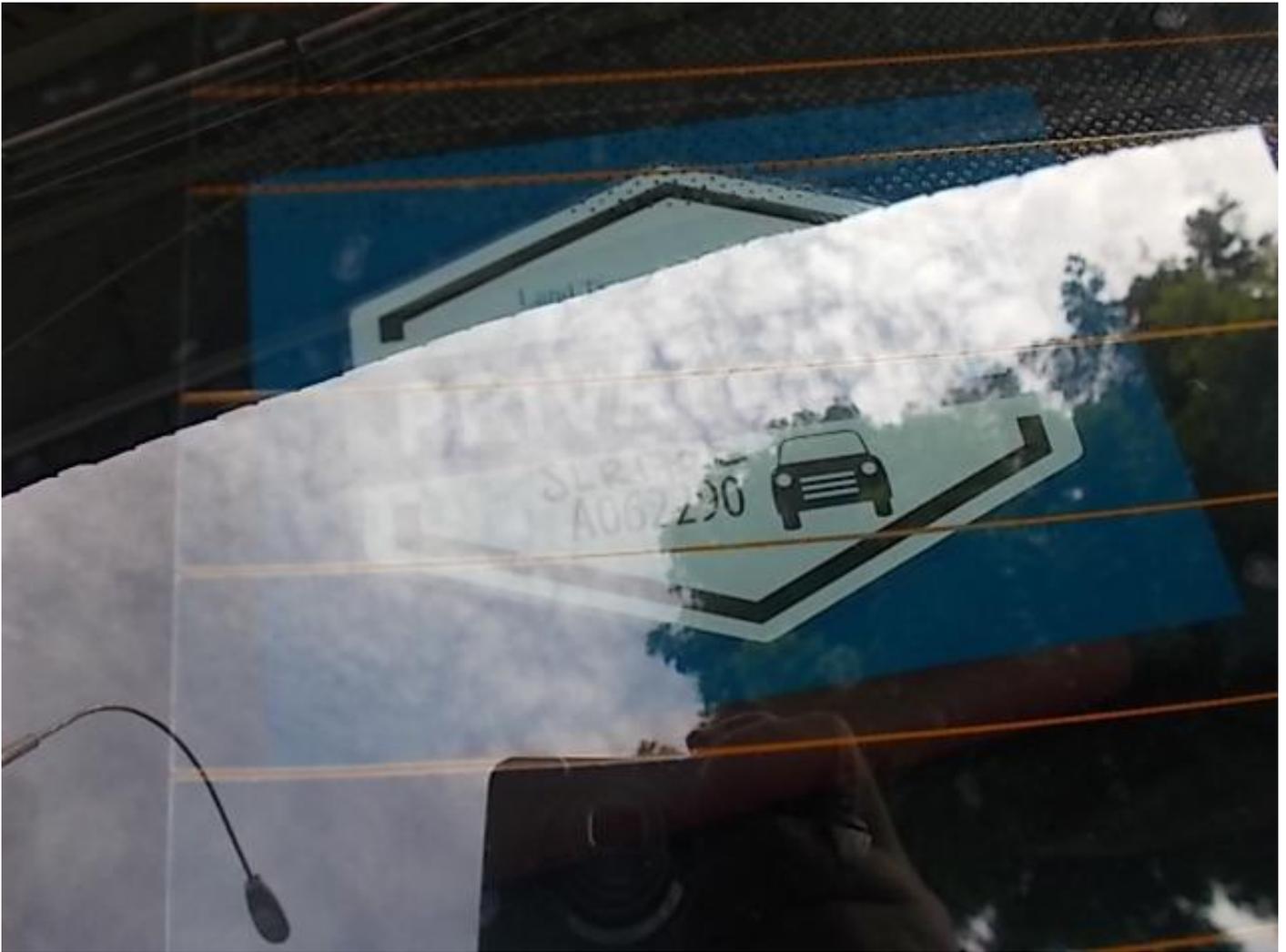
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