SJ0G22C9000O-01 / JP Knights Pte Ltd ENTRY DATE & TIME: 09/12/2022 14:28 (SGT) SUBMITTED BY: Siti VERSION: 2 (09/12/2022 16:26 (SGT))

# **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 witholding 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.

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   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 09/12/2022 14:28 (SGT) Reported by Driver Date of Accident 06/12/2022 16:15 (SGT) Exact Location of Accident Tampines Ave 10, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMK7183Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LUMENS AUTO PTE LTD Company Reg No 2XXXXX961K Email Address Mobile Phone No Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Model Prius Variant **PLUS** 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? Vehicle Category Transmission CC

Toyota

Private hire

No - Claiming third party Private hire

Auto 1798

**INSURANCE COMPANY** 

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

DRIVER

Name of Driver ROSNI BIN MOHD HASHIM NRIC No SXXXX626J Date Of Birth Occupation Outdoor



Date Of Driving Pass	09/02/1988
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	
Alt. Phone Number	<del>.</del>
Email Address	
Address	
Address complement	
Postcode	
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	-
indurance company of outer vertice owned by briver	-
OFNEDAL INFORMATION OF THE ACCIDENT	
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?	Yes
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	-
DACCENICED 1	
PASSENGER 1	
Name	UNKOWN
Gender	Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	V
	Yes
Police Station Name	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT.	
-	
ATTACHMENT(S)	
ATTACHMENT(O)	

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 Vehicle Manufacturer Vehicle Model	SHB855U Toyota Prius
Vehicle Variant	Filus
Vehicle Colour	_
Vehicle Category	Taxi
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)	1

# **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person **ROSNI BIN MOHD HASHIM** Gender Male Phone No Address Address Complement ..... Post Code Approximate Age Years Old 56 Injuries Sustained BACK, NECK AREA SERIOUS PAIN. 17DAYC MC HOSPITALISED 06/12/2022 TO 08/12/2022 Injured person in which vehicle? SMK7183Y Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Yes

### SKETCH PLAN

## IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The report will be forw arded 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

- (a) My insurer , my w orkshop 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' law yers/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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell 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' law yers/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 law yers/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 1400HRS 09/12/22

Witnessed by Reporting Centre Personnel

Sketch Plan

NOTE IT THE	
A. SMK7183Y	
B. SHA855U	
TAMPINES AVE	
10	B

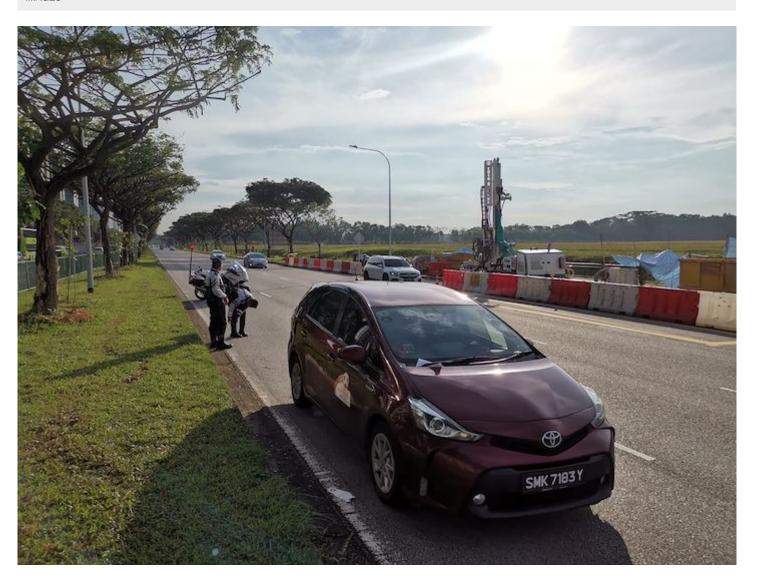
Describe Circumstances of the Accident REFER TO POLICE REPORT. Declaration I/We declare the foregoing particulars are true in every respect. FLASH ACCIDENT FRO BALAJI Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre

