



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	03/07/2024 11:40 (SGT)
Reported by	Actual Driver
Date of Accident	02/07/2024 08:45 (SGT)
Exact Location of Accident	Pickering St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN5935E
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) +65-98268110
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

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MAA00601-R00

DRIVER

Name of Driver	CHANG WEI YEN
NRIC No	SXXXX348C
Date Of Birth	05/12/1959
Occupation	Outdoor



Accident report SJ0G2473000D

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
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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 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 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 based 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

02-07-24/12:15 HRS

Witnessed by Reporting Centre Personnel



A-SNN5935E
B-SHD8622L

Greenfield
Changir Station

Attorney-General's
Chambers

PARKROYAL
COLLECTION

Upper Pickering St

Upper Pickering St

A
B

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 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



Witnessed by Reporting Centre Personnel

02-07-24/12:15 HRS