

# 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 .....	03/12/2022 11:15 (SGT)
Reported by .....	Driver
Date of Accident .....	02/12/2022 16:20 (SGT)
Exact Location of Accident .....	Orchard Rd, Singapore
Additional Location Information .....	TOWARDS GRANGE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMY3760J
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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) +65-91014405
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 - Claiming third party
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_02

### DRIVER

Name of Driver .....	GOH CHIH MING
NRIC No .....	SXXXX483E
Date Of Birth .....	26/05/1966
Occupation .....	Outdoor

Date Of Driving Pass .....	07/11/1986
Driving experience .....	36 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91014405
Alt. Phone Number .....	-
Email Address .....	kokhow.tay@lumens.sg
Address .....	624B WOODLANDS DRIVE 52 09-25
Address complement .....	-
Postcode .....	732624
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
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 .....	-

#### 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

ON 02/12/2022 AROUND 1620HRS I WAS DRIVING VEHICLE A(SMY3760J) ON OCHARD ROAD ON LANE 1, I WAS TURNING RIGHT TOWARDS GRANGE ROAD , SUDDENLY THERE WAS THIS VEHICLE B ( SKU1255J) JUST CHANGE LANE WITHOUT CHECKING THE BLINDSPOT AND QUICKLY OVER TAKE VEHICLE A AND COLLIDED TO VEHICLE A LEFT FRONT BUMPER. I ALSO WANT TO MENTION THAT IM HAVING LEG PAIN AFTER THE INCIDENT I WILL GO SEE A DOCTOR SOON. NO OTHER VEHICLE IS INVOLVED.

AS PER POLICE REPORT No.T/20221203/7026

#### 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 .....	SKU1255J
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHEN SIEW NYONG ROSALINE
NRIC No .....	SXXXX353F
Contact Number .....	(Phone) +65-93705657
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 .....	GOH CHIH MING
Gender .....	Male
Phone No .....	(Phone) +65-91014405
Address .....	624B WOODLANDS DRIVE 52 09-25
Address Complement .....	-
Post Code .....	732624
Approximate Age Years Old .....	56
Injuries Sustained .....	2DAYS MC
Injured person in which vehicle? .....	SMY3760J
Were seat belts worn? .....	Yes
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.



**FLASH ACCIDENT  
REPORTING OFFICER**  
FRO VICKY



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
02/12/2022 1810HRS

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

ON 02/12/2022 AROUND 1620HRS I WAS DRIVING VEHICLE A(SMY3760J) ON OCHARD ROAD ON LANE 1, I WAS TURNING RIGHT TOWARDS GRANGE ROAD , SUDDENLY THERE WAS THIS VEHICLE B ( SKU1255J) JUST CHANGE LANE WITHOUT CHECKING THE BLINDSPOT AND QUICKLY OVER TAKE VEHICLE A AND COLLIDED TO VEHICLE A LEFT FRONT BUMPER. I ALSO WANT TO MENTION THAT IM HAVING LEG PAIN AFTER THE INCIDENT I WILL GO SEE A DOCTOR SOON. NO OTHER VEHICLE IS INVOLVED.

## 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

02/12/2022 1810HRS

FLASH ACCIDENT  
REPORTING OFFICER  
FRO VICKY



Witnessed by Reporting Centre Personnel