

## 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

#### 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

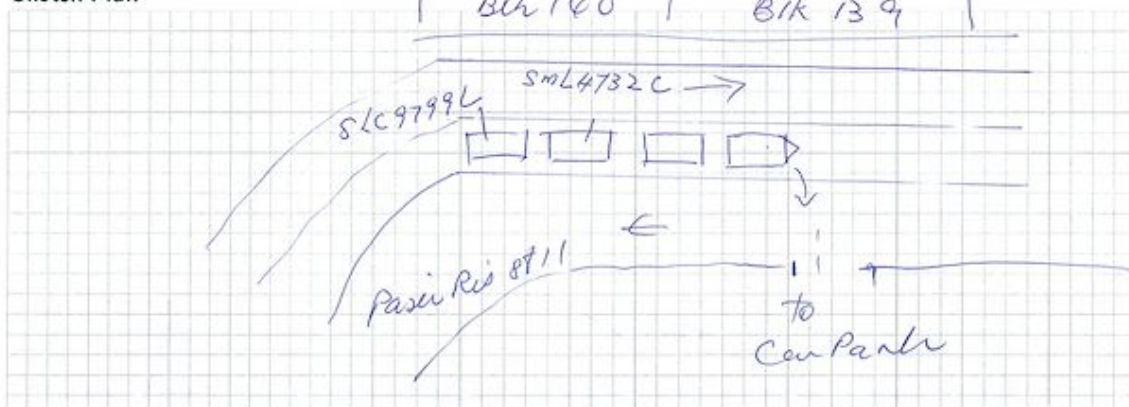
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
  
 Policyholder's Signature / Date & Time

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

**CITY AUTO PTE LTD**  
 Blk 8 Sig Ming Road  
 #01-58/60/62 Sig Ming Ind Est  
 Singapore 675643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)  
 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  
#01-58/80/63 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

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

Report No. T/20221129/2115

**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

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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:

NP168

