# **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.

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   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 26/04/2022 16:19 (SGT) Date of Accident 25/04/2022 22:50 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information SLIP ROAD OF PIE INTO CTE(SLE) Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SND8114R

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **LUMENS AUTO PTE LTD** Company Reg No 2XXXXX961K Email Address kokhow.tay@lumens.sq Mobile Phone No (Phone) +65-67146614 Alternative Phone No (Office) +65-67146614

#### VEHICLE PARTICULARS

Manufacturer

Model Noah 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 1797

#### **INSURANCE COMPANY**

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage ThirdParty Fleet Policy Yes Policy Number 21-MM000794-R00 Cover Note Number

#### DRIVER

Name of Driver LIM HONG CHUA NRIC No. SXXXX021Z

Date Of Birth 01/07/1971 Occupation Outdoor Date Of Driving Pass 18/08/1993 Driving experience 28 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91089981 Alt. Phone Number Email Address andy.quek@lumens.sg Address BLK 109 JURONG EAST ST 13 #04-328 Address complement Postcode 600109 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Change/cross lane 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? Nο PASSENGER 1 Name MIKAIL LIM Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Police Station Name Jurong East Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008999999 Alt. Police Station Phone No (Fax) +65-66655791 Police Station Address No. 92 Boon Lay Way Singapore 609962 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO. T/20220426/2003 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSLP5711YVehicle ManufacturerToyota

Vehicle Model	Wish
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private hire
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	3
- , - ,	

#### 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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/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.

OF STATE OF

Policyholder's Signature Date & Time: Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN
1   A-SND8114A A B - SLP5711Y PIE
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Attach Police Report
Section 1
We declare the foregoing particulars are true in every respect.

Policyholder's Signature

GW/BWC SketchPlanForm\_V3

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962

Tel No: 1800-8999999

1 of 3

Report No. T/20220426/2003

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2022 01:45		Made:	Vide Report No.: F/20220425/0179	Station Diary No.: 12			
Informa	Informant's Particulars						
	Informant: NG CHUA		Address: APT BLK 109 JURONG I SINGAPORE 600109	EAST STREET 13 #04-328			
	/ ID No.: D / S71230	21Z	Contact No.: Home/Office:	Mobile: 91089981			
National SINGAP	ity: ORE CITIZ	EN	Email: limhongchua@yahoo.com	n.sg			
Sex: Male	Age: 50	Date of Birth: 01/07/1971	Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:			
Occupat PRIVATI			Driving Licence Information Class: 3,4	on: Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/04/2022 22:50	Type of Location Straight Road
Location:			120/01/2022 22:00	
PAN-ISLAND	EXPRESSWAY			
Weather:		Road Surface:	F	Road Speed Limit:
Clear		Dry		
T66- FI		Traffic Control:	17	raffic Volume:
Traffic Flow: Dual Carriage Type of Collis		Not Controlled		Moderate

Details of V	ehicle Invo	lved	A STATE OF THE PARTY OF THE PAR	Selection of the		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLP5711Y	Car				Seriously Damaged	2
SND8114R	Car				Slightly Damaged	1



T/20220426/2003

Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

Report No. T/20220426/2003

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CONTINUATION OF REPORT

#### Brief Details.

On 25/04/2022 at about 2245hrs, I picked up a passenger namely Mikail Lim HP:96626689 from Grab @ Duo who wanted to go to Nee Soon Camp. At about 2250hrs I was driving my vehicle (SND8114R) along the slip road of PIE (TUAS) 15km slip road into CTE(SLE) on the right lane of 2 lanes. I observed 1 grey motorcar (SLP5711Y) on the right trying to change lane to the left. The vehicle proceeded to drive across the chevron markings and I tried to avoid the vehicle when I felt an impact on the right side rear portion of my vehicle. I went to make a check and observed that a grey motorcar had collided against my vehicle. We stopped on the left most lane of 2 lanes. 2 male Chinese and 1 female Chinese alighted the vehicle and approached me. I am unsure which is the driver, however, 1 of the male persons smelt of alcohol. I called for Police for assistance and they arrived within half an hour. Before I could request for their particulars and Police arrival, they left the scene. I wish to state that no one is injured and no government property was damaged. I was informed by the Police officer to lodge a Police report.





Police Station Of Origin: Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999 3 of 3 Report No. T/20220426/2003

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 Th	e Report:
Other SAIYIDAH BINTE ABDUL WAHID	Or
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT /	
SI GOH WEI LI Contact No.: 65476394	

	Bring
Date/Time:	
26/04/2022 01:45	
Classification Of Case:	

NP168