

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	25/10/2024 14:09 (SGT)
Reported by	Actual Driver
Date of Accident	25/10/2024 10:20 (SGT)
Exact Location of Accident	The Riverwalk, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNP5580J
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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	Hyundai
Model	SX2 KONA 1.6 GDI HEV
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	1580
Vehicle Fuel	Petrol-Electric
First Registration Date	-
Chassis no	KMHBB811VRU037070
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MAB00576-R00

DRIVER

Name of Driver	TAN HAI CHOON,PETER
NRIC No	S1741363E
Date Of Birth	27/04/1966
Occupation	Outdoor
Driving Pass Date	25/10/1983
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-84270882
Alt. Phone Number	-
Email Address	accident@lumens.sg
Address	127A KIM TIAN ROAD #05-537
Address complement	-
Postcode	161127
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	Side Swipe
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 25102024 AROUND 1020HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SNP5580J) ALONG 20 RIVERWALK RD. THERE WAS A VEHICLE INFRONT ME IN A STATIONARY POSITION AND I HAVE TO TURN RIGHT SIDE TO PICK UP MY PASSENGER SO I SLOWED DOWN TURN ON MY INDICATOR TO TURN RIGHT FOR MY PICKUP PURPOSE. THEN THE LANE WAS CLEAR SO I PROCEED SLOWLY SUDDENLY VEHICLE (B) BEARING REGISTRATION NUMBER (SNF5880X) TRY OVERTAKE MY VEHICLE (A) UNFORTUNATELY VEHICLE (B) FAILED AND COLLIDED ONTO MY FRONTAL RIGHT PORTION OF THE VEHICLE (A). HE WAS TWO VEHICLE BEHIND AND TRY TO OVERTAKE ON THE SAME LANE WHICH IS HE SHOULDN'T DO. THERE WERE NO INJURIES WERE PRESENTED DURING THIS INCIDENT HAPPENED.

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	SNF5880X
Vehicle Manufacturer	Mercedes
Vehicle Model	E220 CDI AMG
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JAMES WONG CHEE WAH
NRIC No	S8118118G
Contact Number	(Phone) +65-91000873
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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 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

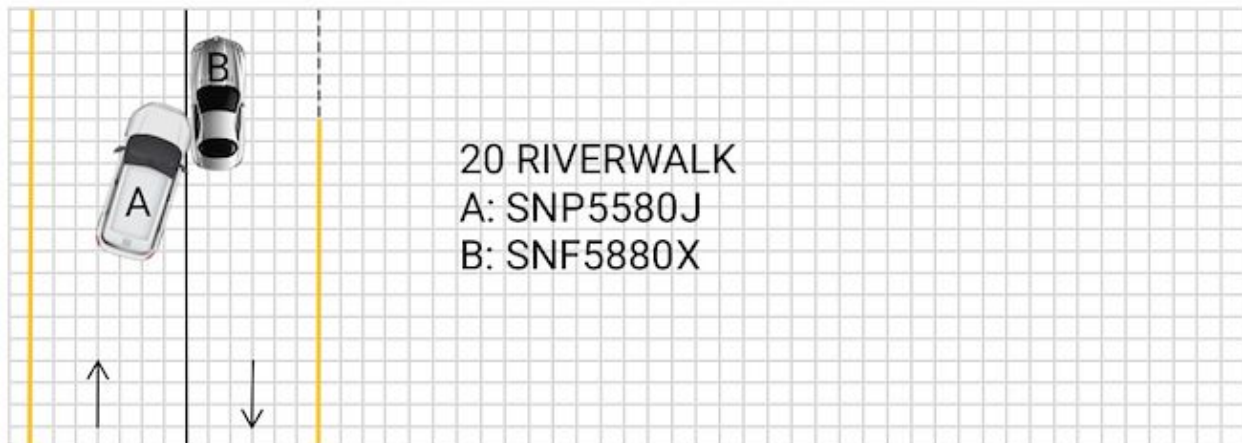
Sketch Plan

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

25102024--1300HRS



Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

ON THE 25102024 AROUND 1020HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER (SNP5580J) ALONG 20 RIVERWALK RD. THERE WAS A VEHICLE IN FRONT OF ME IN A STATIONARY POSITION AND I HAD TO TURN RIGHT SIDE TO PICK UP MY PASSENGER SO I SLOWED DOWN TURN ON MY INDICATOR TO TURN RIGHT FOR MY PICKUP PURPOSE. THEN THE LANE WAS CLEAR SO I PROCEEDED SLOWLY SUDDENLY VEHICLE (B) BEARING REGISTRATION NUMBER (SNF5880X) TRY OVERTAKE MY VEHICLE (A) UNFORTUNATELY VEHICLE (B) FAILED AND COLLIDED ONTO MY FRONTAL RIGHT PORTION OF THE VEHICLE (A). HE WAS TWO VEHICLE BEHIND AND TRY TO OVERTAKE ON THE SAME LANE WHICH IS HE SHOULDN'T DO. THERE WERE NO INJURIES WERE PRESENTED DURING THIS INCIDENT HAPPENED.

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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
25102024-1300HRS



Witnessed by Reporting Centre Personnel











