

SINGAPORE ACCIDENT STATEMENT

ICE

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Policy liability.

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chiving 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 08/08/2020 09:37
Date Of Accident 07/08/2020 12:55
Exact Location Of Accident CARPENTER STREET (ENTRANCE TO CAR PARK)
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS2820H
Insured/Policyholder
Name Of Registered Owner LUMENS AUTO PTE LTD
Co Reg No 2XXXXX961K
Email Address OPERATIONS@LUMENS.SG
Mobile Phone No
Alternative Phone No OFFICE-87781765

Vehicle Particulars

Manufacturer HYUNDAI
Model IONIC

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 19-MK000823-R00
Cover Note Number

Driver

Name of Driver BHAJAN SINGH S/O PARITAM SINGH
NRIC No SXXXX492J
Date Of Birth 12/06/1967
Occupation OUTDOOR
Date Of Driving Pass 28/09/1987
Driving Experience 32 YEARS AND 10 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-94527857
Fax Number
Contact Number
EMail Address NOEMAIL

APT BLK 741 PASIR RIS STREET 71 #15-41
510741

Employee of the Insured's Company NO
Relationship of the Driver with the Insured OTHER - HIRER
Registration Number of Driver's Own -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - HEAD ON 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 2
Was any body injured in the Accident? YES
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: : 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMS5155A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver KANG JIAN HAN
NRIC/Passport Number
Contact Number 90230498
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

in which vehicle?
belts worn?
injured conveyed to hospital by
ice?
ss
code

SMS2820H

Accident Sketch Plan

SKETCH PLAN

NOTICE

Fill in correctly the details of the accident to speed up the claims process.

The report must be completed by the Policyholder and/or the Authorised Driver.

The information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material information may allow insurance companies to repudiate policy liability.

The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

7. 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) 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.

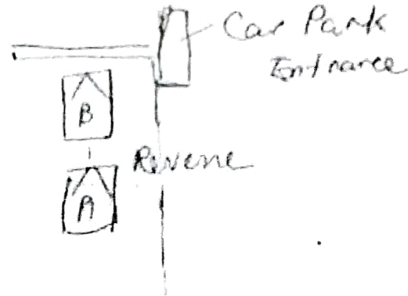
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

CITY AUTO PTE LTD
Plot 2, Sin Ming Road
#01-50/51/52, Sin Ming Ind Est
Singapore 575643
Tel: 6453 7215 Fax: 6453 7944
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 7th of August 2020 at about 12:56 pm, I was entering carpark of Carpenter Street.
 As car SMC 5155 A (white Audi A5) was in front of me, I stopped behind the car.
 After a while, the driver of the SM 5155 A came out of his car due to some error with the card reader at the gantry. As soon as he alighted, his car rolled back and crashed into my car SMS 2828 H.
 I took photographs and exchanged particulars with the driver.

FR

DECLARATION

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

Policyholder's Signature
 Date & Time:

[Signature]

Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

[Signature]

CITY AUTO PTE LTD

63, Orchard Road
 #01-55/56/57/58/59/60/61/62/63/64/65/66/67/68/69/70/71/72/73/74/75/76/77/78/79/80/81/82/83/84/85/86/87/88/89/90/91/92/93/94/95/96/97/98/99/100
 Tel: 6453 1234 Fax: 6452 7890

Reporting Centre Personnel's Signature
 Name
 NRIC/FIN No