1400HRS 09/12/22

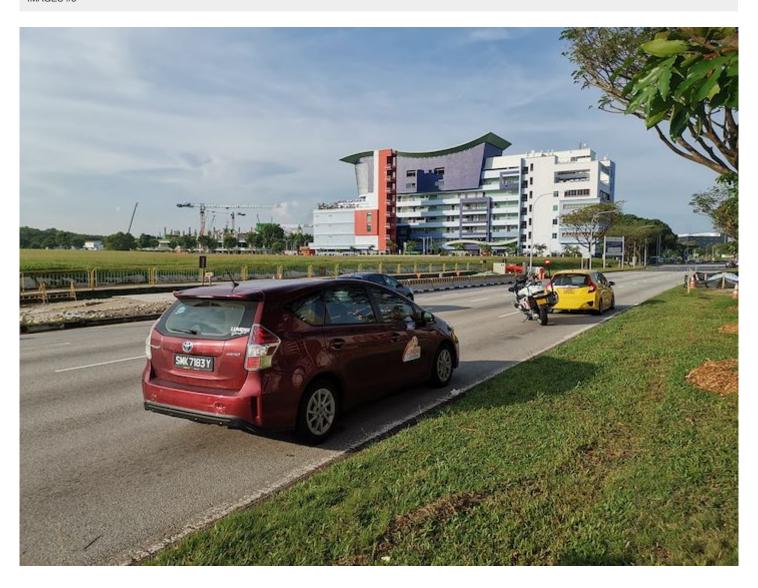
& Time

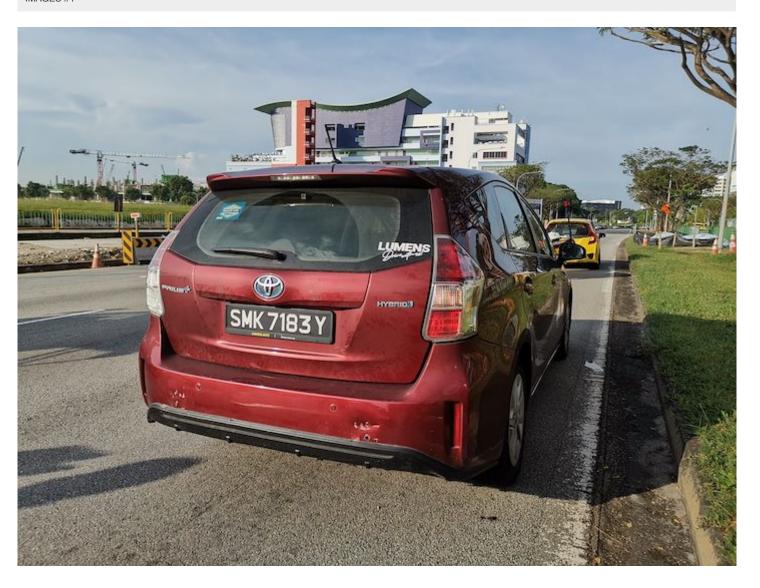
Time

Personnel

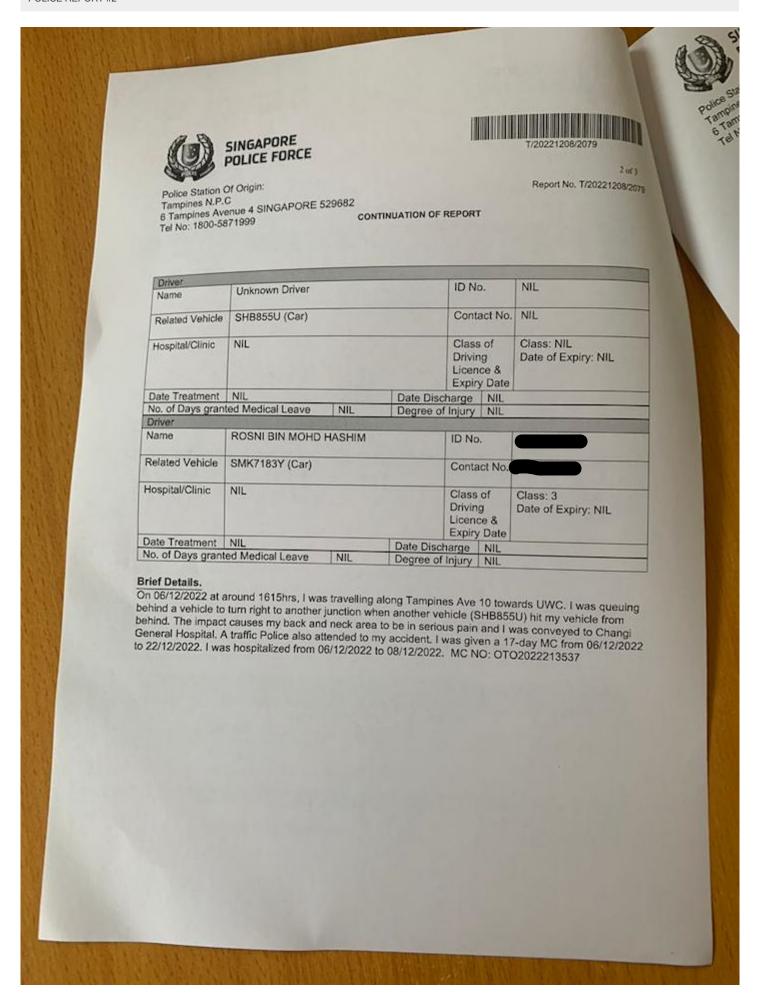


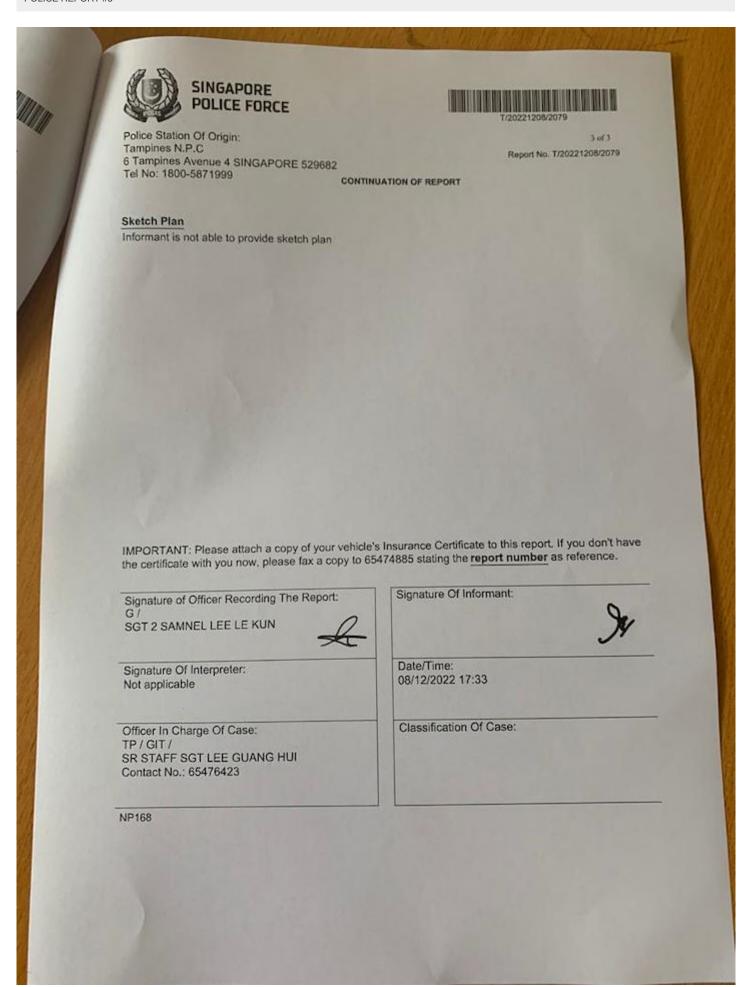
















IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

ADD	DENDUM
A) PARTICULARS OF PERSON MAKING THE AMEND	OMENTS:
Original Report No: SJ0G22C90000	Vehicle Registration No: SMK7183Y
Name (as shown in NRIC): Lumens Auto Pte Ltd	NRIC/FIN/Passport No: 2XXXX961K
(*Vehicle Driver/Vehicle Owner) (*) Please delet	te as appropriate
Address:	Singapore (
Contact (Tel):	Mobile No.:
Email Address:	
Date of Accident: 06/12/2022	Time of Accident:16:15
Place of Accident: Tampines Ave 10, Singa	
Insurance Company: Tokio Marine Insurance S	
SAUTO STATE OF THE	NAVA
Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date: 9/12/2022

Accident report SJ0G22C9000O

GIARME Addenoush Form