

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	28/11/2024 19:03 (SGT)
Reported by	Actual Driver
Date of Accident	27/11/2024 23:00 (SGT)
Exact Location of Accident	Jln. Ahmad Ibrahim, Singapore
Additional Location Information	BESIDE SHELL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNQ1151K
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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	KMHBB811VRU044155
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	TANG WEI
NRIC No	S7062658F
Date Of Birth	05/06/1970
Occupation	Outdoor
Driving Pass Date	28/04/2005
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91287056
Alt. Phone Number	-
Email Address	accident@lumens.sg
Address	613 CLEMENTI WEST ST 1 #08-346
Address complement	-
Postcode	120613
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	Raining
Road Surface	Wet

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 27/11/2024 ABOUT 2300HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNQ1151K ENROUTING FROM CHANGI AIRPORT TO YUAN CHING RD FOR PERSONAL REASON. WHILE DRIVING ALONG JLN AHMAD IBRAHIM RIGHT BESIDE SHELL PETROL STATION, THE TRAFFIC WAS MOVING SLOW. AS I STOPPED MY VEHICLE A, VEHICLE B BEARING REGISTRATION NUMBER SDZ7689H OUT OF NO WHERE HIT MY REAR LEFT SIDE OF VEHICLE A WITH HIS FRONT RIGHT SIDE OF VEHICLE B. NOBODY WAS INJURED DURING THIS INCIDENT.

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	SDZ7689H
Vehicle Manufacturer	Mercedes
Vehicle Model	GLA180 URBAN (R18 LED)
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIOU KIAN LAM
Contact Number	(Phone) +65-98983030
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 involved 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

28112024 - 1225HRS



Witnessed by Reporting Centre Personnel



JLN AHMAD IBRAHIM BESIDE SHELL

A - SNQ1151K

B - SDZ7689H

Describe Circumstances of the Accident

ON 27/11/2024 ABOUT 2300HRS I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER SNQ1151K ENROUTING FROM CHANGI AIRPORT TO YUAN CHING RD FOR PERSONAL REASON. WHILE DRIVING ALONG JLN AHMAD IBRAHIM RIGHT BESIDE SHELL PETROL STATION, THE TRAFFIC WAS MOVING SLOW. AS I STOPPED MY VEHICLE A, VEHICLE B BEARING REGISTRATION NUMBER SDZ7689H OUT OF NO WHERE HIT MY REAR LEFT SIDE OF VEHICLE A WITH HIS FRONT RIGHT SIDE OF VEHICLE B. NOBODY WAS INJURED DURING THIS INCIDENT.

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

28112024 - 1225HRS



Witnessed by Reporting Centre Personnel















