

# 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 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 Submission ..... 11/01/2021 15:18 (SGT)  
Date of Accident ..... 10/01/2021 04:00 (SGT)  
Exact Location of Accident ..... Yishun Avenue 2 & Yishun Central, Singapore  
Additional Location Information ..... CROSS JUNCTION YISHUN AVE 2 & YISHUN CENTRAL  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLJ6515Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LION CITY RENTALS PTE LTD  
Company Reg No ..... 201504621K  
Email Address ..... rentals@lioncityrentals.com.sg  
Mobile Phone No ..... (Phone) +65-62525525  
Alternative Phone No ..... (Office) +65-62525525

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Axio  
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

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 20-ML000144-R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HO SOO BEE, SOPHIA (HE SHUWEI, SOPHIA)  
NRIC No ..... S7319169F  
Date Of Birth ..... 23/05/1973  
Occupation ..... Outdoor

|  |                         |
|--|-------------------------|
| Date Of Driving Pass .....   | 10/09/1997              |
| Driving experience .....   | 23 YEARS AND 4 MONTHS   |
| Gender .....   | Female                  |
| Mobile Number .....  | (Phone) +65-94315432    |
| Alt. Phone Number .....  | -                       |
| Email Address .....  | SOPHIA73WORK@GMAIL.COM  |
| Address .....  | 304 WOODLANDS STREET 31 |
| Address complement .....   | -                       |
| Postcode .....   | 730304                  |
| 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 material 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  |

#### DETAILS OF POLICE ACTION

|   |                                    |
|---|------------------------------------|
| Was the accident reported to the police? .....  | Yes                                |
| Police Station Name .....                       | Woodlands Division Headquarters    |
| Police Station Phone No .....                   | (Phone) +65-18004660000            |
| Police Station Address .....                    | 1 Woodlands St 12 Singapore 738622 |
| Was notice of intended Prosecution given? ..... | No                                 |
| If yes, against whom? .....                     | -                                  |

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKECTH PLAN

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | Yes |
| Was there any video captured by Car Camera? .....   | No  |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                    |
|-----------------------------------|--------------------|
| Vehicle Registration Number ..... | GBD9794M           |
| Vehicle Manufacturer .....        | -                  |
| Vehicle Model .....               | -                  |
| Vehicle Variant .....             | -                  |
| Vehicle Colour .....              | -                  |
| Vehicle Category .....            | Commercial vehicle |
| 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 ..... HO SOO BEE, SOPHIA (HE SHUWEI, SOPHIA)  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

SKETCH PLAN

IMPORTANT NOTICE

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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.

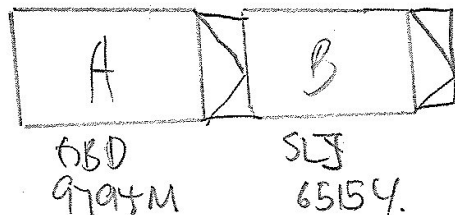


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to police report attached.

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





























**SINGAPORE  
POLICE FORCE**



L/20210111/7002

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**POLICE REPORT (NP299)**

Report No. L/20210111/7002

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

|  |  |                   |
|--|--|-------------------|
| Date/Time Report Made<br>11/01/2021 01:04                    | Vide Report No.  | Station Diary No. |
| Name Of Informant<br>HO SOO BEE, SOPHIA                      | Address<br>304 WOODLANDS STREET 31 #04-115 SINGAPORE 730304              |                   |
| ID Type / ID No.<br>NRIC NO / S7319169F                      | Contact No.<br>Home/Office: Mobile:<br>83328523                          |                   |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>sophia73work@gmail.com                                  |                   |
| Occupation<br>Private Hirer Driver                           | Sex<br>Female  | Age<br>47         |
| Institution/School Name                                      | Date of Birth<br>23/05/1973  | Race<br>Chinese   |
| Date/Time Of Incident<br>10/01/2021 04:00 - 10/01/2021 04:50 | Location Of Incident<br>304 WOODLANDS STREET 31 #04-115 SINGAPORE 730304 |                   |

**Brief details.**

Accident happen at yishun avenue 2 traffic junction at 4am

I am stopping at yishun Ave 2 junction waiting to turn right to Yishun central to pick up passenger. It was red light n my car was at a stopped and a while later I felt an impact behind my car. The car and I was moved forward a bit. After a while I turned around to see what has happen and saw a Toyota blue lorry (GBD9794) hit my car Toyota Axio silver (SLJ6515Y) . He got down from his lorry and asked if I am OK. I

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>11/01/2021 01:04   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



L/20210111/7002

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210111/7002

asked him what has happen. He said due to rain vision unclear but my replied to him was what he's doing the rain didn't caused any visibility problem. I took photos of his nric and driving license and called the number he gave me. He said to claim his insurance.

Due to persistent rain, after 15 mins, we moved the car to block 605 Yishun St 61 where the lorry owner said he own a vegetable store there.

Took Photos of damaged car but not the full place of accident happened. After a while I felt strain at my neck and back on my right n headache came after.

Told driver I'm going to see doctor on this strain, he agreed. He took my driver's license too.

| Subjects Involved |                                |                           |   |
|-------------------|--------------------------------|---------------------------|---|
| Victim            |                                |                           |   |
| Person Name       | HO SOO BEE, SOPHIA             |                           |   |
| ID Type           | NRIC NO                        | ID No                     | S7319169F   |
| Gender            | Female                         | Age                       | 47  |
| Race              | Chinese                        | Language                  | English   |
| Occupation        | Private Hirer Driver           | Address                   | 304 WOODLANDS STREET 31<br>#04-115 SINGAPORE 730304 |
| Mobile No         | 83328523                       | Is Informant A<br>Victim? | Yes   |
|                   |                                |                           |   |
| Person Name       | HO SOO BEE, SOPHIA (Informant) |                           |   |

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>11/01/2021 01:04   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



L/20210111/7002

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210111/7002

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|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>11/01/2021 01:04   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |
| Authentication Stamp   |  |



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66SS00206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SL0P211B0003 Vehicle Registration No: SLJ65134  
 Name (as shown in NRIC) : Ho Soo Bee, Sophia NRIC/FIN/Passport No : 999999999  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 324 Woodlands St 31 Singapore (730304)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 94315432  
 Email Address : \_\_\_\_\_  
 Date of Accident : 10 Jan 2021 Time of Accident : 0400  
 Place of Accident : Yishun Ave 2 to Yishun Central  
 Insurance Company : Tokio Marine Insurance Singapore

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add in third party details. & correct Email address.

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

\_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: