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 witholding 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

Reported by

Date of Accident **Exact Location of Accident**

Additional Location Information

Country/State of Loss

03/07/2024 11:40 (SGT)

Actual Driver

02/07/2024 08:45 (SGT)

Pickering St, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SNN5935E

LUMENS PTE LTD

accident@lumens.sg

(Phone) +65-98268110

(Office) +65-87781765

2XXXXX961K

Yes

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address Mobile Phone No

Alternative Phone No.

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category Transmission

CC

Toyota

Corolla

ALTIS HYBRID

Private hire

No - Claiming third party

Private hire

Auto 1798

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

DRIVER

Name of Driver

NRIC No Date Of Birth

Occupation

Accident report SJ0G2473000D

Tokio Marine Insurance Singapore Ltd

23-MAA00601-R00

CHANG WEI YEN SXXXX348C 05/12/1959

Outdoor

Page 1 of 18

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please correctly report the details of the accident to speed up the claims process
- 2 This Form must be completed by the Policyholder and/or the Authorized Driver
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- 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 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)

Lunderstand, 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, handing and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the ctaims

- (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' lawselfs/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 stied outside of Singapore for one or more of the above Purposes.



Policyholder's Signature / Date &

Sketch Plan

Driver's Signature (patriver is not the policyholder) / Date

& Time 02-07-24/12:15 HRS Witnessed by Reporting Centre

Personnel

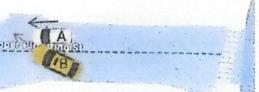
A-SNN5935E B-SHD8622L

Green ots Charging station

Attorney-General's 🖯 Chambers

PARKROYAL COLLECTION

The conflicted from St.





Describe Circumstances of the Accident

ON 02-07-24 AT ABOUT 0845 HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NUMBER (SNN5935E) ALONG UPPER PICKERING ST ENROUTE FROM 16 CHANCERY HILL TOWARDS MAPPLETREE ANSON ROAD TO SEND MY PASSENGER. AS I WAS DRIVING, VEHICLE B (SHD8622L) SUDDENLY WANTED TO CHANGED LANE AND WANTED TO ENTER PARK ROYAL HOTEL LOBBY. HENCE, VEHICLE B COLLIDE ON THE FRONT LEFT OF MY VEHICLE. NO ONE WAS INJURIED.

Declaration

We declare the foregoing particulars are true in every respect



Policyholder's Signature / Date & Tima Driver's Solution (Stations is not the policyholder) / Dale & Time

02-07-24/12:15 HRS



Witnessed by Reporting Centre Personnel