

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 Actual 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	17/08/2022 11:46 (SGT)
Reported by	Driver
Date of Accident	17/08/2022 08:25 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX7895H
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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) +65-88383718
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	5DR HATCHBACK (AUTO)
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D20MFL0005826_01

DRIVER

Name of Driver	LIM MEOW CHENG(LIN MIAOZHEN)
NRIC No	S7540638Z
Date Of Birth	18/11/1975
Occupation	Outdoor

Date Of Driving Pass	28/10/1994
Driving experience	27 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88383718
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	BLK 167C PUNGGOL EAST #16-393
Address complement	-
Postcode	823167
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	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
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

ON 17/08/22 AT AROUND 0825HRS I WAS DRIVING VEHICLE A (SMX7895H) AT ECP TOWARDS CITY. AS I WAS AT LANE 1. IT WAS CONGESTED SO WE WERE DRIVING SLOW COMING TO A STOP. SUDDENLY VEHICLE B(SND766L) THAT WAS DRIVING FAST COLLIDED ONTO ME CAUSING ME TO BUMP INTO VEHICLE C(SML4363J). I SUFFERED FROM HAND AND HEAD INJURY. MY PASSANGER HAD A BLEEDING CHIN BUT WASNT CONVEYED. I TOOK THE PLATE NUMBER OF ALL THE VEHICLE

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML4363J
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Vehicle Manufacturer	Volkswagen
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97847594
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SND766L
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	-
Contact Number	(Phone) +65-97847594
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	LIM MEOW CHENG(LIN MIAOZHEN)
Gender	Female
Phone No	(Phone) +65-88383718
Address	BLK 167C PUNGGOL EAST #16-393
Address Complement	-
Post Code	823167
Approximate Age Years Old	46
Injuries Sustained	HAND AND HEAD PAIN
Injured person in which vehicle?	SMX7895H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BLEEDING CHIN
Injured person in which vehicle?	SMX7895H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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

17/08/22 1010HRS

Witnessed by Reporting Centre Personnel

FRO ZIKRUL

Sketch Plan

			<p>A-SMX7895H B-SND766L C-SML4363J</p>
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Describe Circumstances of the Accident

ON 17/08/22 AT AROUND 0825HRS I WAS DRIVING VEHICLE A (SMX7895H) AT ECP TOWARDS CITY. AS I WAS AT LANE 1. IT WAS CONGESTED SO WE WERE DRIVING SLOW COMING TO A STOP. SUDDENLY VEHICLE B(SND766L) THAT WAS DRIVING FAST COLLIDED ONTO ME CAUSING ME TO BUMP INTO VEHICLE C(SML4363J). I SUFFERED FROM HAND AND HEAD INJURY. MY PASSANGER HAD A BLEEDING CHIN BUT WASNT CONVEYED. I TOOK THE PLATE NUMBER OF ALL THE VEHICLE

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 17/08/22 1010HRS

Witnessed by Reporting Centre Personnel FRO ZIKRUL



































