

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.

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 08/04/2022 12:37 (SGT) Date of Accident 08/04/2022 08:10 (SGT) Exact Location of Accident Singapore Additional Location Information CAR PARK OF TOH YI DR

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH7091U

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner SUHAIMI BIN SULAIMAN Company Reg No 2XXXXX961K

Email Address

KOKHOW.TAY@LUMENS.SG Mobile Phone No (Phone) +65-96472910

Alternative Phone No +65-87781765

VEHICLE PARTICULARS

Manufacturer Honda Model Fit Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private hire

Transmission Auto 1500

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage ThirdParty

Fleet Policy Yes

Policy Number 21MM000792ROO

Cover Note Number

DRIVER

SUHAIMI BIN AIMAN SXXXX500E



Date Of Birth 29/10/1971 Occupation Outdoor Date Of Driving Pass 27/05/2009 Driving experience 12 YEARS AND 11 MONTHS Gender Male Mobile Number (Phone) +65-96472910 Alt. Phone Number Email Address ANDY.QUEK@LUMENS.SG Address BLK528 JURONG WEST ST52, #08-339 Address complement Postcode 640528 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 Side Swipe 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 vehicle 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? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER 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 GBC4326U Vehicle Manufacturer

Commercial vehicle

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	WONG YOON HIN
Contact Number	(Phone) +65-8731573
Address	
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	=
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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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 yers/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' law yers/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 GA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ZZ WERS PUT

Policyholder's Signature / Date & Time

Driver's Signature (# 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 1235 Fax: 6453 7944

Witnessed by Reporting Centre Personnel

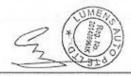
Sketch Plan

PARKING LOT SMH7091U SMH7091U

Describe Circumstances of the Accident 2022

Declaration

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
Witnessed by Reporting Centre

Personnel