

# 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 ..... 12/09/2022 11:09 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 10/09/2022 15:50 (SGT)  
Exact Location of Accident ..... Holland Rd, Singapore  
Additional Location Information ..... TAMAN WARNA  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNE5202J

### 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) +65-82181691  
Alternative Phone No ..... (Office) +65-87781765

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... COROLLA ALTIS  
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 - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Policy Number / Cover Note Number ..... 21-MM000794-R00

### DRIVER

Name of Driver ..... TAN PUAY HIONG  
NRIC No ..... SXXXX965H  
Date Of Birth ..... 11/12/1957  
Occupation ..... Outdoor

Date Of Driving Pass .....	10/10/1977
Driving experience .....	44 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82181691
Alt. Phone Number .....	-
Email Address .....	kokhow.tay@lumens.sg
Address .....	101A BIDARI PARK DRIVE #03-141
Address complement .....	-
Postcode .....	341101
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 .....	Collision - Major/Minor Rd
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
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? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749
Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220911/2031

#### 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 .....	SMW44Z
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	C200
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LIEW YOU MING
NRIC No .....	SXXXX617Z
Contact Number .....	(Phone) +65-96278170
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	4

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TAN PUAY HIONG
Gender .....	Male
Phone No .....	(Phone) +65-82181691
Address .....	101A BIDARI PARK DRIVE #03-141
Address Complement .....	-
Post Code .....	341101
Approximate Age Years Old .....	64
Injuries Sustained .....	BACK AND NECK PAIN 5DAYS MC
Injured person in which vehicle? .....	SNE5202J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	-

**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.



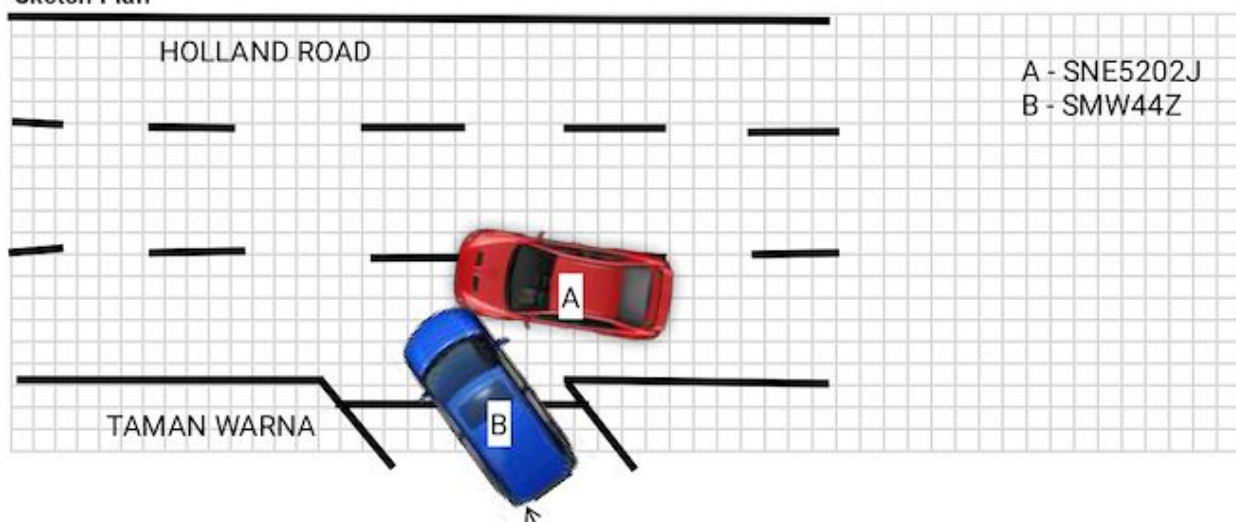
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 11/09/2022. 1330hrs

