

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	11/08/2022 14:41 (SGT)
Reported by	Driver
Date of Accident	11/08/2022 08:45 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE4130P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUMENS AUTO PTE LTD
Company Reg No	2XXXXX961K
Email Address	kokhow.tay@lumens.sg
Mobile Phone No	(Phone) +65-87774477
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	PLUS
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	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	21-MM000794-R00

DRIVER

Name of Driver	TEO CHOW KOON RAYMOND
NRIC No	SXXXX870F
Date Of Birth	23/03/1967
Occupation	Outdoor

Date Of Driving Pass	23/11/1993
Driving experience	28 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87774477
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	61 TAMPINES CENTRAL 7 #02-20
Address complement	-
Postcode	528595
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	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

ON 11/08/2022 AT AROUND 0840HRS I WAS DRIVING VEHICLE A (SNE4130P) ALONG ECP TOWARDS CITY WHEN SUDDENLY I JAM BRAKE TO AVOID A CHAIN COLLISION BETWEEN VEHICLE E(SLB9192S) AND VEHICLE F (SMF8724G) IN FRONT OF ME. THERE WAS NO COLLISION BETWEEN VEHICLE A AND THE VEHICLES IN FRONT. HOWEVER, VEHICLE B (SHA4254H) REAR ENDED VEHICLE A AND A CHAIN COLLISION HAPPENED. VEHICLE C (SMP4130T) REAR ENDED VEHICLE B, VEHICLE D (SNE2746B) WAS THE LAST CAR WHICH REAR ENDED VEHICLE C. PASSENGER OF VEHICLE C AND VEHICLE E IS CONVEYED TO THE HOSPITAL. DRIVER OF VEHICLE B IS ALSO CONVEYED TO THE HOSPITAL

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA4254H
Vehicle Manufacturer Hyundai
Vehicle Model I40
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver JOHANA BIN JOHARI
NRIC No SXXXX490J
Contact Number (Phone) +65-84848858
Address -
Address complement 443 HOUGANG AVENUE 8 #07-1581
Postcode 530443
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 SMP4130T
Vehicle Manufacturer Honda
Vehicle Model Vezel
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
Name of Driver MALAYSIA ABADI BIN ABU BAKAR
Contact Number (Phone) +65-96744447
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 3

Vehicle Registration Number SNE2746B
Vehicle Manufacturer Volvo
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver CAREN
Contact Number (Phone) +65-96380596
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 4

Vehicle Registration Number SLB9192S
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 5

Vehicle Registration Number	SMF8724G
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	JOHANA BIN JOHARI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD INJURY
Injured person in which vehicle?	SHA4254H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HEAD INJURY
Injured person in which vehicle?	SMP4130T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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

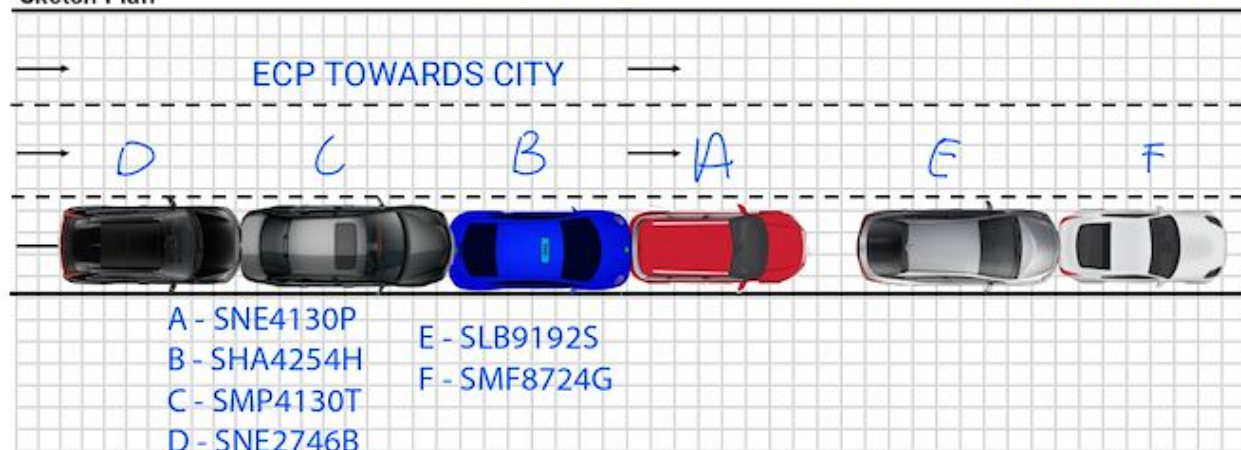
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

