

# 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 .....	13/03/2023 10:55 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	12/03/2023 14:30 (SGT)
Exact Location of Accident .....	Orchard Link, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNJ7991A
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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) +65-86201309
Alternative Phone No .....	(Office) +65-87781765

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Serena
Variant .....	1.2L HIGHWAY STAR PREMIUM E-POWER
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 .....	1198

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D20MFL0005826_02

### DRIVER

Name of Driver .....	AYOB BIN JOHAN
NRIC No .....	SXXXX224E
Date Of Birth .....	05/04/1965
Occupation .....	Outdoor

Date Of Driving Pass .....	31/10/1997
Driving experience .....	25 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86201309
Alt. Phone Number .....	-
Email Address .....	kokhow.tay@lumens.sg
Address .....	452 PASIR RIS DRIVE 6 #03-236
Address complement .....	-
Postcode .....	510452
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	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? .....	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

AS PER POLICE REPORT No.T/20230313/7036

#### 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 .....	SMR9207M
Vehicle Manufacturer .....	Subaru
Vehicle Model .....	XV 2.0I-S EYESIGHT AWD CVT
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

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

1. Please correctly report the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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 involved 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.



Policyholder's Signature / Date & Time

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

12/03/2023 – 1930

**FLASH ACCIDENT  
REPORTING OFFICER**  
FRO VICKY



Witnessed by Reporting Centre Personnel

**Sketch Plan**

Describe Circumstances of the Accident

AS PER POLICE REPORT No.T/20230313/7036

Declaration

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



Policyholder's Signature / Date & Time

*[Handwritten Signature]*

Driver's Signature (If driver is not the policyholder) / Date & Time  
12/03/2023 -- 1930

