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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 16/12/2020 17:01 (SGT) Date of Accident 15/12/2020 22:30 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG STADIUM ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SMP4981D

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **LUMENS AUTO PTE LTD** Company Reg No 2XXXXX961K Email Address operations@lumens.sq Mobile Phone No (Phone) +65-87781765 Alternative Phone No (Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer

Model **PRIUS PLUS** Variant 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 - Claiming third party Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company **Tokio Marine** Type of Coverage ThirdParty Fleet Policy Policy Number 20-ML000510-R00 Cover Note Number

DRIVER

Name of Driver **RAJAGOPAL S/O RAMASAMY** NRIC No SXXXX851Z Date Of Birth 14/08/1965 Occupation Outdoor

Date Of Driving Pass 24/02/1995 Driving experience 25 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-82342251 Alt. Phone Number Email Address operations@lumens.sg Address APT BLK 237 COMPASSVALE WALK #02-532 Address complement Postcode 540237 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No 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 Collision - Head to Rear 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? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name **PASSENGER** Gender Female **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο 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 **SMR7220L** Vehicle Manufacturer Vehicle Model Vehicle Variant

Private car

Accident report SC1R20CG0009

Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address	 _
Address complement	_
Postcode	_
Insurance Company Name	 -
Nature Of Damage	_
Details of property damaged in accident	 _
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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/lawfirms, 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
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapote 075643
Tel: 6453 1235 Jax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

GIARMC SketchPlanForm_V3

SCRIBE CIRCUMSTANCES OF THE ACCIDENT On the 15 December 2020 at annual 10:30 pm, I was travelling along studies and only toward KPE when a compoun variety in front of me Janned his bishess resected accordingly and Jamed my brakes too. I came to complete stop without hitting and the valuely infrared of me. Submit I felt an impact from yourself know that wanted infrared of me. Submit I felt an impact from yourself know that wanted had now and ma. I alight and exchanged continues and took scene photos. I had one thinds prosurged in board but she wanted and that is not injured. In lodging this report for claim purposes. CITY AUTO PTE LTD BILLS SIGN Ming Road 15.886002 58 Ming Indie Est Singaporib Riseas Tels 4853 1239 1464653 7944 FOREIGN FOREIGN STRUCKERS STRUCKERS STRUCKERS STRUCKERS STRUCKERS STRUCKERS STRUCKERS TOWN SERVICES STRUCKERS STRUC	EI CH PLAN		
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	Delieuhelde (Prince)	V. M. W.	

(If driver is not the policyholder)
Date & Time:

GIARMC SketchPlanForm_/3

Date & Time:

Name: NRIC/FIN No.:





















