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 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.

	ACCIDENT STATEMENT
Date Of Report	23/10/2019 12:34
Date Of Accident	23/10/2019 09:50
Exact Location Of Accident	CTE TOWARD AYE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH2842C
Insured/Policyholder	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	201426961K
Email Address	OPERATIONS@LUMENS.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87781765
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH-1.8 (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	201426961K
Cover Note Number	

Name of Driver	PEDRO WU YONG HERNG		
NRIC No	S0037604C		
Date Of Birth	09/02/1952		
Occupation	OUTDOOR		
Date Of Driving Pass	05/05/1999		
Driving Experience	20 YEARS AND 5 MONTHS		
Gender	MALE		
Mobile Number	+65-90238292		

Mobile Number

Fax Number Contact Number

EMail Address NOEMAIL Address BLK56, MARINE TERRACE #06-256

Postcode 440005

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : 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

REFER TO SKETCH PLAN

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 SHD3317B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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 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)
 - (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:

Driver's Signature (If driver is not the policyholder)

Name: Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

and the Stude Whomen mand

			TILL	1	11/7	11	
	C	77 f	2 ware	NO A	ty E		11-
		-		-11:	1: 1		
				1	742	11	11:11
			- 111				
		10	TAD		→		
	940	33/70	Sort	2847	2 C	11 '-	
	JMSTANCES OF						
on c	JE towar	rds AX	F , 79	XC #	SHD 331	78 h	it me
from	the be	ack of	my Ve	hicle	SMH 28	420,	WEKHE
			/				
MAG	dry.						
			_				
					- 1		
			-1				
						M. ST	
						×	
alle way							
	12 40 45 0 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	12 40 40 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
No wy	23 20 2 P. S.	STATE OF THE STATE					All A
ARATION	pregoing particular	s are true in ever	respect				
ARATION		0	respect				
ARATION	oregoing particular	0	why		Reporting	Centre Personn	e's Signature

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0030 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 Util: \$66550200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDEND	им	
(A)	PARTICULARSOFPE	RSON MAKING THE AMENDMENT	S:	
	Original Report No	: MCA119140556	Vehicle Registration No: SMH2842C	
	Name(as shown in NRIC)	: LUMENS AUTO PTE LTD	NRIC/FIN/PassportNo : 201426961K	
		hicle Owner) (*) Please delete as a		
	Address	·	Singapore(
	Contact (Tel)	÷	Mobile No.: 87781765	
	25 (A)	; operations@lumens.sg		
	Date of Accident	; 23/10/2019	Time of Accident :	
	Place of Accident	: CTE TOWARDS AYE		
	Insurance Company	: TOKIO MARINE INSURANCE		
		MATION/AMENDMENTS:		
	* AMEND THIRD I	PARTY VEHICLE NO : SHD3317B PHOTOS		_
				_
	8			
		ON COLUMN TO THE STATE OF THE S		
				-
SLAN	Policyholder / Driver Date:	's Signature	Reporting Centre Personnel's Signature Name: CITY AUTO PTE LTD NRIC/FINNo.: Bik 6 Sin Ming Road Date: #01-58/60/62 Sin Ming Ind Est Singan 150-75643 Tel: 6453 1235 Fax: 6453 7944	
	-	5019	(Claims Section)	