

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	27/08/2024 09:32 (SGT)
Reported by	Actual Driver
Date of Accident	26/08/2024 09:00 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	TOWARDS CANBERRA ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH4442Z
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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	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)(2WD)
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	-
First Registration Date	-
Chassis no	-
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	LEE WEI HAN
NRIC No	S9006560B
Date Of Birth	24/02/1990
Occupation	Outdoor
Driving Pass Date	20/04/2011
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97659233
Alt. Phone Number	-
Email Address	accident@lumens.sg
Address	129 RIVERVALE STREET #15-852
Address complement	-
Postcode	540129
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	Collided into Motorcyclist
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)	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	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO:T/20240826/2022

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBS8292Y
Vehicle Manufacturer Yamaha
Vehicle Model T150
Vehicle Variant -
Vehicle Colour -
Vehicle Category Motorcycle
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 IMRAN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained RIDER INJURED
Injured person in which vehicle? FBS8292Y
Were seat belts worn? No
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person LEE WEI HAN
Gender Male
Phone No (Phone) +65-97659233
Address 129 RIVERVALE STREET #15-852
Address Complement -
Post Code 540129
Approximate Age Years Old -
Injuries Sustained FEELING GIDDY
Injured person in which vehicle? SNH4442Z
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 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 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.



Lee

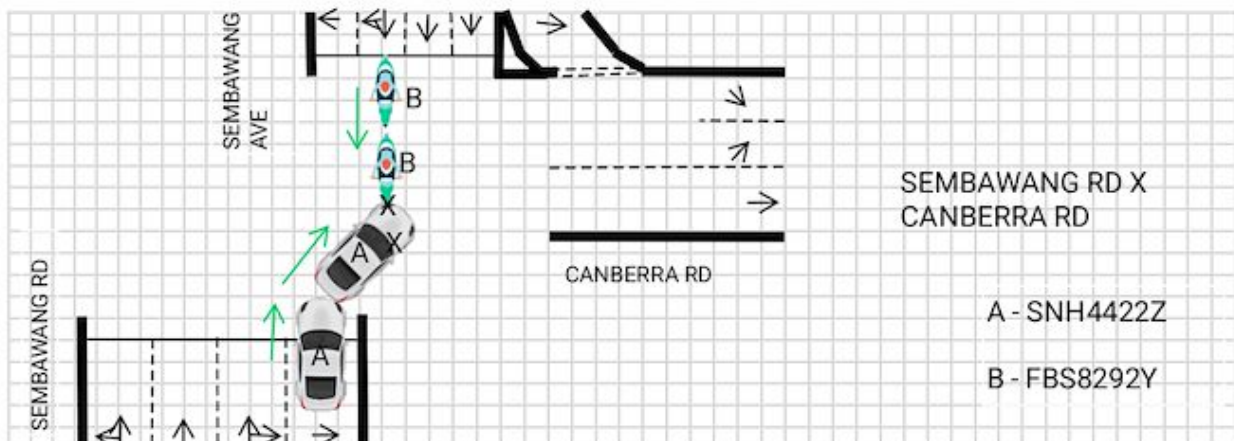


Policyholder's Signature / Date & Time

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

