

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 22/10/2022 17:01 (SGT)
Reported by Driver
Date of Accident 22/10/2022 13:05 (SGT)
Exact Location of Accident Gambas Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND7752E

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) +65-96515181
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 LUO GUOXING JASON
NRIC No SXXXX990A
Date Of Birth 09/09/1984
Occupation Outdoor

Date Of Driving Pass	02/01/2004
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96515181
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	754 YISHUN STREET 72 #07-514
Address complement	-
Postcode	760754
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?	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	Male

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 THE 22/10/2022 AT ABOUT 1305 HOURS, I WAS DRIVING VEHICLE A (SND7752E) ON LANE 2 ALONG GAMBAS AVENUE WHEN AN UNKNOWN MOTORCYCLE AHEAD OF ME SLOWED DOWN TO AVOID AN OBSTACLE AND MY CAR'S AUTOMATED EMERGENCY ANTI COLLISION DETECTION KICKED IN AND SLOWED DOWN TO AVOID A COLLISION WHEN SUDDENLY VEHICLE B (SMU4180Y) REAR ENDED ME. I GOT DOWN AND REALISED THAT VEHICLE C (SMQ7045G) HAD REAR ENDED VEHICLE B TOO. THIS IS A 3 CAR CHAIN COLLISION AND I AM THE FIRST VEHICLE. NOBODY IS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU4180Y
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Vehicle Manufacturer	Nissan
Vehicle Model	Sylphy
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEE HOCK JOO JIM
NRIC No	SXXXX151D
Contact Number	(Phone) +65-97360254
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ7045G
Vehicle Manufacturer	Hyundai
Vehicle Model	Elantra
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BENSON NEO BENG SENG
NRIC No	SXXXX174A
Contact Number	(Phone) +65-97579653
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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.



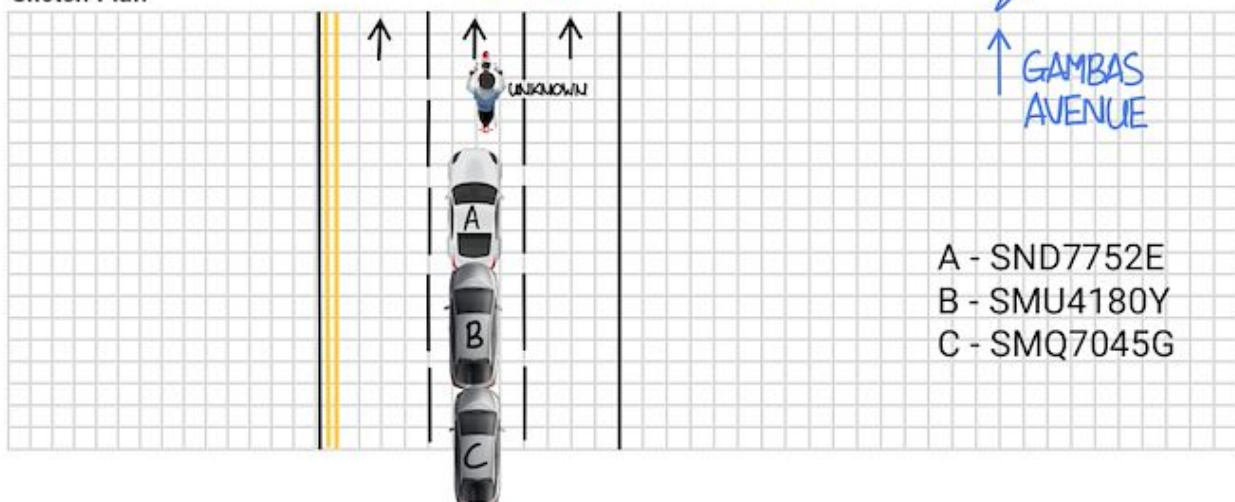
Policyholder's Signature / Date & Time

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

22/10/22

1330

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

ON THE 22/10/2022 AT ABOUT 1305 HOURS, I WAS DRIVING VEHICLE A (SND7752E) ON LANE 2 ALONG GAMBAS AVENUE WHEN AN UNKNOWN MOTORCYCLE AHEAD OF ME SLOWED DOWN TO AVOID AN OBSTACLE AND MY CAR'S AUTOMATED EMERGENCY ANTI COLLISION DETECTION KICKED IN AND SLOWED DOWN TO AVOID A COLLISION WHEN SUDDENLY VEHICLE B (SMU4180Y) REAR ENDED ME. I GOT DOWN AND REALISED THAT VEHICLE C (SMQ7045G) HAD REAR ENDED VEHICLE B TOO. THIS IS A 3 CAR CHAIN COLLISION AND I AM THE FIRST VEHICLE. NOBODY IS INJURED.

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

22/10/22

1330

Witnessed by Reporting Centre Personnel

























