

# 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 .....	20/12/2024 15:27 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	19/12/2024 17:50 (SGT)
Exact Location of Accident .....	TPE, Singapore
Additional Location Information .....	SLIP ROAD TOWARDS PUNGGOL FLYOVER
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNM4751E
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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 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 - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1798
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	-
Chassis no .....	MR2BZ3BE400012640
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	24-MAB00571-R00

### DRIVER

Name of Driver .....	TAN KANG LECK FRANKIE
NRIC No .....	SXXXX284C
Date Of Birth .....	15/10/1964
Occupation .....	Outdoor
Driving Pass Date .....	12/01/1988
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	36 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98894968
Alt. Phone Number .....	-
Email Address .....	accident@lumens.sg
Address .....	633 YISHUN STREET 61 #12-18
Address complement .....	-
Postcode .....	760633
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? .....	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 .....	Male

#### 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 19/12/2024 AT ABOUT 1750HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SNM4751E ENROUTE FROM AFTER PICKING UP MY PASSENGER AT YISHUN TO DROP OFF MY PASSENGER AT RIVERVALE CRESCENT FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 1 OF TPE (CHANGI) SLIP RD MAKING A RIGHT TURN INTO PUNGGOL FLYOVER, ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER YP5762X IN LANE 2 ON MY LANE TURN TOO WIDE AND CROSSED INTO MY LANE. THE RIGHT SIDE OF VEHICLE (B) HIT ONTO THE FRONT LEFT OF MY VEHICLE. NOBODY WAS INJURED.

#### 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 ..... YP5762X  
Vehicle Manufacturer ..... Mitsubishi  
Vehicle Model ..... FUSO FK62FMZ1RDEB  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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) ..... -

**SKETCH PLAN**

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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.



*[Handwritten Signature]*



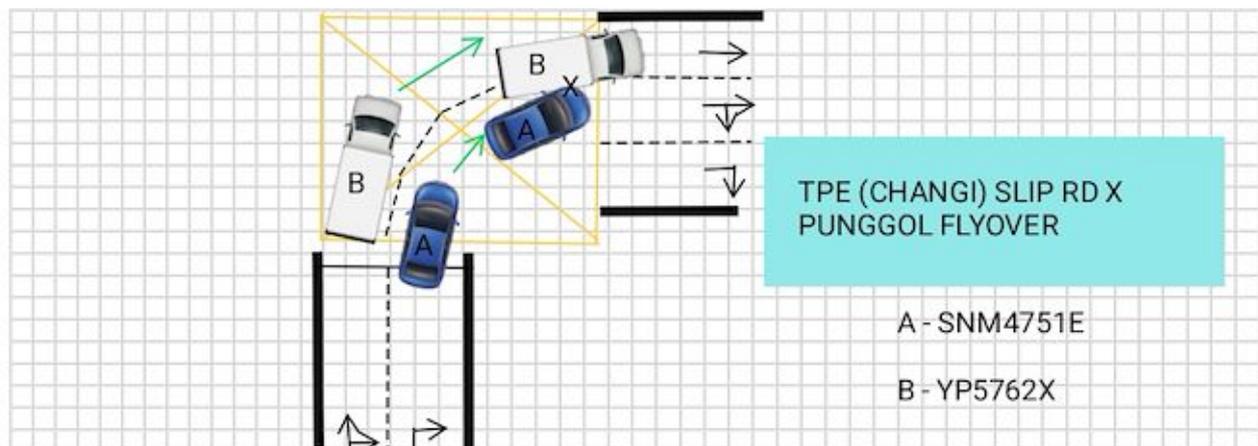
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

19/12/2024 2000HRS



Describe Circumstances of the Accident

ON 19/12/2024 AT ABOUT 1750HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SNM4751E ENROUTE FROM AFTER PICKING UP MY PASSENGER AT YISHUN TO DROP OFF MY PASSENGER AT RIVERVALE CRESCENT FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 1 OF TPE (CHANGI) SLIP RD MAKING A RIGHT TURN INTO PUNGGOL FLYOVER, ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER YP5762X IN LANE 2 ON MY LANE TURN TOO WIDE AND CROSSED INTO MY LANE. THE RIGHT SIDE OF VEHICLE (B) HIT ONTO THE FRONT LEFT OF MY VEHICLE. NOBODY WAS INJURED.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

19/12/2024 2000HRS



*[Handwritten Signature: RUN RONG]*

Witnessed by Reporting Centre Personnel





















