

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	21/11/2024 18:10 (SGT)
Reported by	Actual Driver
Date of Accident	21/11/2024 08:05 (SGT)
Exact Location of Accident	Straits of, Sentosa Gateway, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNK6418R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS PTE LTD
Company Reg No	2XXXXX961K
Email Address	accident@lumens.sg
Mobile Phone No	(Phone) +65-87781765
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS 4DR SEDAN (AT)(2WD) HYBRID
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	MR2BZ3BE400010838
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MAB00575-R00

DRIVER

AW LI YING MERYL	
SXXXX482B	
04/11/1989	
Outdoor	
19/07/2012	
3	
Valid	
12 YEARS AND 4 MONTHS	
Male	
(Phone) +65-96633344	
-	
accident@lumens.sg	
250 BISHAN STREET 22#11-392	
-	
570250	
No	
Hirer	
No	
-	
-	

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Roundabout
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE 21/11/24 08:05HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNK6418R ALONG SENTOSA GATEWAY ENROUTE FROM BALMORAL ROAD I PICK UP MY PASSENGERS TOWARDS BARRACKS HOTEL I GOING TO DROP OFF MY PASSENGERS.AS I TRAVELING TAKING ROUNDABOUT SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SNF9726H TURN LEFT AND HIT ONTO MY VEHICLE A FRONT RIGHT HAND SIDE NOBODY WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF9726H
Vehicle Manufacturer	Volvo
Vehicle Model	XC90 B5 RD
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ENHA
Contact Number	(Phone) +65-98695228
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

Sketch Plan

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

211124
16:35HRS



Witnessed by Reporting Centre Personnel



A-SNK6418R
B-SNF9726H

SENTOSA
GATEWAY

Describe Circumstances of the Accident

ON THE 21/11/24 08:05HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNK6418R ALONG SENTOSA GATEWAY ENROUTE FROM BALMORAL ROAD I PICK UP MY PASSENGERS TOWARDS BARRACKS HOTEL I GOING TO DROP OFF MY PASSENGERS. AS I TRAVELING TAKING ROUNDABOUT SUDDENLY VEHICLE B BEARING REGISTRATION NUMBER SNF9726H TURN LEFT AND HIT ONTO MY VEHICLE A FRONT RIGHT HAND SIDE NOBODY WAS INJURED.

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

211124
16:35HRS



Witnessed by Reporting Centre Personnel