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO LATIFF

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20220911/2031

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 11/09/2022. 1330hrs

FLASH ACCIDENT  
REPORTING OFFICER

FRO LATIFF



Witnessed by Reporting Centre Personnel





















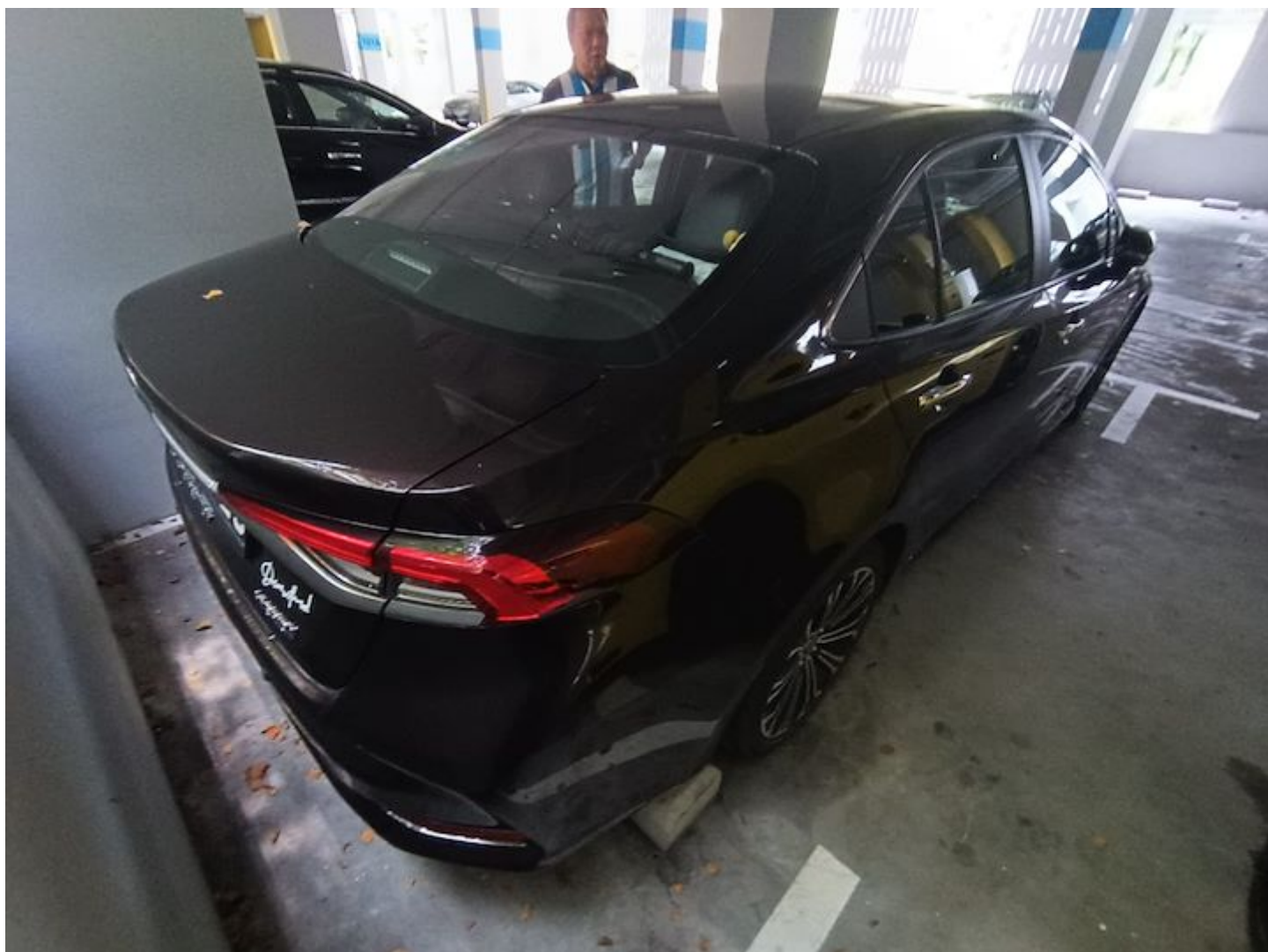
















**SINGAPORE  
POLICE FORCE**



T/20220911/2031

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20220911/2031

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/09/2022 09:43	Vide Report No.:	Station Diary No.: 33
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**Informant's Particulars**

Name of Informant: TAN PUAY HIONG			Address: APT BLK 101A BIDADARI PARK DRIVE #03-141 SINGAPORE 341101	
ID Type / ID No.: NRIC NO / S1233965H			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 82181691
			Email:	
Sex: Male	Age: 64	Date of Birth: 11/12/1957	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:	
			Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/09/2022 15:50	Type of Location: T-Junction
Location:  HOLLAND ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMW44Z	Car	MERCEDES BENZ		Blue	Seriously Damaged	3
SNE5202J	Car	TOYOTA	ALTIS	Brown	Seriously Damaged	2

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
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T/20220911/2031

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93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

2 of 3  
Report No. T/20220911/2031

Driver			
Name	TAN PUAY HIONG	ID No.	S1233965H
Related Vehicle	SNE5202J (Car)	Contact No.	82181691
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/09/2022	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	LIEW YOU MING	ID No.	S6873617Z
Related Vehicle	NIL	Contact No.	96278170
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/9/2022 at about 1550hrs, I was travelling along Holland Road towards Ulu Pandan with my vehicle (SNE5202J). A vehicle (SMW44Z) from Taman Warna was turning left without stopping and collided with my vehicle. After the collision, the said driver did not stop and I quickly take a picture of the vehicle number plate. My vehicle on the side was seriously damaged. My back hip, head and shoulder is injured. 5 days MC was given to me. There is an in-car camera in my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20220911/2031

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20220911/2031

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 The Report:  
E /  
SGT 1 AL FAINI SANAH BINTE  
ABDUL GHANI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/09/2022 09:43

Officer In Charge Of Case:  
TP / AEIT /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Classification Of Case:

NP168