/08/2022

HRS

FRO Sufiyan

Sketch Plan

Describe Circumstances of the Accident

ON 11/08/2022 AT AROUND 0840HRS I WAS DRIVING VEHICLE A (SNE4130P) ALONG ECP TOWARDS CITY WHEN SUDDENLY I JAM BRAKE TO AVOID A CHAIN COLLISION BETWEEN VEHICLE E(SLB9192S) AND VEHICLE F (SMF8724G) IN FRONT OF ME. THERE WAS NO COLLISION BETWEEN VEHICLE A AND THE VEHICLES IN FRONT. HOWEVER, VEHICLE B (SHA4254H) REAR ENDED VEHICLE A AND A CHAIN COLLISION HAPPENED. VEHICLE C (SMP4130T) REAR ENDED VEHICLE B, VEHICLE D (SNE2746B) WAS THE LAST CAR WHICH REAR ENDED VEHICLE C. PASSENGER OF VEHICLE C AND VEHICLE E IS CONVEYED TO THE HOSPITAL. DRIVER OF VEHICLE B IS ALSO CONVEYED TO THE HOSPITAL

Declaration

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



Policyholder's Signature / Date & Time

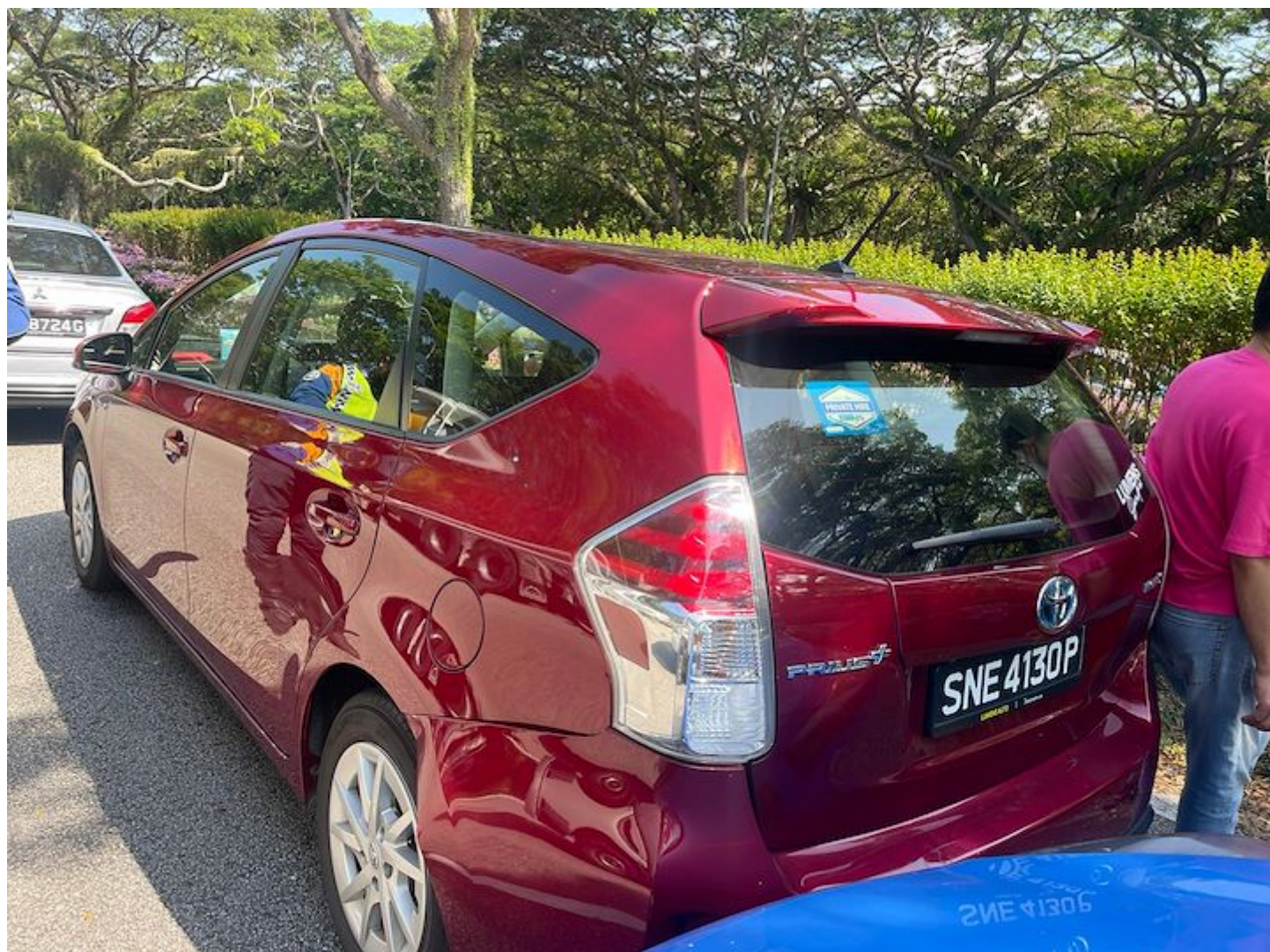
Driver's Signature (If driver is not the policyholder) / Date & Time
/08/2022 HRS