FLASH ACCIDENT  
REPORTING OFFICER  
FRO VICKY



Witnessed by Reporting Centre  
Personnel







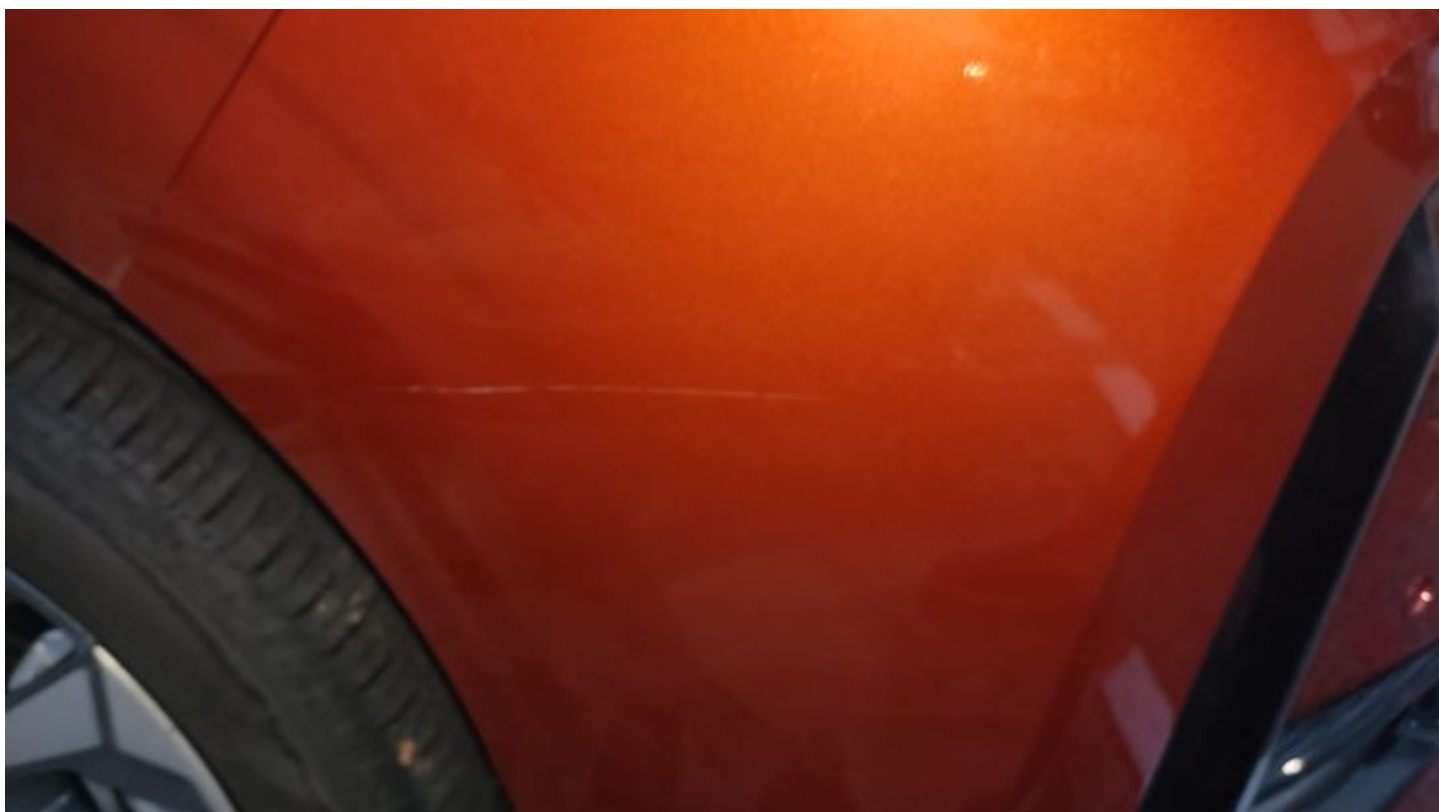


















**SINGAPORE  
POLICE FORCE**



T/20230313/7036

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230313/7036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/03/2023 14:05		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AYOB BIN JOHAN			Address: 452 PASIR RIS DRIVE 6 #03-236 SINGAPORE 510452		
ID Type / ID No.: NRIC NO / S1713224E			Contact No.: Home/Office:                      Mobile: 86201309		
Nationality: SINGAPORE CITIZEN			Email: ayobjohan@gmail.com		
Sex: Male	Age: 57	Date of Birth: 05/04/1965	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/03/2023 14:25	Type of Location: Y-Junction
Location:  ORCHARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMR9207M	Car	SUBARU		Black		0
SNJ7991A	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20230313/7036

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20230313/7036

**CONTINUATION OF REPORT**

Driver			
Name	AYOB BIN JOHAN		ID No. S1713224E
Related Vehicle	SNJ7991A (Car)		Contact No. 86201309
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

On 12/03/2023 around 1430hrs, I was driving my vehicle bearing SNJ7991A along Orchard Link. I was on the 2nd lane from the extreme right slowly moving towards Orchard Road due to the heavy traffic jam, suddenly 3rd party vehicle bearing SMR9207M drove out from Hilton Singapore Hotel and tried to squeeze into the Major Road which it accidentally grazed my vehicle right front portion of the bumper. We did not exchange particulars due to 3rd party did not stop and continued to drive off.



**SINGAPORE  
POLICE FORCE**



T/20230313/7036

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230313/7036

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
SUFYAN BIN KHAIRI  
Contact No.: 65476148

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
13/03/2023 14:05

Classification Of Case:







**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: SJ0G233D000H Vehicle Registration No: SNJ7991A  
 Name (as shown in NRIC): LUMENS PTE LTD NRIC/FIN/Passport No: 2XXXXX961K  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 87781765  
 Email Address: \_\_\_\_\_  
 Date of Accident: 12/03/2023 Time of Accident: 14:30  
 Place of Accident: Orchard Link,  
 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:

ATTACHED POLICE REPORT



Policyholder / Driver's Signature  
 Date:

*Siti*

Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: 30.05.2023

GIASNC Addendum Form

