





## 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	16/11/2022 16:40 (SGT)
Reported by	Both
Date of Accident	13/11/2022 09:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	X JUNCTION OF MANDAI ROAD TOWARDS THOMSON & BKE (CHANGI)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9651H
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) +65-87781765
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Voxy
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000813-R00

### DRIVER

Name of Driver	TIMOTHY TAN PENG SOON
NRIC No	SXXXX149A
Date Of Birth	03/02/1959



Occupation	Outdoor
Date Of Driving Pass	05/12/1986
Driving experience	35 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97738637
Alt. Phone Number	-
Email Address	asmah@lumens.sg
Address	602 BEDOK RESERVOIR ROAD #08-528
Address complement	-
Postcode	470602
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	Side Swipe
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	SHAMILA
Gender	Female

#### PASSENGER 2

Name	KATIE
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

REFER TO POLICE REPORT, REF NO: T/20221115/7047

#### 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	SKZ2841J
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	KATIE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMS9651H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

##### INJURED 2

Name of injured person	TIMOTHY TAN PENG SOON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMS9651H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

##### INJURED 3

Name of injured person	SHAMILA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMS9651H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

## SKETCH PLAN

**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 Authorised Driver**
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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 lodgment 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
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed.
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders

Policyholder's Signature  
Date & Time:

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

**CITY AUTO PTE LTD**  
614 6 Sin Ming Road  
#01-55/56/57 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1236 Fax: 6453 7944  
(Claims Section)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN



A - SMS 96914

B- SKZ 2241J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### 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

CITY AUTO PTE LTD  
BIKES SALES

Bik & S. Ming Road  
#01-59/60/62 Bik & S. Ming Ind Est  
Singapore 575643  
Tel: 6452 2222

Tel: 6453 1235 Fax: 6453 7944  
(Claims Section)

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_  
NRIC/FIN No: \_\_\_\_\_


**SINGAPORE  
POLICE FORCE**


T/2022/115/7047

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

Report No: T/2022/115/7047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/11/2022 15:41	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: TIMOTHY TAN PENG SOON		Address: 602 BEDOK RESERVOIR ROAD #08-528 SINGAPORE 470602	
ID Type / ID No.: NRIC NO / S1394149A		Contact No.: Home/Office: Mobile: 97738637	
Nationality: SINGAPORE CITIZEN		Email: TANTIMOTHY528@GMAIL.COM	
Sex: Male	Age: 63	Date of Birth: 03/02/1959	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/11/2022 09:50	Type of Location: X-Junction
Location: X - Junction of MANDAI ROAD & BKE (PIE/KJE)				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SK72841J	Car	TOYOTA	Camry		Seriously Damaged	0
SMS96511H	Car	TOYOTA	Voxy	Black	Seriously Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20221115/7047

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

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## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKZ2841J (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	KATIE	ID No.	NIL
Related Vehicle	SMS9651H (Car)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/11/2022	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Serious
<b>Driver</b>			
Name	TIMOTHY TAN PENG SOON	ID No.	S1394149A
Related Vehicle	SMS9651H (Car)	Contact No.	97738637
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/11/2022	Date	14/11/2022
No. of Days granted Medical Leave	07	Degree of	Slight





**SINGAPORE  
POLICE FORCE**



T/2022/115/7047

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

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T/2022/115/7047

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	SHAMILA	ID No.	NIL
Related Vehicle	SMS9651H (Car)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	13/11/2022	Date	13/11/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On the stated time and date, I was driving my vehicle bearing SMS9651H along Mandai Road towards to Thomson Road with the intention of turning right into BKE (PIE/KJE). I was at the junction right before the turning junction. We were waiting for the light to turn green to proceed straight to the junction in front for a right turn to BKE (PIE/KJE). As the light turned green I proceeded to the next junction for a right turn. Just as I was reaching the junction to make a right turn, the right turn arrow changed from red to green, I slowed down and proceeded for a right turn. I remember clearly that I was on the most right lane of the X junction making a right turn with the traffic light in my favor, both green light and green arrow were present. Out of a sudden, from the corner of my eyes I noticed a shadow coming at an extraordinary speed and before I could react, the said shadow smashed into the middle to rear left hand side portion of the vehicle. I tried to control the vehicle but the impact was so huge that it caused my vehicle to spin 180 degree and then overturned, falling onto the left side on my vehicle. I quickly checked with my passengers onboard if they are ok. Some passerby came by to help us and called for the TP and ambulance which arrived shortly. I was then brought into the ambulance for a check and subsequently conveyed to Khoo Teck Puat Hospital. My vehicle SMS9651H was left on scene and my rental company was activated to collect the vehicle. I was later informed that both my passengers onboard and myself were conveyed to the hospital. I was then given 7 days hospitalization leave by the doctors and was discharged on 14/11/2022. My rental company, Lumens Auto, informed me that the other party's carplate number is SKZ2841J.



**SINGAPORE  
POLICE FORCE**

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



T:20221115:7047

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**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:  
IP / PIB /  
MOHAMMAD ABUJILAH BIN PAULI  
Contact No : 65476246

RP:br

Signature Of Informant:

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

Date/Time:  
15/11/2022 15:41

Classification Of Case