

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 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 Toyota
Model Prius
Variant PLUS
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 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	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
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?	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	-

PASSENGER 1

Name	UNKOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	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)

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	SHB855U
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
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	[REDACTED]
Address	[REDACTED]
Address Complement	-
Post Code	[REDACTED]
Approximate Age Years Old	56
Injuries Sustained	BACK, NECK AREA SERIOUS PAIN. 17DAYC MC HOSPITALISED 06/12/2022 TO 08/12/2022 SMK7183Y
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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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' law firms/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' law firms/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 firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

**FLASH ACCIDENT
REPORTING OFFICER**

FRO BALAJI



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

A. SMK7183Y
B. SHA855U

TAMPINES AVE
10



Describe Circumstances of the Accident

REFER TO POLICE REPORT.

Declaration

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

FLASH ACCIDENT
REPORTING OFFICER

FRO BALAJI



Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

1400HRS 09/12/22










**SINGAPORE
POLICE FORCE**


T/20221208/2079

1 of 3

Report No. T/20221208/2079

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/12/2022 17:33	Vide Report No.:	Station Diary No.: 99
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Informant's Particulars

Name of Informant: ROSNI BIN MOHD HASHIM		Address: [REDACTED]	
ID Type / ID No.:	Contact No.:	Mobile: [REDACTED]	
NRIC NO / [REDACTED]	Home/Office:		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 56	Date of Birth: 28/10/1966	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/12/2022 16:15	Type of Location: X-Junction
Location: TAMPINES AVENUE 10				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 40 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB855U	Car	TOYOTA	PRIUS TAXI (SMRT)	Maroon	No Damage	0
SMK7183Y	Car	TOYOTA	PRIUS PLUS (AUTO)	Red	No Damage	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20221208/2079

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Report No. T/20221208/2079

CONTINUATION OF REPORT

Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SHB855U (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ROSNI BIN MOHD HASHIM	ID No.	[REDACTED]
Related Vehicle	SMK7183Y (Car)	Contact No.	[REDACTED]
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/12/2022 at around 1615hrs, I was travelling along Tampines Ave 10 towards UWC. I was queuing behind a vehicle to turn right to another junction when another vehicle (SHB855U) hit my vehicle from behind. The impact causes my back and neck area to be in serious pain and I was conveyed to Changi General Hospital. A traffic Police also attended to my accident. I was given a 17-day MC from 06/12/2022 to 22/12/2022. I was hospitalized from 06/12/2022 to 08/12/2022. MC NO: OTO2022213537

**SINGAPORE
POLICE FORCE**

T/20221208/2079

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20221208/2079

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 2 SAMNEL LEE LE KUN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/12/2022 17:33

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476423

Classification Of Case:

NP168





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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0G22C90000 Vehicle Registration No: SMK7183Y

Name (as shown in NRIC): Lumens Auto Pte Ltd NRIC/FIN/Passport No: 2XXXXX961K

(*Vehicle Driver/Vehicle Owner) (*) Please delete 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, Singapore

Insurance Company: Tokio Marine Insurance Singapore Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

UPDATE REGISTERED OWNER NAME



Policyholder / Driver's Signature
Date:

NAVA
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 9/12/2022