

# 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 Submission ..... 03/10/2022 17:59 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 02/10/2022 22:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LORONG 2 TOA PAYOH  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLQ7648D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MCQUEEN RENTAL PTE LTD  
Company Reg No ..... 201600605G  
Email Address ..... ask@mcqueenrentals.com  
Mobile Phone No ..... (Phone) +65-88585551  
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 hire  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5115168776-02-000036

### DRIVER

Name of Driver ..... TROVAAN YONG  
NRIC No ..... S7213842B  
Date Of Birth ..... 05/04/1972  
Occupation ..... Outdoor

Date Of Driving Pass .....	10/07/2019
Driving experience .....	3 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92445399
Alt. Phone Number .....	-
Email Address .....	yongtrovaan@gmail.com
Address .....	BLK 587 HOUGANG STREET 51 #12-69
Address complement .....	-
Postcode .....	530567
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 .....	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 .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
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? .....	Yes
Reasons for not uploading a video of the accident .....	WITH TP

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHC5204K
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	TROVAAN YONG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLQ7648D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

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**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.



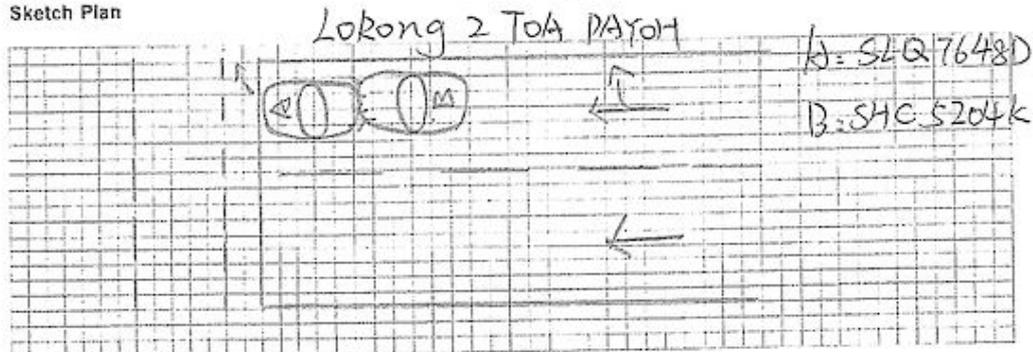
Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

Refer to the police report.

- Claim OD
- Claim Third Party
- Claim OD/TP at other workshop
- Reporting Only

Please forward a copy of my efile accident report to:  
My workshop: admin@supreme.sg.  
Email address :  
Myself email :  
Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

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**


T/20221003/2062

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20221003/2062

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/10/2022 14:37	Vide Report No.:	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: TROVAAN YONG			Address: APT BLK 567 HOUGANG STREET 51 #12-69 SINGAPORE 530567		
ID Type / ID No.: NRIC NO / S7213842B			Contact No.: Home/Office: Mobile: 92445399		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 05/04/1972	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Grab driver			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/10/2022 22:30	Type of Location: T-Junction
Location: LORONG 2 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5204K	Car				Seriously Damaged	0
SLQ7648D	Car				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20221003/2062

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Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20221003/2062

## CONTINUATION OF REPORT

Driver			
Name	LIM QUAN HOCK	ID No.	S1182069G
Related Vehicle	SHC5204K (Car)	Contact No.	83836606
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TROVAAN YONG	ID No.	S7213842B
Related Vehicle	SLQ7648D (Car)	Contact No.	92445399
Hospital/Clinic	BISHAN GRACE CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	03/10/2022	Date Discharge	03/10/2022
No. of Days granted Medical Leave	07	Degree of Injury	Slight

**Brief Details.**

On 02/10/2022 at about 2231hrs, I was driving my vehicle(SLQ7648D) along Lorong 2 Toa Payoh towards Braddell on the rightmost lane. I was on the rightmost lane at this point, as I intended to make a right turn into another road. I thus stopped my vehicle slightly angled to the right whilst I checked for oncoming traffic, and for the oncoming traffic to clear. Suddenly, I felt an impact come from the rear, and exited to make a check.

I thus discovered that a taxi(SHC5204K) had collided into the rear left portion of my car with the front right portion of his car. The taxi driver claimed that he had been on my lane, and attempted to switch lanes to the left, but had not made enough room and thus collided into my car. Police and paramedics were subsequently at scene, but no one was conveyed to hospital. I subsequently felt pain on my neck, and stiffness in both shoulders, and sought medical attention at Bishan Grace Clinic where I received 7 days of MC from 03/10/2022 to 09/10/2022. My vehicle does have an in-car camera installed within, directed at both the front and rear of the vehicle, but I have yet to check the footage as it is a rental vehicle. I am lodging this report for police and insurance follow up purposes. I do have footage of the incident which I have received from a witness named Kelvin.



**SINGAPORE  
POLICE FORCE**



T/20221003/2062

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20221003/2062

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report: E / SGT 2 LEE QI, THEODORE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2022 14:37
Officer In Charge Of Case: TP / GIT / STAFF SGT ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131	Classification Of Case:

NP168



McQueen Rentals Contact: +65 8858 5551 / [ask@mcqueenrentals.com](mailto:ask@mcqueenrentals.com)

## **McQUEEN RENTALS**

### **VEHICLE LEASE AGREEMENT**

This VEHICLE LEASE AGREEMENT ("The Agreement") is made on 25/7/2022 (DATE)

Between **McQueen Rentals Pte Ltd (Co. Registration 201600605G)**  
**47 JALAN PEMIMPIN, #01-01 HALCYON 2; SINGAPORE 577200**  
*Hereinafter referred to as "The Owner" of the one part*

And **Name** : Trovaan Yong  
**Address** : BLK 567 Hougang St 51 #12-69 S530637  
**NRIC #** : S7213842B  
**Date of Birth** : 05.04.1972  
**Tel.** : 92445399  
**Email Address**: yongtrovaan@gmail.com  
**N.O.K Name** :  
**N.O.K Tel.** :  
*Hereinafter also known as the "The Hirer" of the other part*

Hirer acknowledges he must inform McQueen Rentals if any of his contact details change.

The Owner will lease to The Hirer the vehicle with the below details, hereinafter referred to as "The Vehicle" with the terms & conditions set out in The Agreement contained herein: -

**1. DESCRIPTION OF VEHICLE**

- a) **Make & Model** : Toyota Prius Hybrid  
b) **Registration No.** : SLQ7648D

**2. LEASE PERIOD ("Initial Lease Period")**

- a) **Initial Lease Period** : 3 months  
b) **Effective from** : 4/8/2022

**3. AMOUNTS OF RENTAL FEE / SECURITY DEPOSIT / ADVANCE PAYMENT**

It is hereby agreed between both parties that:

- a) The rental fee (herein after "The Rental") shall be S\$ 65 before gst per day.  
b) The security deposit (hereinafter "The Deposit") shall be S\$ 500.  
c) The amount of S\$ \_\_\_\_\_ as the 1<sup>st</sup> week's advance rental payment shall be paid by The Hirer and has been received by The Owner (hereinafter referred to as "Advance Payment").  
d) The Hirer declares this is Non Private Hire Use. \_\_\_\_\_ Hirer to Initial If So.  
e) The Hirer declares this is for Private Hire Use (PDVL/TDVL to be furnished).

  
Owner Initials  
(via16)

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Trovaan Yong (Jul 25, 2022 11:16 GMT+8)  
Hirer's Initial