

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	05/10/2020 13:48
Date Of Accident	05/10/2020 09:40
Exact Location Of Accident	CLEMENTI AVE 6 TOWARD AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML6548E
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	TOYOTA
Model	NOAH
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	20-ML000509-R00
Cover Note Number	

Driver

Name of Driver	SAMUEL LIM WEI JIN
NRIC No	SXXXXX928A
Date Of Birth	23/09/1968
Occupation	OUTDOOR
Date Of Driving Pass	16/03/1990
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94483113
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 317 WOODLANDS STREET 31 #12-196
Postcode	730317
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : HANIN HADIRAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SINGAPORE POLICE FORCE N.P.C
Police Station Address	ROAD: 20 BISHAN STREET 23 SINGAPORE 579757 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT, REF NO: T/20201005/2027

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	GBJ226P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	88686201
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

HANIN HADIRAH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SML6548E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

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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)

(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.



[Signature]

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1215 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Accident Sketch Plan

SKETCH PLAN

Sketch Plan area with grid lines and handwritten notes:

Clementi Ave & Tower Rd Ave

A - SML 6548E

B - GBJ 226P

Diagram showing vehicle positions A and B on a grid.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report, ref no: T/20201005/2027

Describe Circumstances of the Accident section with multiple lines for text entry.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1225 Fax: 6453 7944
(Claims Section)

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

Police report



**SINGAPORE
POLICE FORCE**



T/20201005/2027

1 of 3

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No. 1800-5529999

Report No. T/20201005/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/10/2020 12:05		Vide Report No.: D/20201005/0046		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: SAMUEL LIM WEI JIN			Address: APT BLK 317 WOODLANDS STREET 31 #12-196 SINGAPORE 730317		
ID Type / ID No.: NRIC NO / S6834928A			Contact No.: Home/Office: Mobile: 94483113		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 23/09/1968	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 05/10/2020 09:40	Type of Location: Straight Road
Location: CLEMENTI AVENUE 6				
Lamp Post Number: 21				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBJ226P	Lorry	ISUZU	NHR87AUE4 AA MT	White	Slightly Damaged	0
SML6548E	Car	TOYOTA	NOAH HYBRID 1.8X CVT	Black	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police report



**SINGAPORE
POLICE FORCE**



T/20201005/2027

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20201005/2027

CONTINUATION OF REPORT

Driver			
Name	SAMUEL LIM WEI JIN	ID No.	S6834928A
Related Vehicle	SML6548E (Car)	Contact No.	94483113
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	HANIN HADIRAH	ID No.	NIL
Related Vehicle	SML6548E (Car)	Contact No.	97405558
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/10/2020	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am currently working as a Gojek driver. On 05/10/2020 at about 0942hrs, I was fetching a passenger (Hanin Hadirah, Gojek Trip No: RB256510-8560981) in my car (SML6548E) on Clementi Ave 6 from PIE towards AYE. I was driving on the rightmost lane of the 3 lanes when the vehicle in front of me suddenly jammed/breaked for no reason. As such, I too did an emergency break so as to not collide with the vehicle in front of me. I managed to come to a stop in time but I felt a sudden impact from the rear of my vehicle. I stopped to make a check and realised that the lorry travelling behind me (GBJ226P) failed to stop in time thus the front of the lorry collided with the rear of my car. From my observation, the rear of my car is seriously damaged while the front of the lorry was slightly damaged. I am unsure of the cost of repair. As a result from the impact of the collision, my passenger was conveyed to the hospital. I have yet to seek medical treatment as I do not feel unwell as of lodging this report. Traffic Police arrived at scene and provided me with a note which stated the incident number vide (D/20201005/0046) under IO Ivan (65476170).

I wish to state that my vehicle possess in car camera facing both the front and rear but I am unsure if footage of the accident was captured.

Police report



SINGAPORE
POLICE FORCE



7/20201005/2027

3 of 3

Police Station Of Origin:
Bishan N.P.C.
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. 7/20201005/2027

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report:

E/
Sgt 2 TAN YI XIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time
05/10/2020 12:05

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

SN 061

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE