

## 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 Authorised 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 Report	28/01/2019 15:55
Date Of Accident	25/01/2019 18:55
Exact Location Of Accident	TRAFFIC JUNCTION OF BAYFRONT AVE & RAFFLES AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME8945R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	201426961K
Email Address	MERVYN@LUMENS.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67146614

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID-1.8 S CVT (A)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	18-MJ001357-R00
Cover Note Number	

### Driver

Name of Driver	RAMLIE BIN MOHD SATELI
NRIC No	S7490053D
Date Of Birth	04/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	28/11/1992
Driving Experience	26 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98354267
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 628 JURONG WEST STREET 65 #08-394
Postcode	640628
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PRIVATE HIRE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN PASSENGER
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 25/JAN/2019 AT 6.55PM, I WAS WAITING AT THE TRAFFIC JUNCTION OF BAYFRONT AVENUE TURNING TO RAFFLES AVENUE. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR, THE FORCE OF THE IMPACT PROPELLED MY CAR (VEHICLE A) FORWARD HITTING AGAINST THE VAN IN FRONT (VEHICLE B). I GOT DOWN FROM MY CAR TO CHECK. I FOUND OUT VEHICLE C HAD HIT THE REAR OF MY CAR. I WILL FILING A THIRD PARTY CLAIM AND REPAIR AT MY OWN WORKSHOP.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK1201E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2


Vehicle Registration Number GBF5536H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category GOODS VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

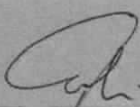
SKETCH PLANIMPORTANT NOTICE


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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 centre 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:

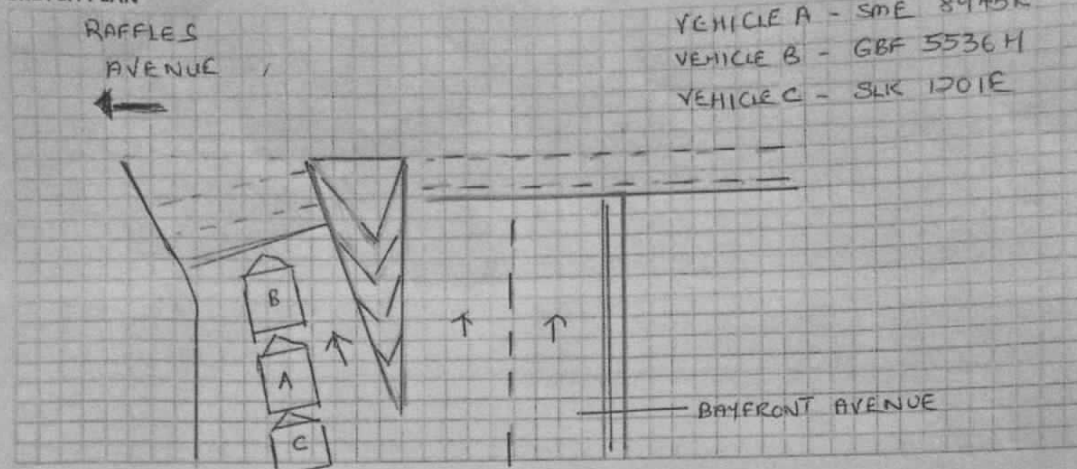
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature  
 Date & Time: 28 JAN 2019  
 1400HR

  
 Driver's Signature 28 JAN 2019  
 (If driver is not the policyholder)  
 Date & Time: 1400HR

  
 Reporting Centre Personnel's Signature  
 Name: Melody Teoh  
 NRIC/FIN No.: S8526524E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 25 JAN 2019 @ 6:55 PM, I WAS WAITING AT THE TRAFFIC JUNCTION OF BAYFRONT AVE TURNING TO RAFFLES AVENUE. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR, THE FORCE OF THE IMPACT PROPELLED MY CAR (VEHICLE A) FORWARD HITTING AGAINST THE VAN IN FRONT (VEHICLE B). I GOT DOWN FROM MY CAR TO CHECK. I FOUND OUT VEHICLE C HAD HIT THE REAR OF MY CAR. I WILL FILING A THIRD PARTY CLAIM AND REPAIR AT MY OWN WORKSHOP.

*[Signature]*

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*  
Policyholder's Signature

Date & Time: 28 JAN 2019

1400hrs

*[Signature]*  
Driver's Signature

(If driver is not the policyholder)

Date & Time: 1400hrs



*[Signature]*  
Reporting Centre Personnel's Signature

Name: Melody Teoh

NRIC/FIN No.: 88526524E