

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	30/11/2022 14:48 (SGT)
Reported by	Driver
Date of Accident	28/11/2022 23:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS ST. 11, BESIDE BLOCK 139 & 140
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML4732C
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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) +65-87781765
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	PRIUS PLUS
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	1798

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MN000812-R00

DRIVER

Name of Driver	YAP AH YEONG
NRIC No	SXXXX133B
Date Of Birth	29/08/1959
Occupation	Outdoor

Date Of Driving Pass	21/12/2005
Driving experience	16 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91001093
Alt. Phone Number	-
Email Address	asmah@lumens.sg
Address	APT BLK 456 PASIR RIS DRIVE 4 #02-295
Address complement	-
Postcode	510456
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 - Head to Rear
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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT, REF NO: T/20221129/2115

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	SLC9799L
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SML4732C
Were seat belts worn?	-
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:

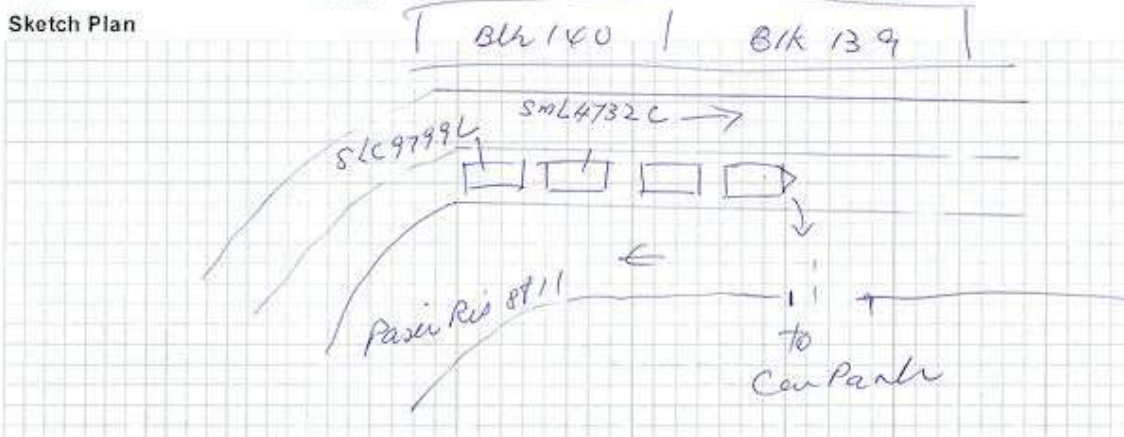
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

 		CITY AUTO PTE LTD Blk 8 Sig Ming Road #01-58/60/62 Sig Ming Ind Est Singapore 75543 Tel: 6453 7544 Fax: 6453 7544 (Claims Section)
Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


attach Police Report

Declaration

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
 Blk 8 Sin Ming Road
 #01-58/59/63 Sin Ming Ind Est
 Singapore 75843
 Tel: 6453 1234 Fax: 6453 7844
 (Claims Section)

 Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**


T/20221129/2115

1 of 3

Report No. T/20221129/2115

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2022 20:59	Vide Report No.:	Station Diary No.: 94
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Informant's Particulars

Name of Informant: YAP AH YEONG		Address: APT BLK 456 PASIR RIS DRIVE 4 #02-295 SINGAPORE 510456	
ID Type / ID No.: NRIC NO / S1355133B		Contact No.: Home/Office: Mobile: 91001093	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 63	Date of Birth: 29/08/1959	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: PRIVATE HIRE 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: 28/11/2022 23:20	Type of Location: Straight Road
Location: PASIR RIS STREET 11				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC9799L	Car				Slightly Damaged	1
SML4732C	Car				Slightly Damaged	1

**SINGAPORE
POLICE FORCE**

T/20221129/2115

2 of 3

Report No: T/20221129/2115

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT**Brief Details.**

I am a private hire driver for Grab. On 28/11/22, at about 11.23pm, I was driving my rental vehicle, SML4732C, where I had a passenger in my vehicle that I had to drop off at Blk 416 Pasir Ris Drive 6. When I had passed the hump near to Blk 139 Pasir Ris St 11, there was an entrance to the cluster and there were about 2 vehicles in front of me waiting while one of the vehicles was turning right into the cluster. As such, I slowed down my vehicle and came to a stop.

About a few seconds later while I was waiting, a vehicle, SLC9799L, collided onto the rear of my vehicle and I felt the impact from behind. Both myself and the other driver then got down of the vehicle and exchanged particulars. I then observed that there were some damages on my vehicle's rear bumper, such as dents and scratches. At that point in time of the incident, no one was injured. We then left the location after exchanging particulars. After the accident, I went to see a doctor at Lily Aw Pasir Ris Family Clinic & Surgery and was issued a 3-days medical certificate for my neck and back pain which was caused by impact from the accident. My car rental company also advised me to lodge a traffic accident report.

**SINGAPORE
POLICE FORCE**

T/20221129/2115

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20221129/2115

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:
G /
SGT 3 OH JIA KAI JACKIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/11/2022 20:59

Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN
Contact No.: 65476219

Classification Of Case:

NP188