Witnessed by Reporting Centre Personnel
FRO Sufiyan







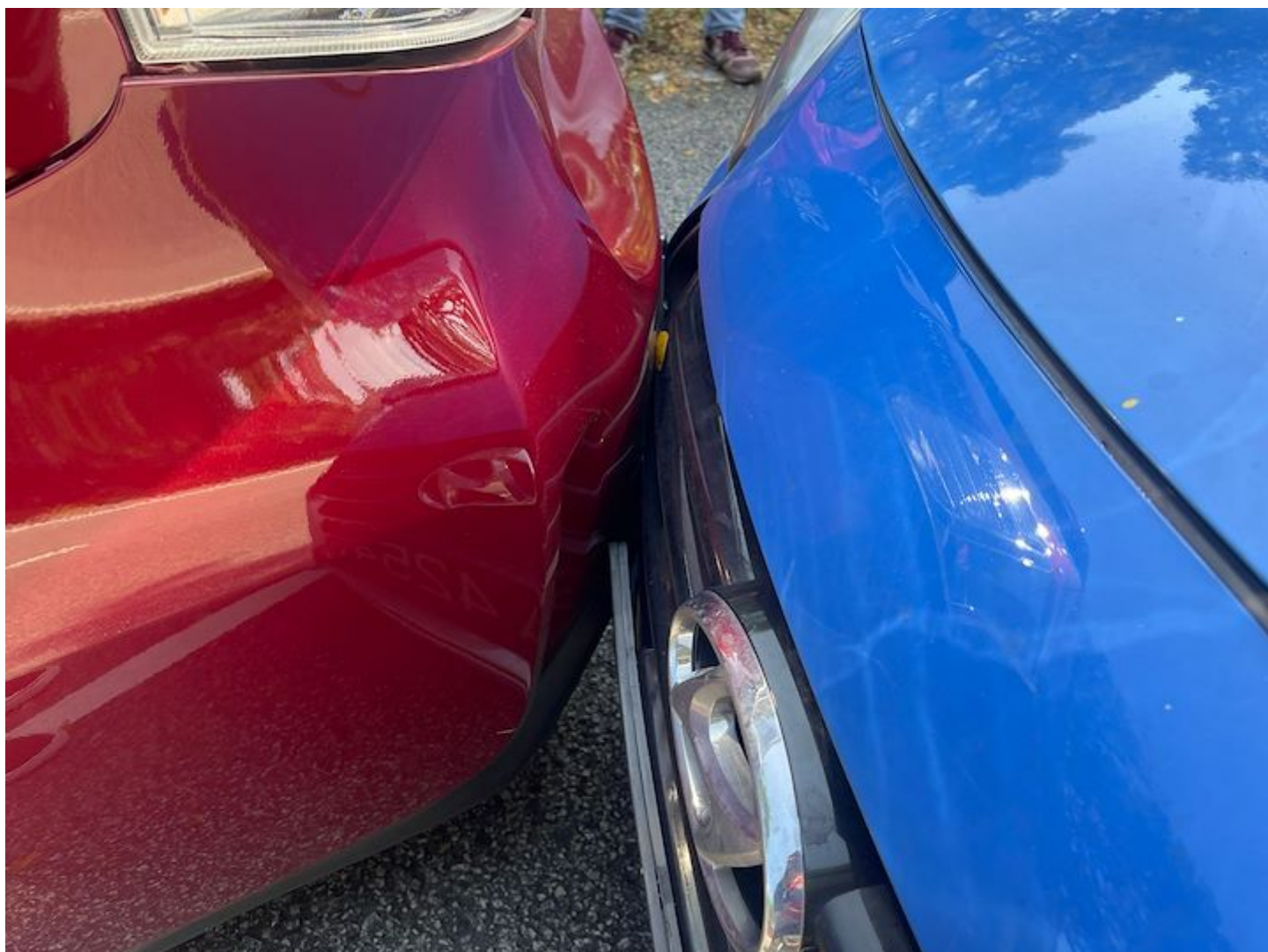














**SINGAPORE
POLICE FORCE**



T/20220811/7024

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

1 of 3

Report No. T/20220811/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2022 15:29		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEH CHOW KOON RAYMOND			Address: 61 TAMPINES CENTRAL 7 #02-20 SINGAPORE 528595		
ID Type / ID No.: NRIC NO / S1799870F			Contact No.: Home/Office: Mobile: 82680131		
Nationality: SINGAPORE CITIZEN			Email: RAYMONDTEHCK@GMAIL.COM		
Sex: Male	Age: 55	Date of Birth: 23/03/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/08/2022 08:40	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SHA4254H	Car	HYUNDAI		Blue		0
SMP4130T	Car	HONDA		Black		0
SNE2746B	Car	VOLVO		White		0
SNE4130P	Car					0



**SINGAPORE
POLICE FORCE**



T/20220811/7024

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

2 of 3
Report No. T/20220811/7024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEH CHOW KOON RAYMOND	ID No.	S1799870F
Related Vehicle	SNE4130P (Car)	Contact No.	82680131
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving my vehicle bearing number SNE4130P on the first lane along ECP towards City when the vehicle in front of me out of a sudden e-braked. I managed to stop in time without hitting the car in front but the 3 cars behind me collided onto one another which ended up rear ending my car.



**SINGAPORE
POLICE FORCE**



T/20220811/7024

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

3 of 3

Report No. T/20220811/7024

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 / TPB /
YAN MINGSHENG DANIEL
Contact No.: 65476252

NP168

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

Date/Time:
11/08/2022 15:29

Classification Of Case:





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G228B000E Vehicle Registration No: SNE4130P
 Name (as shown in NRIC): Lumens Auto Pte Ltd NRIC/FIN/Passport No: 2XXXX961K
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 11/08/2022 Time of Accident: 08:45
 Place of Accident: ECP.
 Insurance Company: Tokio Marine Insurance Singapore Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ATTACHED POLICE REPORT



 Policyholder / Driver's Signature
 Date:

Siti

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 11.08.2022

KLK 1000 Accident Report Form

