

# 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 ..... 13/11/2021 11:21 (SGT)  
Date of Accident ..... 12/11/2021 17:30 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX2427J

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LUMENS AUTO PTE. LTD.  
Company Reg No ..... 201426961K  
Email Address ..... kokhow.tay@lumens.sg  
Mobile Phone No ..... (Phone) +65-90049397  
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 ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
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 ..... KOH TIENG SZE  
NRIC No ..... S6901007E

Date Of Birth .....	06/01/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	19/05/1987
Driving experience .....	34 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90049397
Alt. Phone Number .....	-
Email Address .....	kokhow.tay@lumens.sg
Address .....	BLK 221 PENDING ROAD #05-147
Address complement .....	-
Postcode .....	670221
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 .....	Clear
Road Surface .....	Dry

#### 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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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 .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 12/11/21AT ABOUT 1730HRS I WAS DRIVING VEHICLE A SMX2427J ALONG PIE TOWARDS CHANGI WITH ONE MALE PASSENGER.I WAS EXTREME RIGHT LANE.AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B ES82D HIT ONTO VEHICLE C SDP9144G AND I UNABLE TO STOP ON TIME EVENTHOUGH I APPLIED BRAKE.ONCE I ALIGHT I REALIZE THAT ITS WAS A CHAIN COLLISION INVOLVED FOUR VEHICLE INCLUDE MY VEHICLE.FIRST VEHICLE WAS VEHICLE A SJF9248A.EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

#### 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 .....	ES82D
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) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SDD9144S
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) .....	1




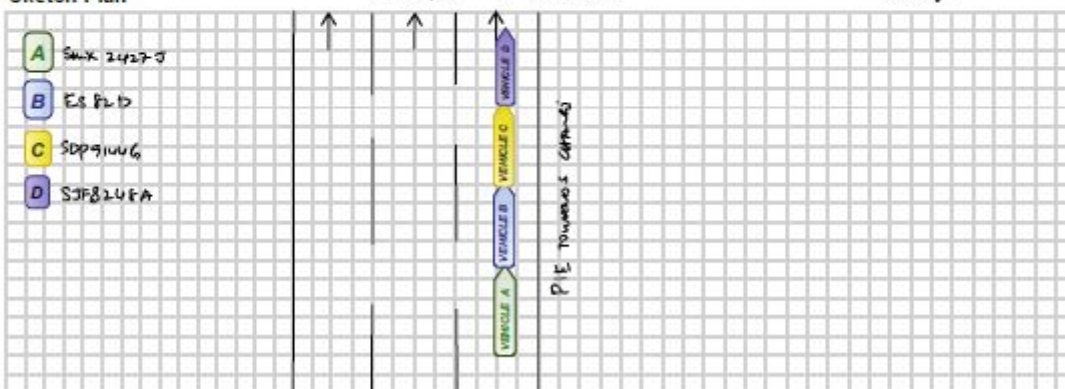
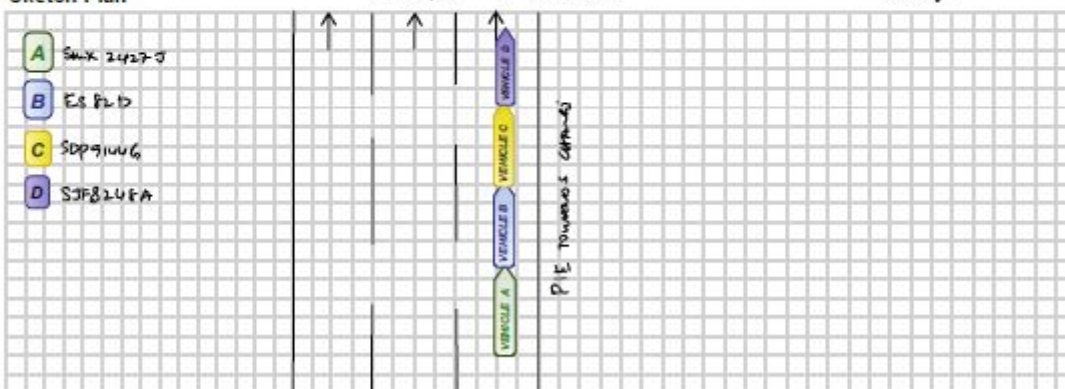
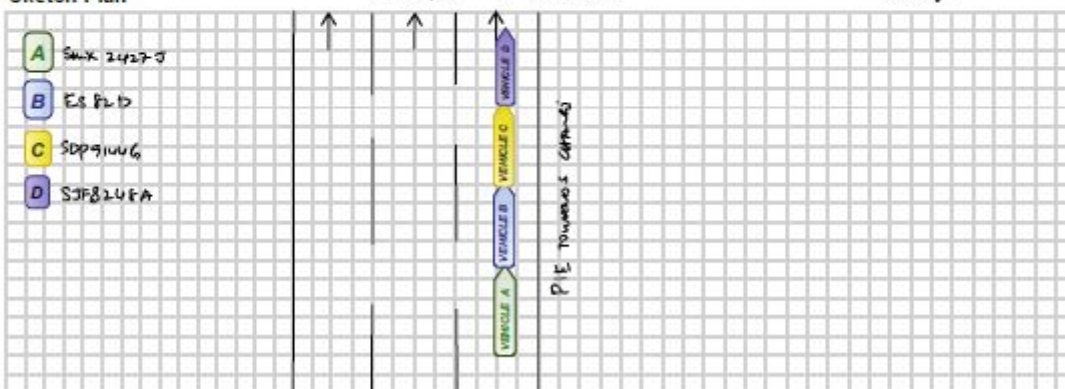
#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SJF8248A
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) .....	2

# SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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' law firms/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  Sketch Plan	Driver's Signature (if driver is not the policyholder) / Date & Time  12/11/21 / 1930hrs	Witnessed by Reporting Centre Personnel  Benny		
<table border="1"> <tr> <td>                     A SHX 2427J                      B ES PLD                      C SDP910UG                      D SJF82UFA                 </td> <td>  </td> </tr> </table>			A SHX 2427J B ES PLD C SDP910UG D SJF82UFA	
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## Describe Circumstances of the Accident

ON 12/11/21 AT ABOUT 1730HRS I WAS DRIVING VEHICLE A SMX2427J ALONG PIE TOWARDS CHANGI WITH ONE MALE PASSENGER. I WAS EXTREME RIGHT LANE. AS I WAS TRAVELLING WITHIN MY LANE SUDDENLY VEHICLE B ES82D HIT ONTO VEHICLE C SDP9144G AND I UNABLE TO STOP ON TIME EVENTHOUGH I APPLIED BRAKE. ONCE I ALIGHT I REALIZE THAT ITS WAS A CHAIN COLLISION INVOLVED FOUR VEHICLE INCLUDE MY VEHICLE. FIRST VEHICLE WAS VEHICLE A SJF9248A. EXCHANGED PARTICULAR AND NO INJURIES AT POINT OF TIME.

## Declaration

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

\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

12/11/21 / 14:30 hrs

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Bang











