

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 Submission 04/06/2021 17:43 (SGT)
Date of Accident 04/06/2021 10:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG PIE NEAR EXIT 12 (KALLANG BAHRU) TOWARDS JURONG
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV9396D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LUMENS AUTO PTE LTD
Company Reg No 201426961K
Email Address bruce@lumens.sg
Mobile Phone No (Phone) +65-87781765
Alternative Phone No (Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number D20MFL0005826
Cover Note Number -

DRIVER

Name of Driver TEO KIM HEE

NRIC No	S1404959B
Date Of Birth	07/10/1960
Occupation	Outdoor
Date Of Driving Pass	09/11/1981
Driving experience	39 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87781765
Alt. Phone Number	-
Email Address	bruce@lumens.sg
Address	BLK 212 PASIR RIS STREET 21 #05-230
Address complement	-
Postcode	510212
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT, REF NO: T/20210604/7014

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ3102M
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF2676G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMM1436Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO KIM HEE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV9396D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.
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.



Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sim Lim Road
#01-58/60/62 Sim Lim Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan diagram showing vehicle positions and directions. The diagram is on a grid background. Four vehicles are represented by boxes labeled A, B, C, and D. Vehicle A is in the center, with B to its right, C to its left, and D below it. Arrows indicate the direction of travel: A is moving left, B is moving left, C is moving left, and D is moving left. To the right of the diagram, there is a list of vehicle registration numbers:

- A - SMV9316D
- B - SMJ3102M
- C - GBF2676G
- D - SMM1436Y

Describe Circumstances of the Accident

Refer to police report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Handwritten signature

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 675643
Tel: 6453 1286 Fax: 6453 7944
(Claims Section)

Witnessed by Reporting Centre
Personnel















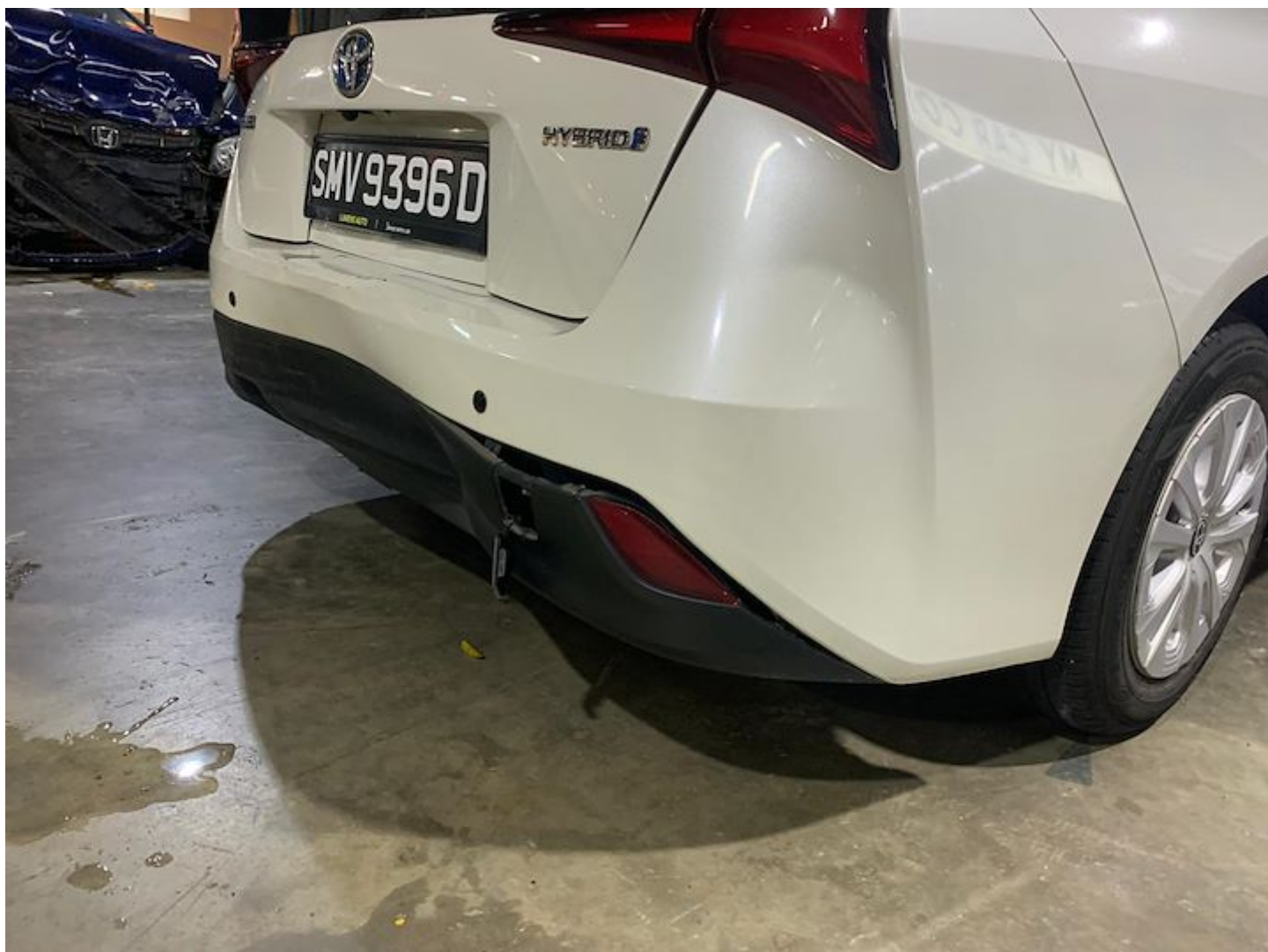




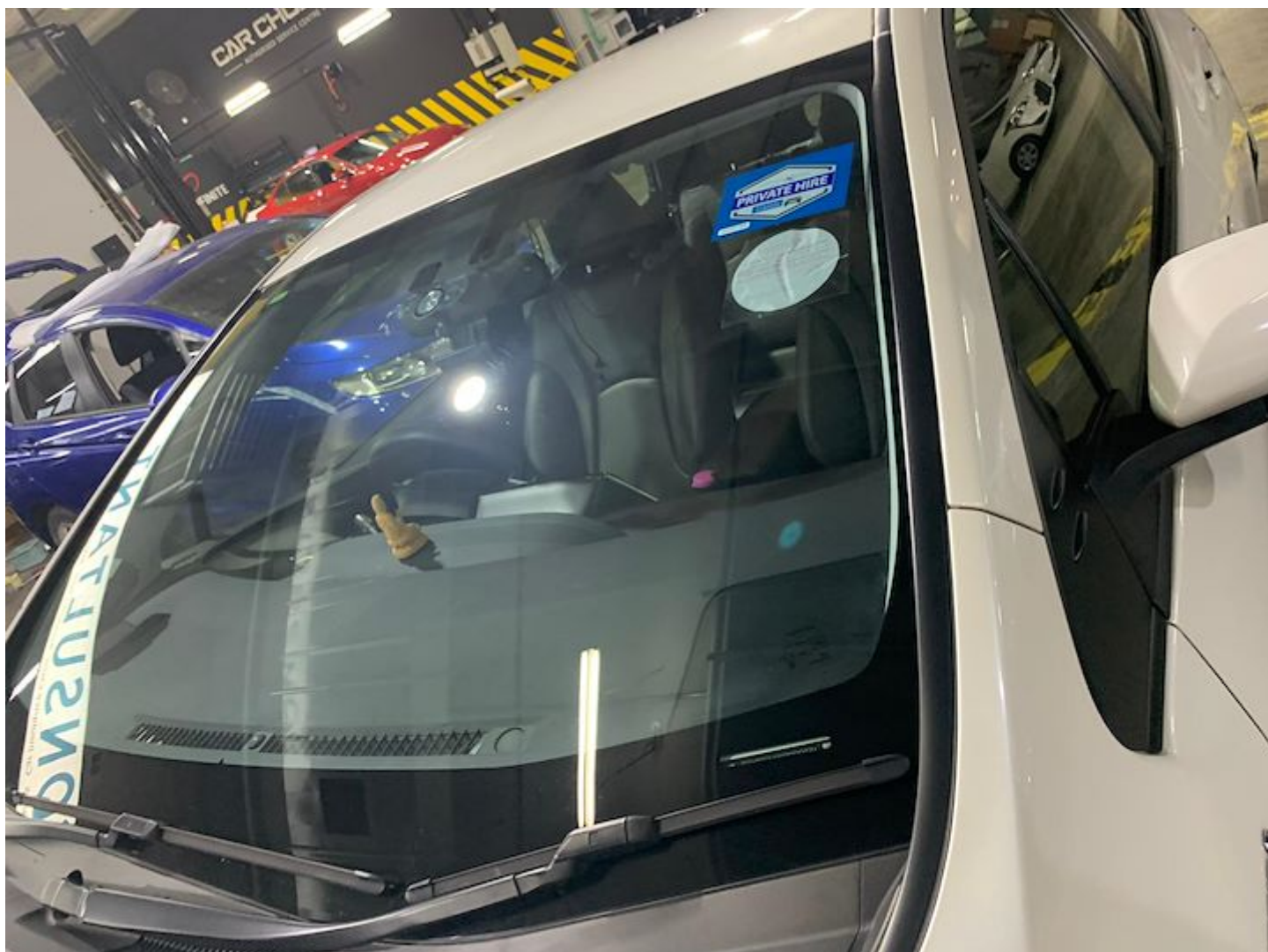








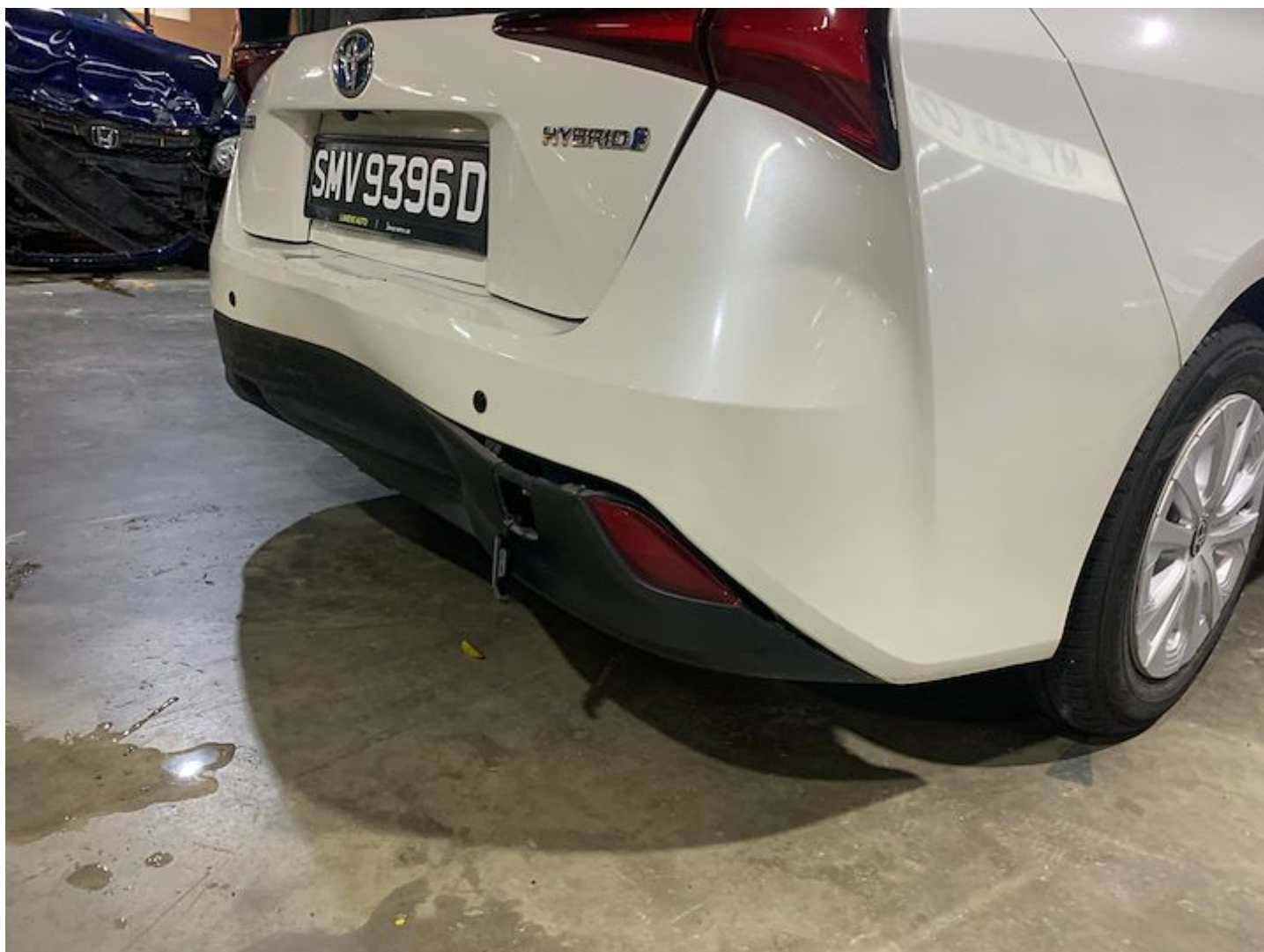














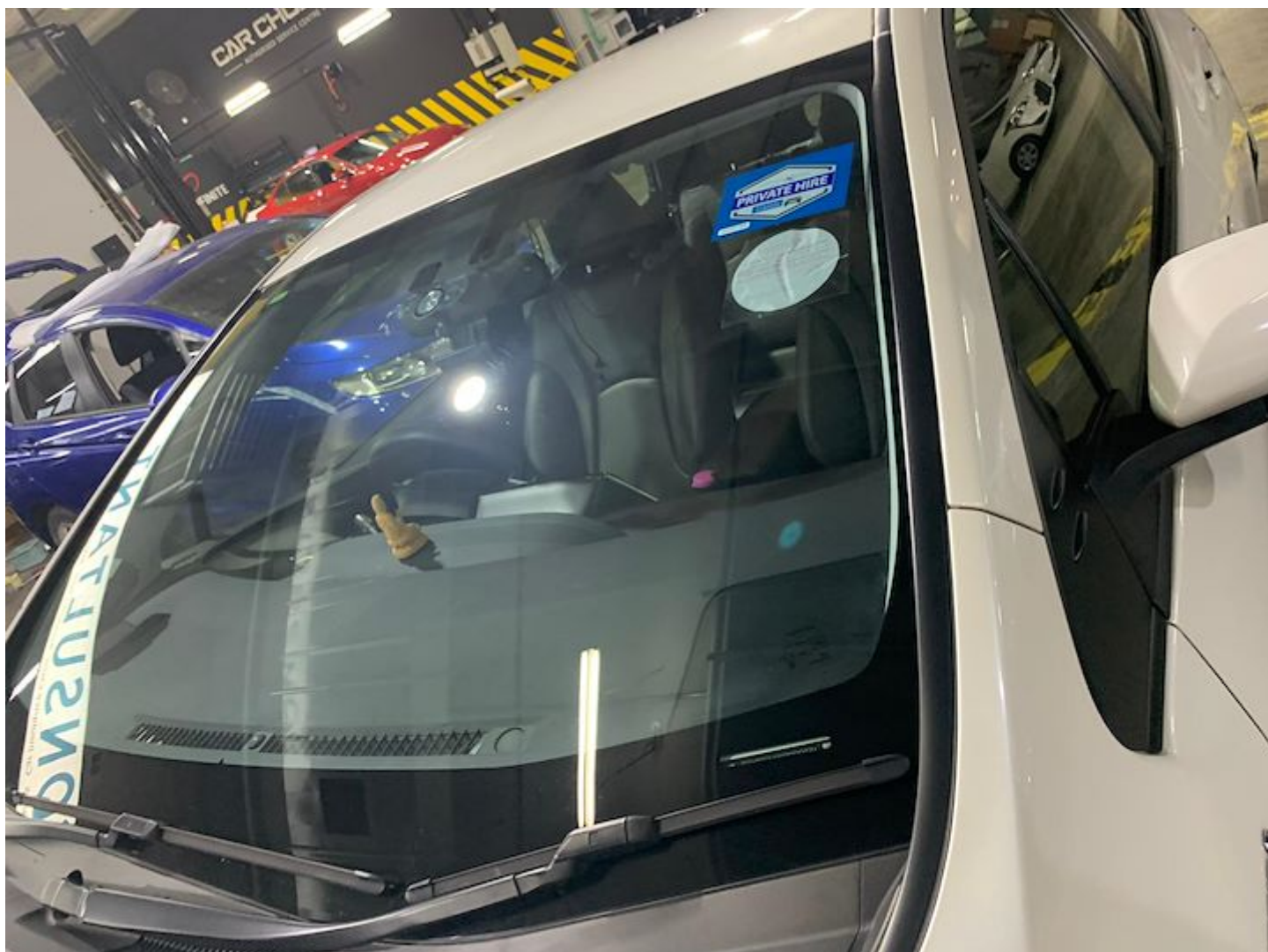


















**SINGAPORE
POLICE FORCE**



T/20210604/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210604/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2021 13:55		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO KIM HEE			Address: 212 PASIR RIS STREET 21 #05-230 SINGAPORE 510212		
ID Type / ID No.: NRIC NO / S1404959B			Contact No.: Home/Office: Mobile: 92701115		
Nationality: SINGAPORE CITIZEN			Email: ATJH5@YAHOO.COM.SG		
Sex: Male	Age: 60	Date of Birth: 07/10/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/06/2021 10:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF2676G	Lorry	TOYOTA	Dyna	Silver	Seriously Damaged	0
SMJ3102M	Car	HONDA	Freed	White	Seriously Damaged	0
SMM1436Y	Car	KIA	Stonic	White	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210604/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210604/7014

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMV9396D	Car	TOYOTA	Prius S	White	Seriously Damaged	1

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Passenger					
Name	HO WAY YONG			ID No.	S1617310Z
Related Vehicle	SMV9396D (Car)			Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry	Class: .3 Date of Expiry: NIL
Date	04/06/2021		Date	04/06/2021	
No. of Days granted Medical Leave	04		Degree of	Slight	
Driver					
Name	TEO KIM HEE			ID No.	S1404959B
Related Vehicle	SMV9396D (Car)			Contact No.	92701115
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	04/06/2021		Date	04/06/2021	
No. of Days granted Medical Leave	05		Degree of	Slight	

Brief Details.

On 04/06/2021 at around 10am, I was driving my vehicle bearing SMV9396D along PIE. I was on my way to drop my wife off for work, I realized that the vehicle in front is coming to a stop, I applied my brakes gradually and come to a complete stop. Out of the sudden, I experienced a huge impact from the rear, the impact was so great that my vehicle was pushed forward and hit onto a vehicle in front. I alighted the vehicle and realized that I was involved in a chain collision, there is a total of 4 vehicles, 1st vehicle - SMM1436Y, 2nd vehicle - SMV9396D, 3rd vehicle - SMJ3102M, last vehicle - GBF2676G. Shortly after a group of stranger alighted the vehicle and approach me and claimed that they are from insurance and is here to assist me with the claim. I was given a name card from "Revolution Automotive" with a name "Charlie Ong", contact number 9667 2926. I did not entertain them as I suspect that they are touts and do not wish to have any affiliation with them. Shortly after, TP and ambulance came and we were dismissed soon after. Both me and my wife started experiencing pain and we proceeded for medical consultation. I was given 5 days MC.



**SINGAPORE
POLICE FORCE**



T/20210604/7014

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210604/7014

CONTINUATION OF REPORT

and my wife was given 4 days MC by the doctors to rest at home.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20210604/7014

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Report No. T/20210604/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
04/06/2021 13:55

Classification Of Case:

