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.

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 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 31/07/2024 13:25 (SGT) Reported by **Actual Driver** Date of Accident 31/07/2024 09:15 (SGT) Exact Location of Accident Woodlands Ave 12, Singapore Additional Location Information TOWARDS SLE BEFORE WOODLANDS AVENUE 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SNC9801P

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

Model Prius Variant 5DR HATCHBACK (AUTO)(2WD) 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1798 Vehicle Fuel First Regisration Date

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D20MFL0005826_03

DRIVER

Chassis no

Effective Date/Time of Ownership

Name of Driver **QUEK YANG CHUA** NRIC No S1364286I Date Of Birth 27/07/1959 Occupation Outdoor Driving Pass Date 30/07/1984 Driving License Pass Class Driving License Validity Driving experience 40 YEARS Gender Male Mobile Number (Phone) +65-97773715 Alt. Phone Number Email Address accident@lumens.sg Address 124 RIVERVALE DRIVE #06-187 Address complement Postcode 540124 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON 31/07/2024 AT ABOUT 0915HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SNC9801P ENROUTE FROM AFTER PICKING UP MY PASSENGER AT 786E WOODLANDS DR 60 TO DROP OFF MY PASSENGER AT THE GATEWAY, BEACH ROAD FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 3 OF WOODLANDS AVE 12 TOWARDS SLE BEFORE WOOLDANDS AVE 1 ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER SHC1680U IN LANE 2 CAME TO MY LANE AND THE RIGHT SIDE MIRROR OF VEHICLE (B) HIT ONTO THE RIGHT SIDE MIRROR OF MY VEHICLE. NOBODY WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1680U Vehicle Manufacturer Hyundai Vehicle Model Ae ioniq Vehicle Variant Vehicle Colour Blue Vehicle Category Taxi Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage **REAR PORTION** Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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.
- 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, 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.
- (ii) 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.



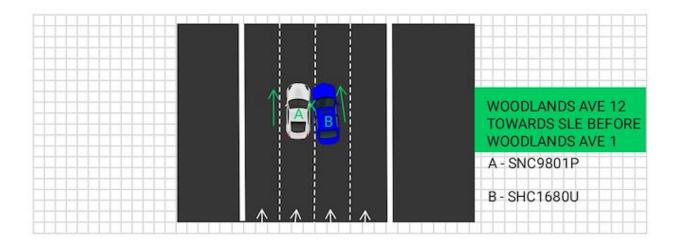
Policyholder's Signature / Date & Time

- Kenight

Driver's Signature (If driver is not the policyholder) / Date & Time 31/07/2024 1240HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ON 31/07/2024 AT ABOUT 0915HRS I WAS DRIVING VEHICLE (A) BEARING REGISTRATION NUMBER SNC9801P ENROUTE FROM AFTER PICKING UP MY PASSENGER AT 786E WOODLANDS DR 60 TO DROP OFF MY PASSENGER AT THE GATEWAY, BEACH ROAD FOR WORK PURPOSES. WHILE DRIVING ALONG LANE 3 OF WOODLANDS AVE 12 TOWARDS SLE BEFORE WOOLDANDS AVE 1 ALL OF A SUDDEN VEHICLE (B) BEARING REGISTRATION NUMBER SHC1680U IN LANE 2 CAME TO MY LANE AND THE RIGHT SIDE MIRROR OF VEHICLE (B) HIT ONTO THE RIGHT SIDE MIRROR OF MY VEHICLE. NOBODY WAS INJURED.

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

Witnessed by Reporting Centre Personnel