

# 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 .....	13/01/2023 16:31 (SGT)
Reported by .....	Driver
Date of Accident .....	13/01/2023 09:30 (SGT)
Exact Location of Accident .....	Serangoon North Ave 4, Singapore
Additional Location Information .....	NORTHSTAR
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMZ3770A
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LUMENS PTE LTD
Company Reg No .....	2XXXXX961K
Email Address .....	kokhow.tay@lumens.sg
Mobile Phone No .....	(Phone) +65-84849275
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 .....	KUEK TONY
NRIC No .....	SXXXX245A
Date Of Birth .....	21/02/1971
Occupation .....	Outdoor

Date Of Driving Pass .....	17/08/1992
Driving experience .....	30 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84849275
Alt. Phone Number .....	-
Email Address .....	kokhow.tay@lumens.sg
Address .....	318B YISHUN AVENUE 9 #13-138
Address complement .....	-
Postcode .....	762318
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 .....	Side Swipe
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 .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
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 .....	FBR2846U
Vehicle Manufacturer .....	Yamaha
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Motorcycle
Name of Driver .....	ANTHONY NICHOLAS CHOO KAI
NRIC No .....	SXXXX260A
Contact Number .....	(Phone) +65-82982743
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 .....	KUEK TONY
Gender .....	Male
Phone No .....	(Phone) +65-84849275
Address .....	318B YISHUN AVENUE 9 #13-138
Address Complement .....	-
Post Code .....	762318
Approximate Age Years Old .....	51
Injuries Sustained .....	FELT UNEASY 5DAYS MC SMZ3770A
Injured person in which vehicle? .....	SMZ3770A
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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 involvedisclosure 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

**Sketch Plan**

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

**1500HRS 13/01/23**

**FLASH ACCIDENT  
REPORTING OFFICER**

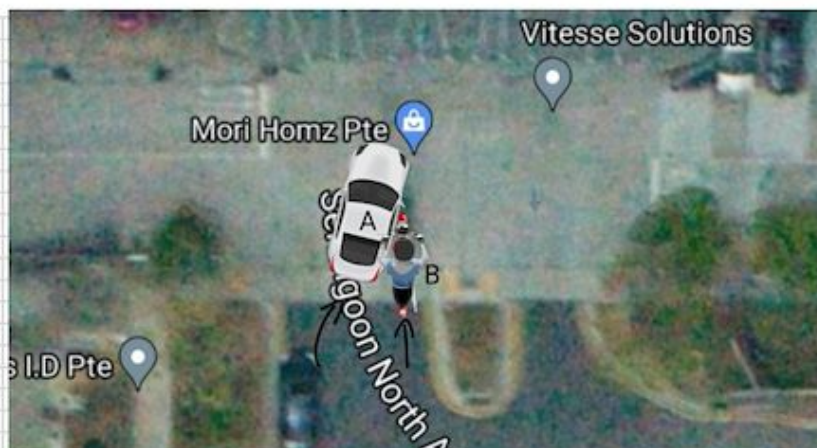
FRO BALAJI



Witnessed by Reporting Centre Personnel

A. SMZ3770A  
B. FBR2846U

SERANGOON  
NORTH AVENUE 4  
NORTHSTAR



Describe Circumstances of the Accident

REFER TO 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

FLASH ACCIDENT  
REPORTING OFFICER

FRO BALAJI



Witnessed by Reporting Centre  
Personnel

1500HRS 14/01/23











































**SINGAPORE  
POLICE FORCE**



F/20230113/7043

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20230113/7043

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 13/01/2023 15:04	Vide Report No.	Station Diary No.
Name Of Informant KUEK TONY	Address 318B YISHUN AVENUE 9 #13-138 SINGAPORE 762318	
ID Type / ID No. NRIC NO / S7105245A	Contact No. Home/Office:                      Mobile: 84849275	
Nationality SINGAPORE CITIZEN	Email Address KUEKTONY@YAHOO.CO.UK	
Occupation Private-hire car driver	Sex Male	Age 51
Institution/School Name	Date of Birth 21/02/1971	Race Chinese
Date/Time Of Incident 13/01/2023 09:30 - 13/01/2023 09:45	Location Of Incident 7030 ANG MO KIO AVENUE 5 NORTHSTAR @ AMK SINGAPORE 569880	

**Brief details.**

I was heading to Northstar@AMK to drop-off, Motorcycle bearing plate no. FBR2846U was going straight and hit onto the my vehicle when I was making the right turn before entering Northstar@AMK before gantry. My right turn signal is on to show that I'm making the turn. After dropping-off the passenger, I feel uneasy and went to see a doctor. I was given a 5 days MC.

Subjects Involved
Victim

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2023 15:04
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



F/20230113/7043

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230113/7043

Person Name	KUEK TONY		
ID Type	NRIC NO	ID No	S7105245A
Gender	Male	Age	51
Race	Chinese	Language	English
Occupation	Private-hire car driver	Address	318B YISHUN AVENUE 9 #13-138 SINGAPORE 762318
Mobile No	84849275	Is Informant A Victim?	Yes
Person Name	KUEK TONY (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2023 15:04
Officer In-Charge Of Case:	Classification Of Case:





