

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 01/12/2022 15:38 (SGT)
Reported by Driver
Date of Accident 30/11/2022 19:30 (SGT)
Exact Location of Accident Marina Blvd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND2012R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LUMENS AUTO PTE LTD
Company Reg No 201426961K
Email Address kokhow.tay@lumens.sg
Mobile Phone No (Phone) +65-87200588
Alternative Phone No (Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer Toyota
Model Prius
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 - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1798

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MFL0005826_01

DRIVER

Name of Driver YANG KIM LOCK
NRIC No S7638372C
Date Of Birth 01/12/1976
Occupation Outdoor

Date Of Driving Pass	15/09/1997
Driving experience	25 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87200588
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	207 PETIR ROAD #02-569
Address complement	-
Postcode	670207
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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	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 30/11/2022 AT ABOUT 1930HRS, I WAS DRIVING VEHICLE A (SND2012R) ALONG MARINA BOULEVARD TOWARDS MCE, I NOTICED I WAS IN THE TURNING LANE ON THE FAR LEFT, SO I DECIDED TO CHANGE LANE TO THE RIGHT, I HAD SIGNALLED MY INTENTION FOR SOME TIME BUT AS I CONTINUED, SUDDENLY VEHICLE B (SH9609T) COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. NO INJURY.

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	SH9609T
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Vehicle Manufacturer	Hyundai
Vehicle Model	Ae ioniq
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SIM
Contact Number	(Phone) +65-90609577
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.



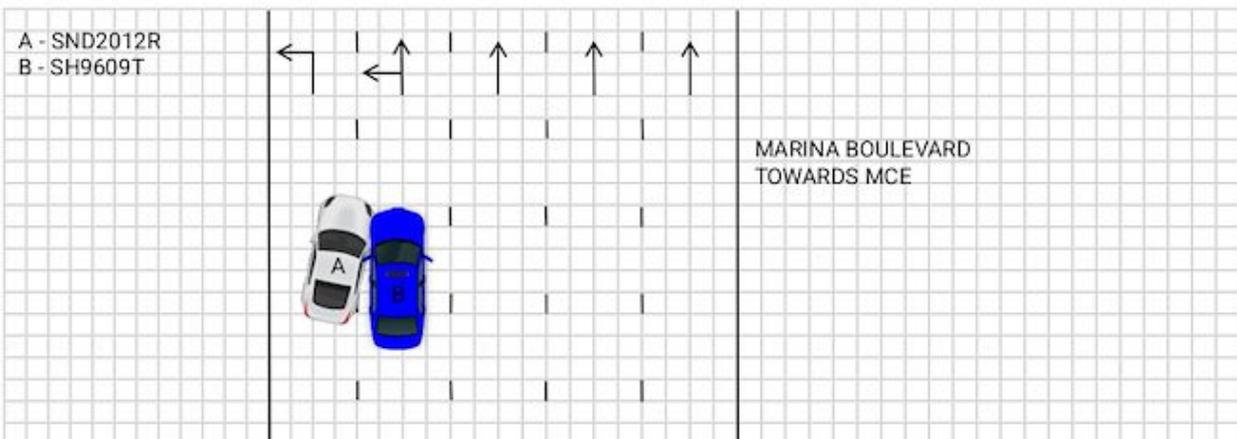
Yang

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
30/11/22 2330

Witnessed by Reporting Centre Personnel *Amin*

Sketch Plan



Describe Circumstances of the Accident

ON 30/11/2022 AT ABOUT 1930HRS, I WAS DRIVING VEHICLE A (SND2012R) ALONG MARINA BOULEVARD TOWARDS MCE, I NOTICED I WAS IN THE TURNING LANE ON THE FAR LEFT, SO I DECIDED TO CHANGE LANE TO THE RIGHT, I HAD SIGNALLED MY INTENTION FOR SOME TIME BUT AS I CONTINUED, SUDDENLY VEHICLE B (SH9609T) COLLIDED INTO THE RIGHT PORTION OF MY VEHICLE. NO INJURY.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

30/11/22 2320

Witnessed by Reporting Centre Personnel *Amin*