26/08/2024 1020HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

REFER TO POLICE REPORT NO:T/20240826/2022

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Lee

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

26/08/2024 1020HRS



Witnessed by Reporting Centre Personnel

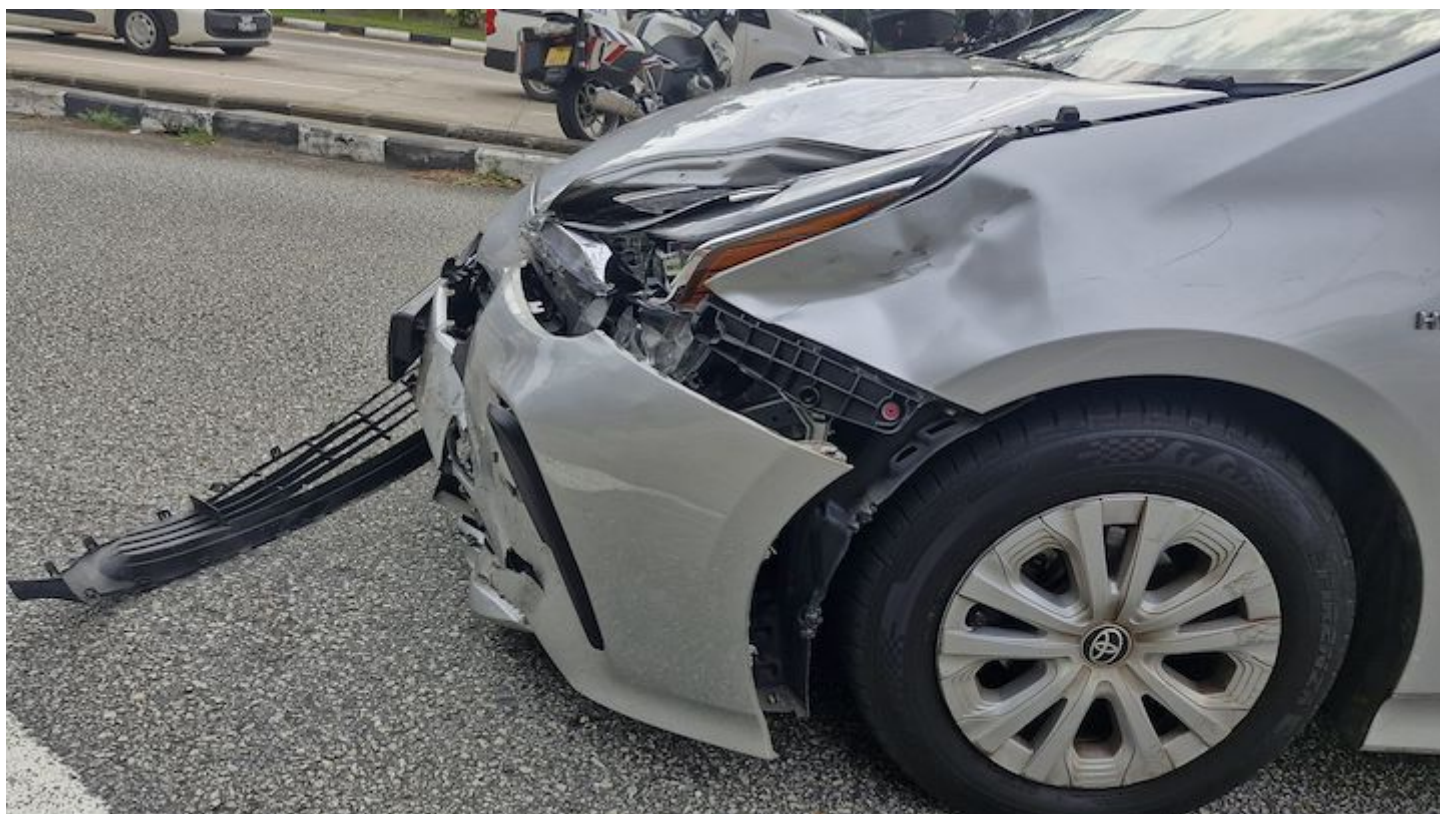






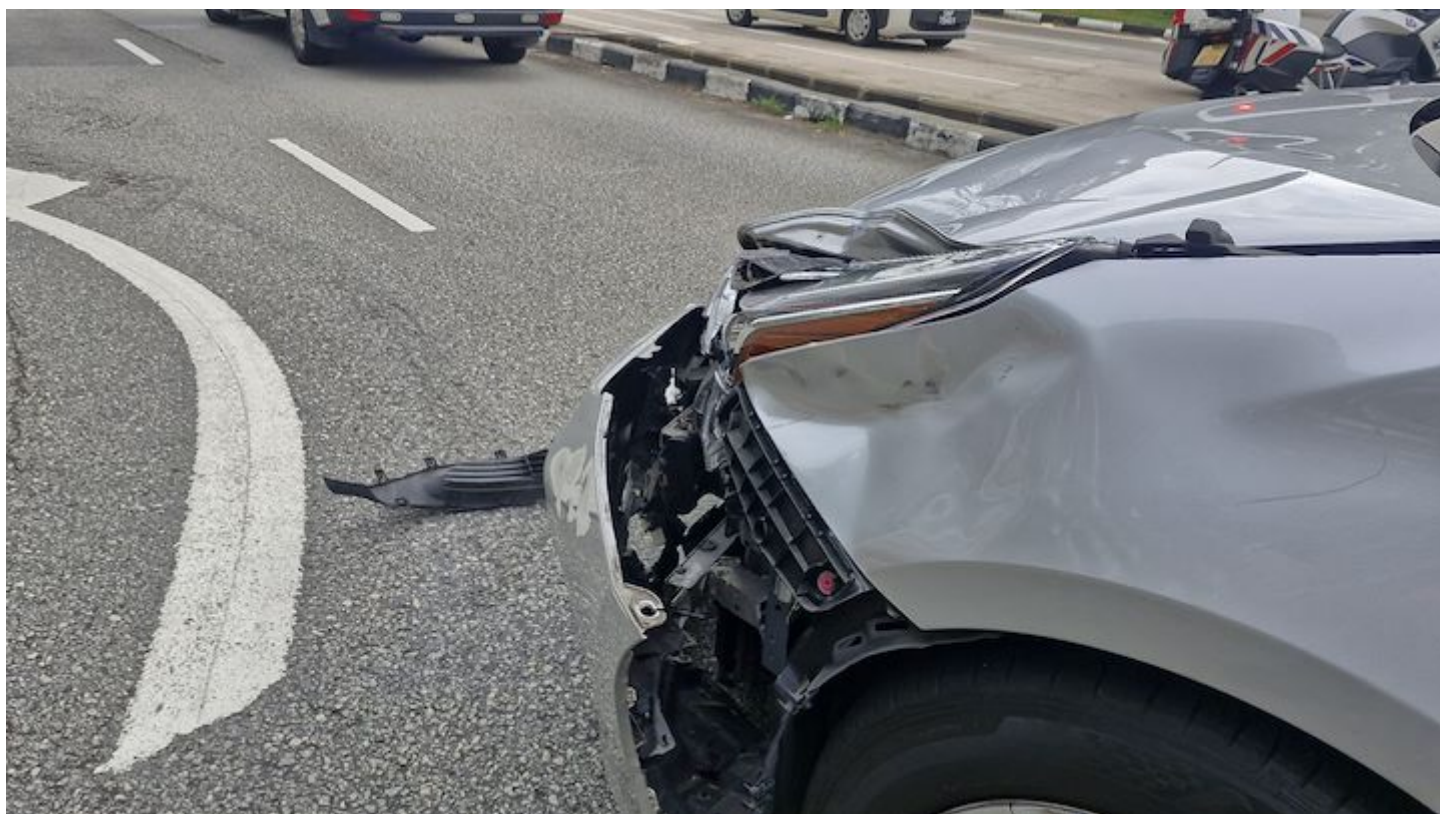


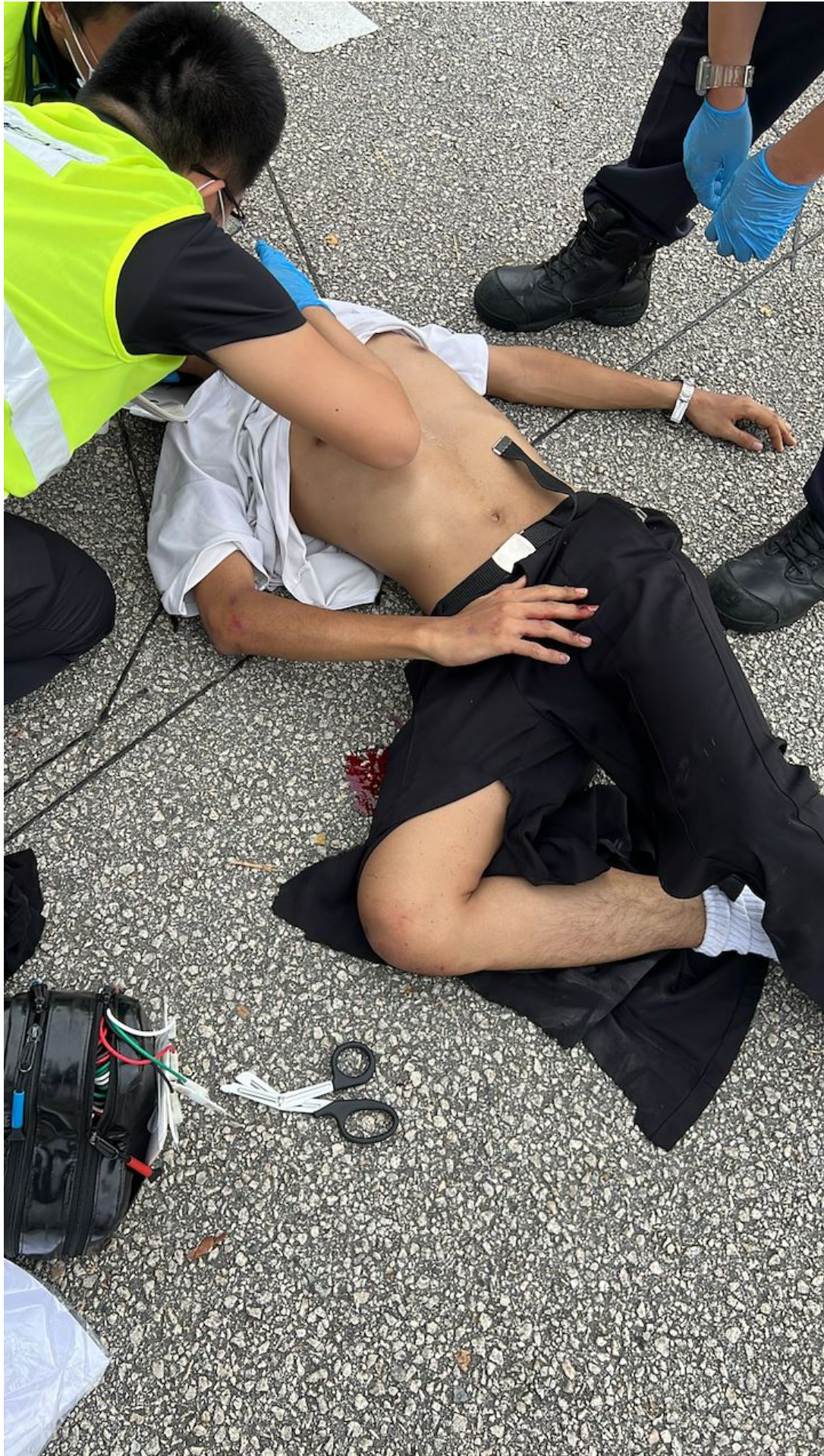


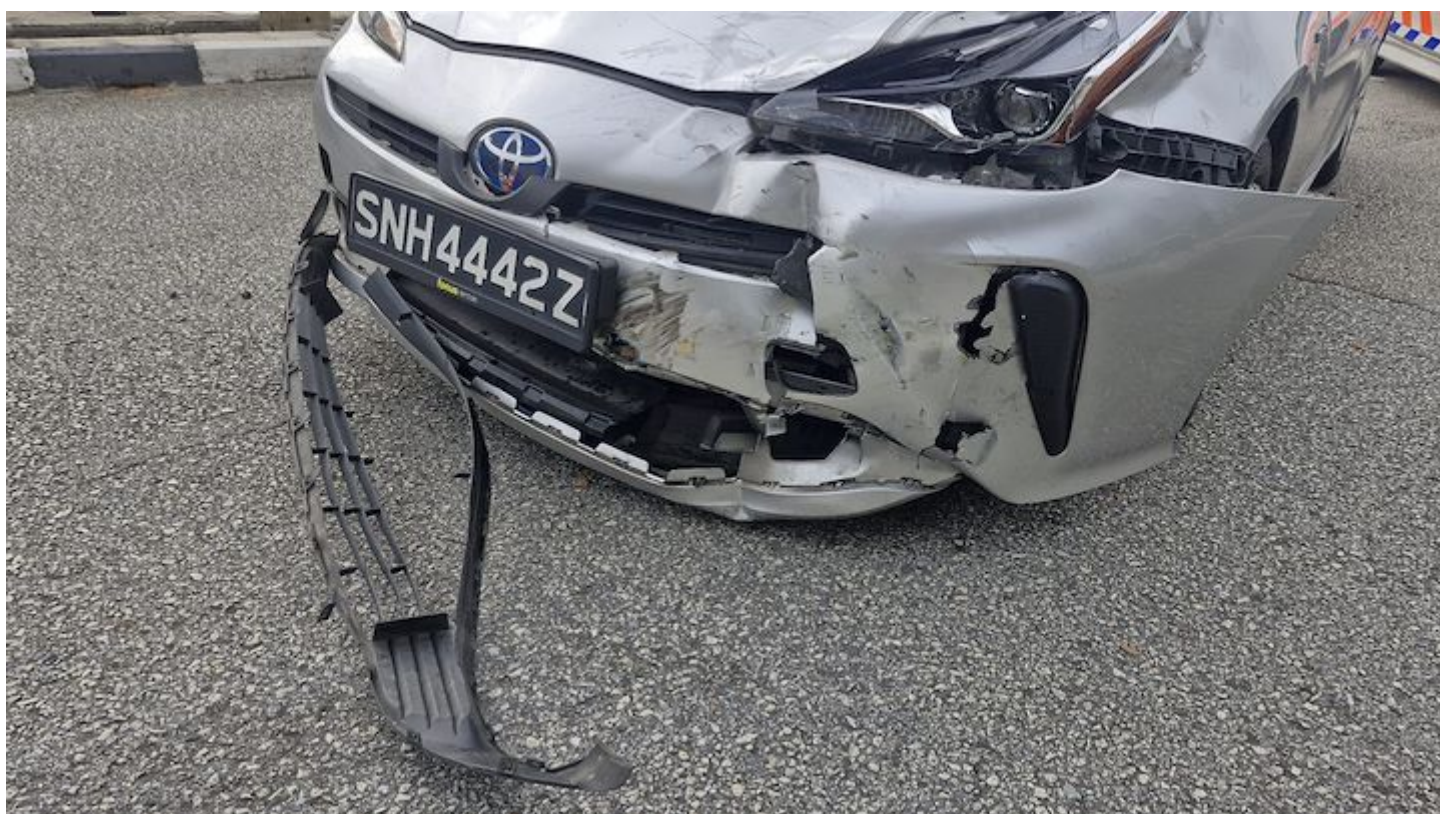
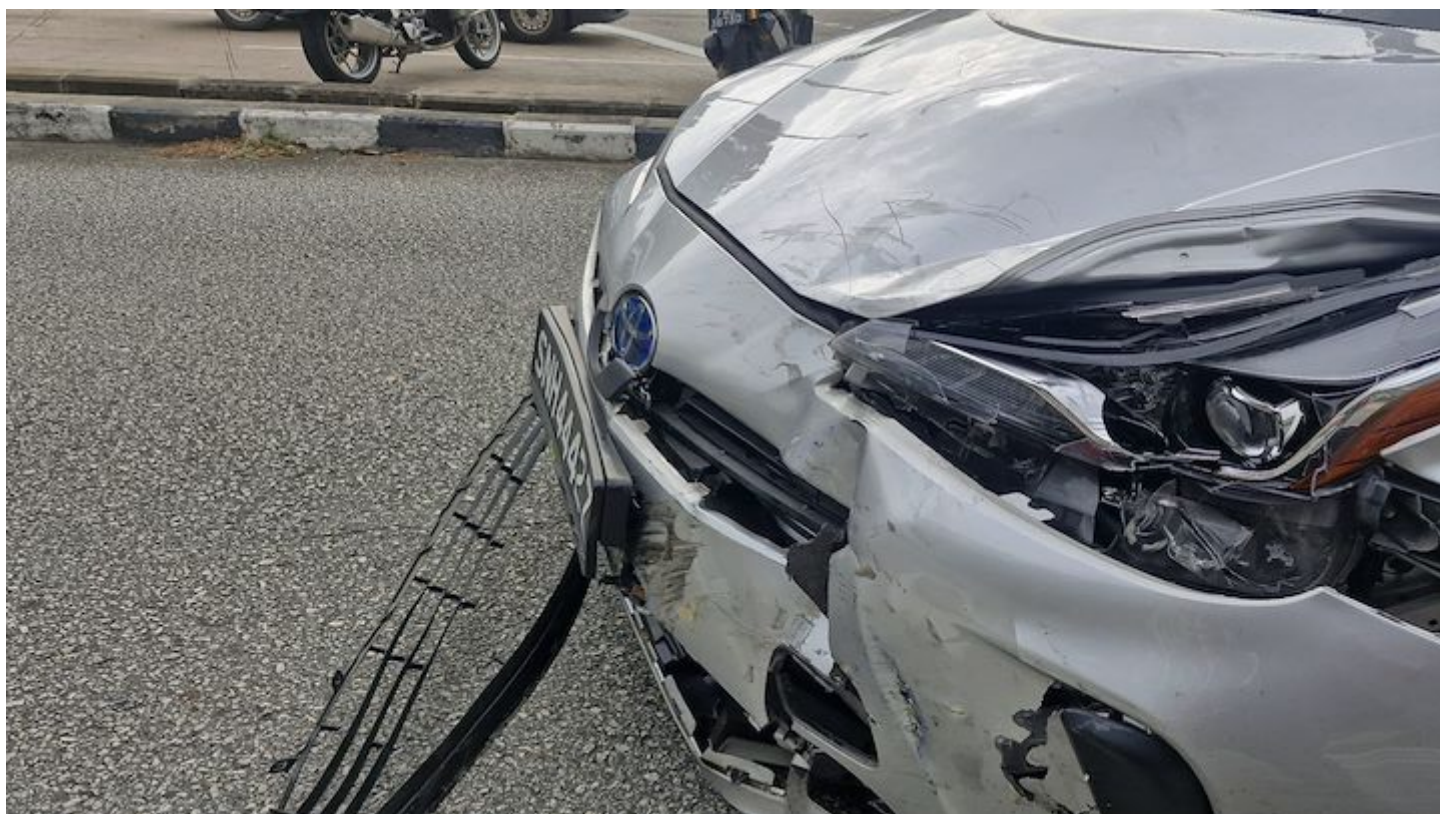



















