

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 13:58 (SGT)
Reported by	Actual Driver
Date of Accident	19/08/2024 09:50 (SGT)
Exact Location of Accident	38 Cairnhill Rd, Singapore 229658
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML6925A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS PTE LTD
Company Reg No	201426961K
Email Address	ACCIDENT@LUMENS.SG
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	HYBRID 1.5G 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	1496
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	GB71080201
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0005826_03

DRIVER

Name of Driver	AMIN JUMAN BIN ABDUL JABBAR
NRIC No	S8727763A
Date Of Birth	11/09/1987
Occupation	Outdoor
Driving Pass Date	30/10/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87091090
Alt. Phone Number	-
Email Address	ACCIDENT@LUMENS.SG
Address	609 BEDOK RESERVOIR RD #08-654
Address complement	-
Postcode	470609
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 - Change/cross lane
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?	Yes
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 19/08/24 AT ABOUT 09:50HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SML6925A) ALONG CAIRNHILL RD ENROUTE FROM EMERALD HILL TOWARDS 38 CAIRNHILL RD (THE LAURELS) TO PICK UP PASSENGER. WHILE DRIVING ALONG CAIRNHILL RD , VEHICLE A HAD COLLIDED ONTO VEHICLE B (FBG4591Z) THAN VEHICLE A HAD LOST CONTROL AND MOUNTED ONTO THE KERB (C) AND COLLIDED ONTO THE TREE (D). VEHICLE A HAD DAMAGE ON FRONTAL PORTION. THE MOTORCYCLIST SUSTAINED NOSE BLEEDING AND RIGHT HAND ABRASION THAN THE MOTORCYCLIST HAD BEEN CONVEYED BY AMBULANCE TO TAN TOCK SENG.

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	FBG4591Z
Vehicle Manufacturer	Piaggio
Vehicle Model	VESPA LX150 CVT
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Motorcycle
Name of Driver	MEYYATPAN RAMAN
Contact Number	(Phone) +65-90281986
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT HAND SIDE
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	KERB
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	TREE
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	TREE AND BUSHES
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-

Approximate Age Years Old	-
Injuries Sustained	NOSE BLEEDING, RIGHT HAND ABRASION
Injured person in which vehicle?	FBG4591Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

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 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.



Policyholder's Signature / Date & Time

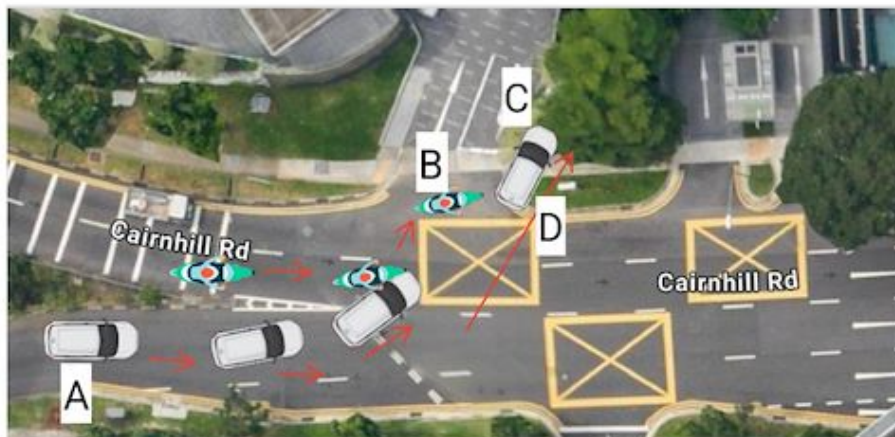
Sketch Plan

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

190824- 1130HRS



Witnessed by Reporting Centre Personnel



A- SML6925A
B- FBG4591Z
C- KERB
D- TREE AND BUSHES

38 CAIRNHILL ROAD

Describe Circumstances of the Accident

ON THE 19/08/24 AT ABOUT 09:50HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SML6925A) ALONG CAIRNHILL RD ENROUTE FROM EMERALD HILL TOWARDS 38 CAIRNHILL RD (THE LAURELS) TO PICK UP PASSENGER. WHILE DRIVING ALONG CAIRNHILL RD , VEHICLE A HAD COLLIDED ONTO VEHICLE B (FBG4591Z) THAN VEHICLE A HAD LOST CONTROL AND MOUNTED ONTO THE KERB (C) AND COLLIDED ONTO THE TREE (D). VEHICLE A HAD DAMAGE ON FRONTAL PORTION. THE MOTORCYCLIST SUSTAINED NOSE BLEEDING AND RIGHT HAND ABRASION THAN THE MOTORCYCLIST HAD BEEN CONVEYED BY AMBULANCE TO TAN TOCK SENG.

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

190824- 1130HRS



Witnessed by Reporting Centre Personnel



