

# 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 ..... 19/08/2024 14:12 (SGT)  
Reported by ..... Actual Driver  
Date of Accident ..... 19/08/2024 09:20 (SGT)  
Exact Location of Accident ..... KPE, Singapore  
Additional Location Information ..... (MCE) BEFORE ERP  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNH7036T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FOCUS RENTALS PTE LTD  
Company Reg No ..... 201836450G  
Email Address ..... ACCIDENT@LUMENS.SG  
Mobile Phone No ..... (Phone) +65-98875600  
Alternative Phone No ..... (Office) +65-98875600

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... PLUS (AUTO)  
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 - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1798  
Vehicle Fuel ..... Petrol-Electric  
First Registration Date ..... -  
Chassis no ..... JTDZS3EU90J068547  
Effective Date/Time of Ownership ..... -

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D20MFL0007747\_03

### DRIVER

Name of Driver .....	LIM CHEN QING TERRY
NRIC No .....	S8900302D
Date Of Birth .....	07/01/1989
Occupation .....	Outdoor
Driving Pass Date .....	29/07/2020
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	4 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-87519180
Alt. Phone Number .....	-
Email Address .....	ACCIDENT@LUMENS.SG
Address .....	259B PUNGGOL FIELD #06-37
Address complement .....	-
Postcode .....	822259
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 .....	Chain 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 .....	3
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) .....	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 .....	UNKNOWN
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

ON 19/08/2024 AT AROUND 09:20 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION (SMH7036T) ALONG KPE (MCE) TOLL RD. I WAS ON LANE 1. AFTER CLEARING THE ERP TOLL, SUDDENLY, THERE WAS AN ACCIDENT INFRONT OF VEHICLE A. VEHICLE B BEARING REGISTRATION (SMS6325U) HAD COLLIDED HEAD TO REAR OF VEHICLE C BEARING REGISTRATION (SLA1688L). THE SUDDEN COLLISION CAUSED VEHICLE A UNABLE TO BRAKE FULLY IN TIME. VEHICLE A THEN COLLIDED HEAD TO REAR OF VEHICLE B. VEHICLE A SUFFERED DAMAGE ON THE FRONT. I SUSTAINED INJURY ON BOTH LEGS HOWEVER I WAS NOT CONVEYED.

#### 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 ..... SLA1688L  
Vehicle Manufacturer ..... Toyota  
Vehicle Model ..... CAMRY 2.4 AUTO ABS AIRBAG  
Vehicle Variant ..... -  
Vehicle Colour ..... Gray  
Vehicle Category ..... Private car  
Name of Driver ..... TAY TOK TONG  
NRIC No ..... S7927592A  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... FRONT AND REAR PORTION  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SMS6325U  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... ACCORD 2.4L  
Vehicle Variant ..... -  
Vehicle Colour ..... White  
Vehicle Category ..... Private car  
Name of Driver ..... MUHAMMAD AMIRUL ARIF BIN SAMAT  
NRIC No ..... S9630562A  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... REAR PORTION  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... LIM CHEN QING TERRY  
Gender ..... Male  
Phone No ..... (Phone) +65-87519180  
Address ..... 259B PUNGGOL FIELD #06-37  
Address Complement ..... -  
Post Code ..... 822259  
Approximate Age Years Old ..... 35  
Injuries Sustained ..... BOTH LEG INJURY  
Injured person in which vehicle? ..... SNH7036T  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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.



*John*



Policyholder's Signature / Date & Time

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

189/07/2824 - 11:05 HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON 19/08/2024 AT AROUND 09:20 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION (SMH7036T) ALONG KPE (MCE) TOLL RD. I WAS ON LANE 1. AFTER CLEARING THE ERP TOLL, SUDDENLY, THERE WAS AN ACCIDENT INFRONT OF VEHICLE A. VEHICLE B BEARING REGISTRATION (SMS6325U) HAD COLLIDED HEAD TO REAR OF VEHICLE C BEARING REGISTRATION (SLA1688L). THE SUDDEN COLLISION CAUSED VEHICLE A UNABLE TO BRAKE FULLY IN TIME. VEHICLE A THEN COLLIDED HEAD TO REAR OF VEHICLE B. VEHICLE A SUFFERED DAMAGE ON THE FRONT. I SUSTAINED INJURY ON BOTH LEGS HOWEVER I WAS NOT CONVEYED.

**Declaration**

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



























