

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 15/10/2022 12:26 (SGT)
Reported by Driver
Date of Accident 15/10/2022 10:00 (SGT)
Exact Location of Accident Hamilton Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ9495E

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) +65-90077274
Alternative Phone No (Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer Toyota
Model Yaris
Variant CROSS HYBRID ACTIVE (AT) (2WD)
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 1490

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number 21-MM000793-R00

DRIVER

Name of Driver LEE CHIEW KOON
NRIC No SXXXX356C
Date Of Birth 14/06/1967
Occupation Outdoor

Date Of Driving Pass	16/06/1995
Driving experience	27 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90077274
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	24 HOUGANG AVENUE 3 #10-420
Address complement	-
Postcode	530024
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?	No
Was any injured conveyed to hospital by ambulance?	-
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 15/10/2022 AT ABOUT 1000HRS, VEHICLE A WAS DRIVING ALONG HAMILTON ROAD WITH 1 FEMALE PASSENGER ONBOARD FROM LAVENDER STREET TOWARDS HORNE ROAD. AS VEHICLE A WAS TRAVELLING STRAIGHT INTENDING TO MAKE A RIGHT TURN TO HORNE ROAD, VEHICLE A NOTICES A VEHICLE PARKING ALONG THE SIDE OF ROAD, VEHICLE A MANUEVER SLOWLY ON THE RIGHT SIDE OF THE PARKED VEHICLE. AFTER PASSING THE VEHICLE, VEHICLE B CAME OUT OF PARKING LOT AND VEHICLE B FRONT LEFT BUMPER COLLIDED ONTO VEHICLE A RIGHT FRONT BUMPER AND RIGHT FENDER. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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	SLX2456L
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM CHUN HAO
NRIC No	SXXXX250D
Contact Number	(Phone) +65-97497999
Address	-
Address complement	13 FARRER ROAD #14-25
Postcode	210013
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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

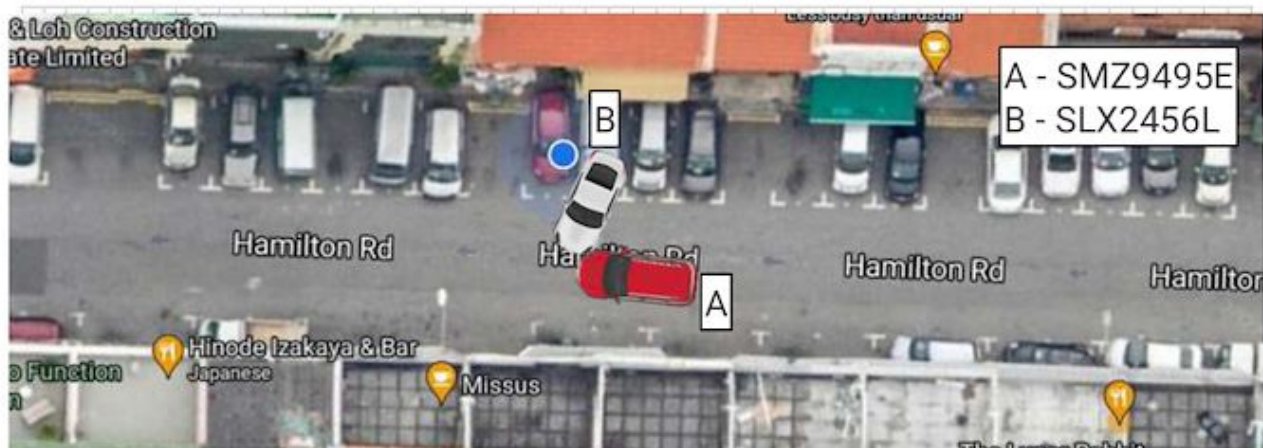
Driver's Signature (If driver is not the policyholder) / Date & Time

14/10/2022 1055hrs

**FLASH ACCIDENT
REPORTING OFFICER**

FRO LATIFF

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON 15/10/2022 AT ABOUT 1000HRS, VEHICLE A WAS DRIVING ALONG HAMILTON ROAD WITH 1 FEMALE PASSENGER ONBOARD FROM LAVENDER STREET TOWARDS HORNE ROAD. AS VEHICLE A WAS TRAVELLING STRAIGHT INTENDING TO MAKE A RIGHT TURN TO HORNE ROAD, VEHICLE A NOTICES A VEHICLE PARKING ALONG THE SIDE OF ROAD, VEHICLE A MANUEVER SLOWLY ON THE RIGHT SIDE OF THE PARKED VEHICLE. AFTER PASSING THE VEHICLE, VEHICLE B CAME OUT OF PARKING LOT AND VEHICLE B FRONT LEFT BUMPER COLLIDED ONTO VEHICLE A RIGHT FRONT BUMPER AND RIGHT FENDER. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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 14/10/2022 1055hrs

FLASH ACCIDENT
REPORTING OFFICER

FRO LATIFF



Witnessed by Reporting Centre Personnel