**SINGAPORE
POLICE FORCE**


T/20240826/2022

1 of 3

Report No. T/20240826/2022

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
26/08/2024 11:51

Vide Report No.:
L/20240826/0038

Station Diary No.:
19

Informant's Particulars

Name of Informant: LEE WEI HAN			Address: 129 RIVERVALE STREET #15-852 SINGAPORE 540129		
ID Type / ID No.: NRIC NO / S9006560B			Contact No.: Home/Office: Mobile: 97659233		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 24/02/1990	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/08/2024 09:00	Type of Location: X-Junction
Location: SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
FBS8292Y	Motorcycle					0
SNH4442Z	Motor car				Seriously Damaged	1

Details of Person Involved

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

545.

Ala cacke / fragment
- Remaja is w/o cow
Own Damage = \$110
+ \$18
= \$128

SINGAPORE POLICE FORCE

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20240826/2022

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CONTINUATION OF REPORT

Driver		ID No.		S9006560B	
Name	LEE WEI HAN	Contact No.		97659233	
Related Vehicle	NIL	Class of Driving Licence & Expiry		Class: 3 Date of Expiry: NIL	
Hospital/Clinic	NIL	Date Discharge		NIL	
Date Treatment	NIL	Degree of		NIL	
No. of Days granted Medical Leave	NIL				

Brief Details.

On 26/08/2024 at about 0900hrs, I was driving my vehicle SNH4442Z along Sembawang Road with one passenger. Upon approaching the traffic light junction of Sembawang Road and Canberra Road, I checked for any pedestrian and coming vehicles from the opposite traffic.

After that, I did a right turn. Suddenly, a motorcycle FBS8292Y hit onto my front left on my vehicle. My passenger was not injured. I came out of my vehicle and assisted the rider.

Traffic police and ambulance were at scene. The rider was conveyed to hospital by ambulance.

Currently, I am feeling giddy. I will see the doctor if I need immediate medical assistance.

My vehicle front bumper left - front headlight and Signal light damaged. I am not sure of the repair cost.

I am lodging this report for traffic police actions and insurance claims.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20240826/2022

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Report No. T/20240826/2022

CONTINUATION OF REPORT

Signature of Officer Recording The
L /
SR STAFF SGT MUHAMMAD
SADLI BIN RAZALI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT NUR HASLINDA BINTE ABDUL
HALIM
Contact No.: 97586521

NP168

Signature Of Informant:

Date/Time:
26/08/2024 11:51

Classification Of Case:

