

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	16/06/2023 10:18 (SGT)
Reported by	Actual Driver
Date of Accident	15/06/2023 18:10 (SGT)
Exact Location of Accident	Yio Chu Kang, Singapore
Additional Location Information	NEAR AMK AVE 5 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5796S
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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) +65-96994862
Alternative Phone No	(Office) +65-87781765

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	MUHAMMAD MUZAIMIN CARLOS ISKANDAR ARRIOLA
NRIC No	SXXXX335I
Date Of Birth	30/04/1987
Occupation	Outdoor

Date Of Driving Pass	24/04/2009
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96994862
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	788 YISHUN AVENUE 2#05-1499
Address complement	-
Postcode	760788
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	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	Female

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.T20230616/7038

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ4725J
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Lancer
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BOON KEN LI, DOUGLAS
NRIC No	SXXXX047J
Contact Number	-
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	MUHAMMAD MUZAIMIN CARLOS ISKANDAR ARRIOLA
Gender	Male
Phone No	(Phone) +65-96994862
Address	788 YISHUN AVENUE 2#05-1499
Address Complement	-
Post Code	760788
Approximate Age Years Old	36
Injuries Sustained	DISCOMFORT
Injured person in which vehicle?	SMK5796S
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 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

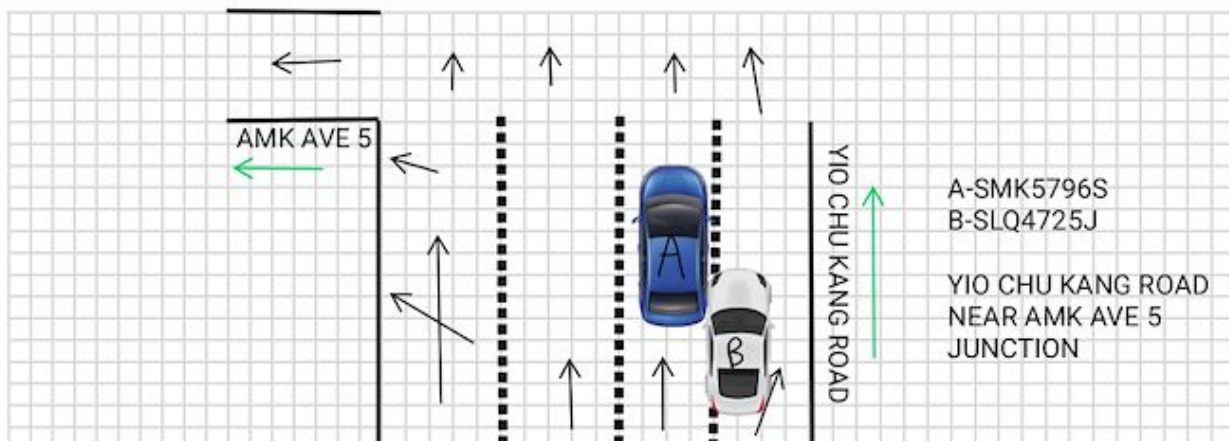
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
15062023 2115HRS

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

AS PER POLICE REPORT No.T20230616/7038

Declaration

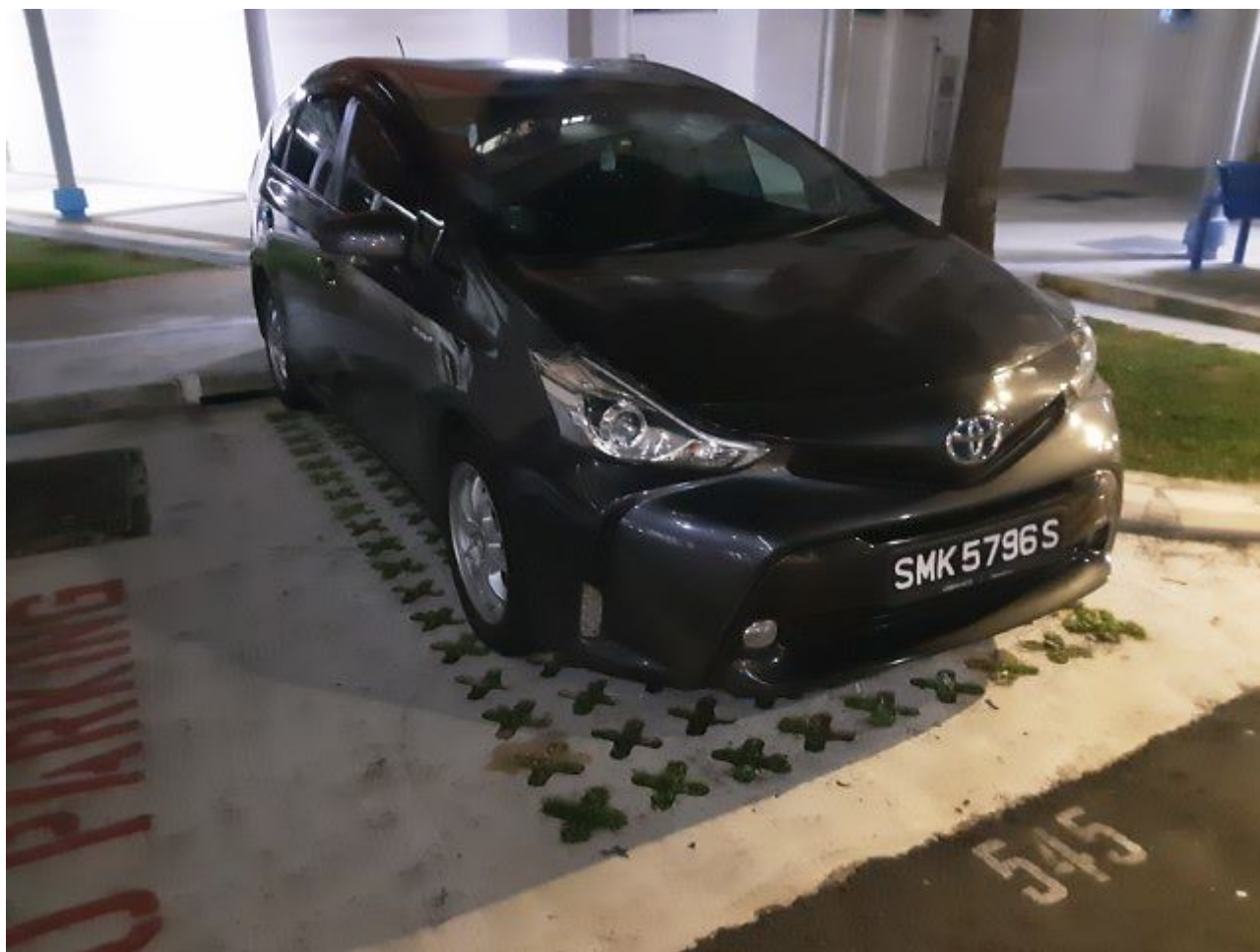
We declare the foregoing particulars are true in every respect.

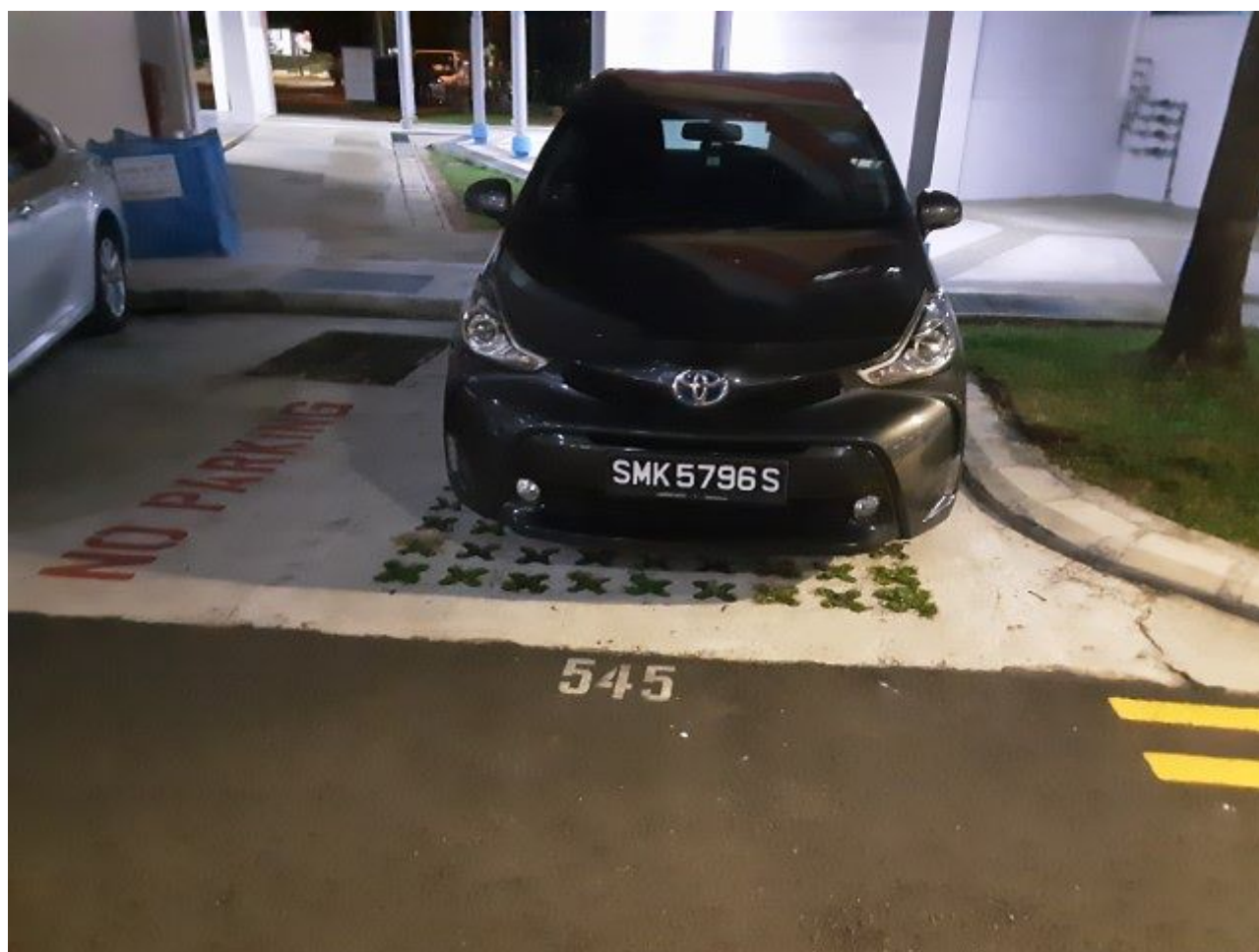


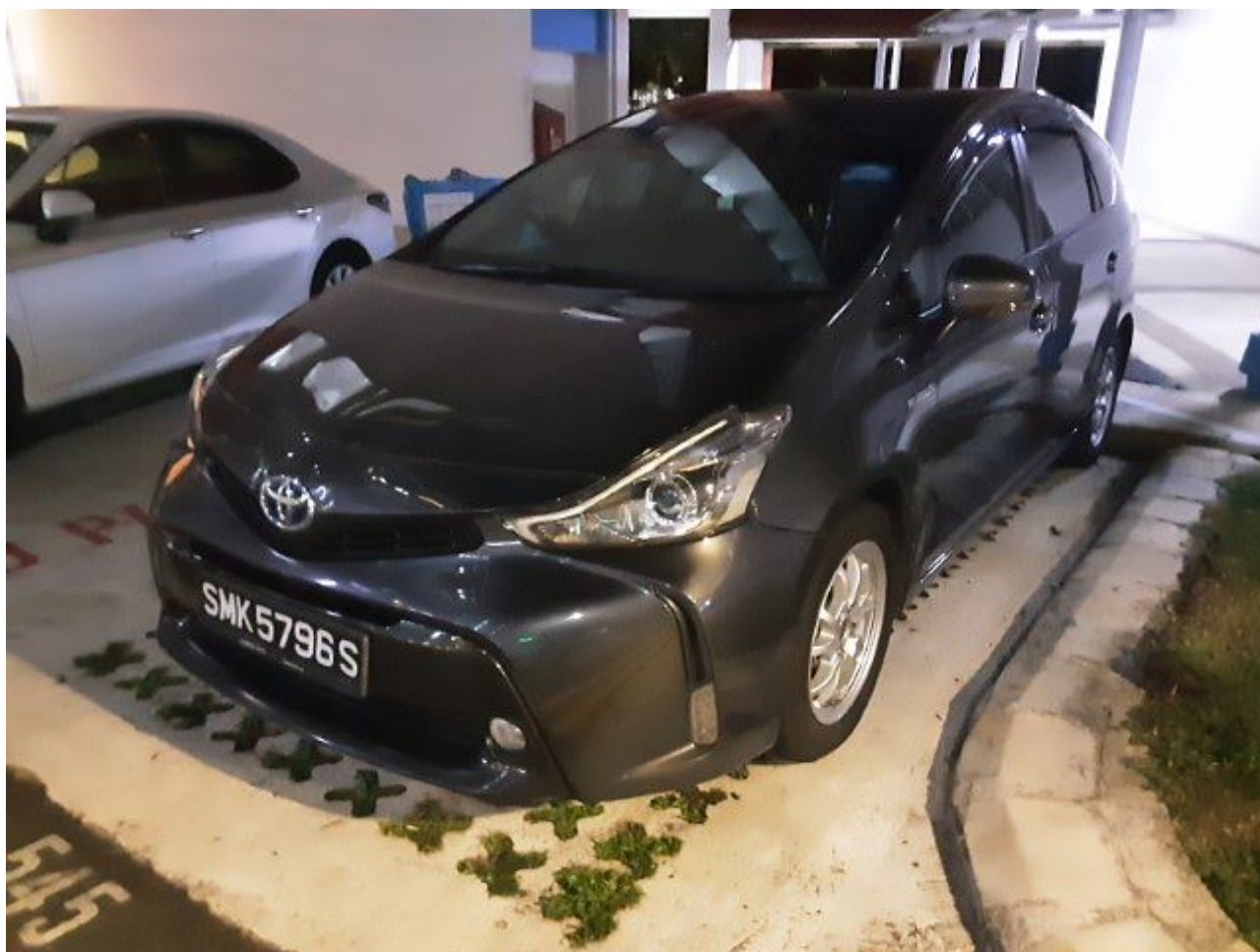
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
15062023 2115HRS

Witnessed by Reporting Centre Personnel





































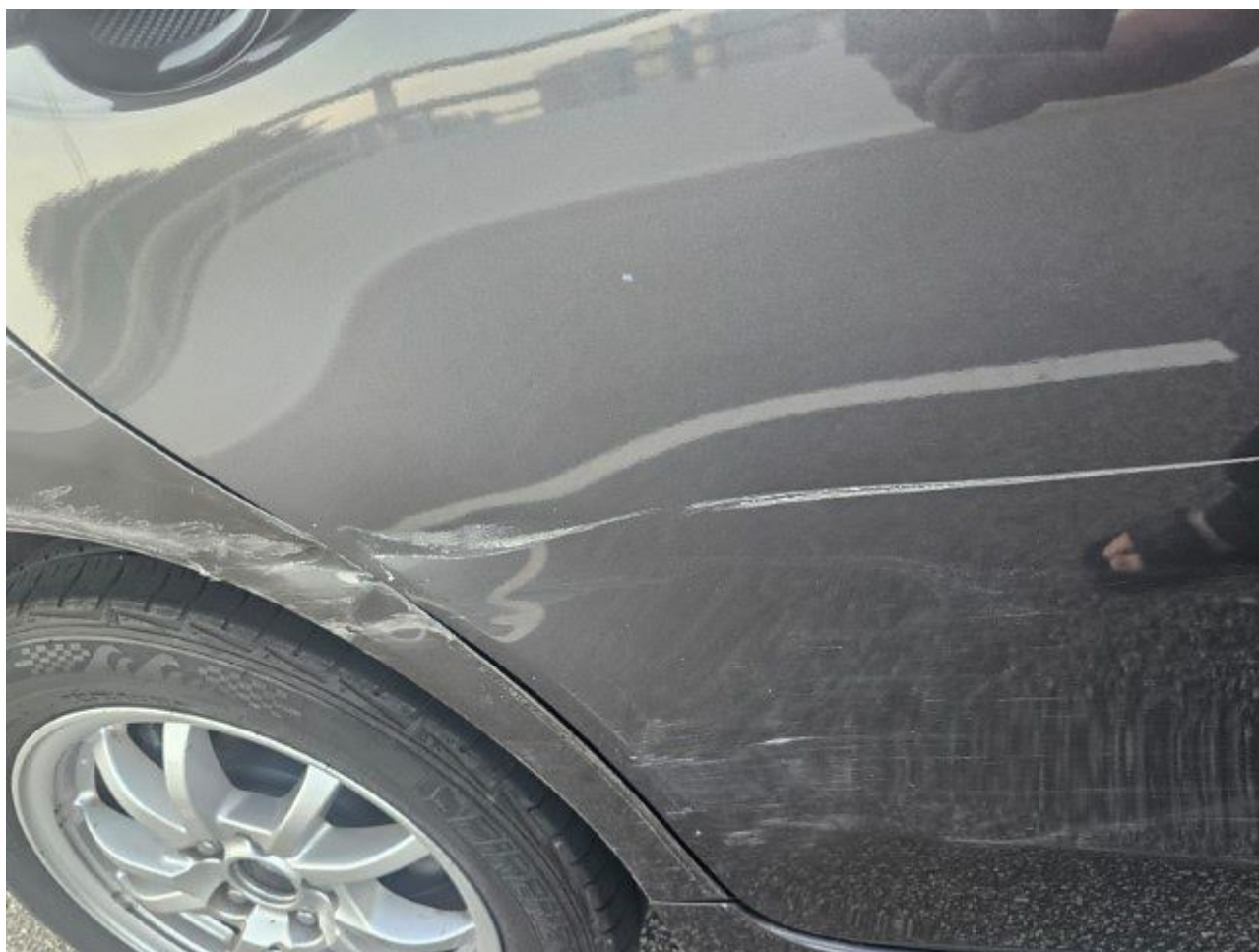






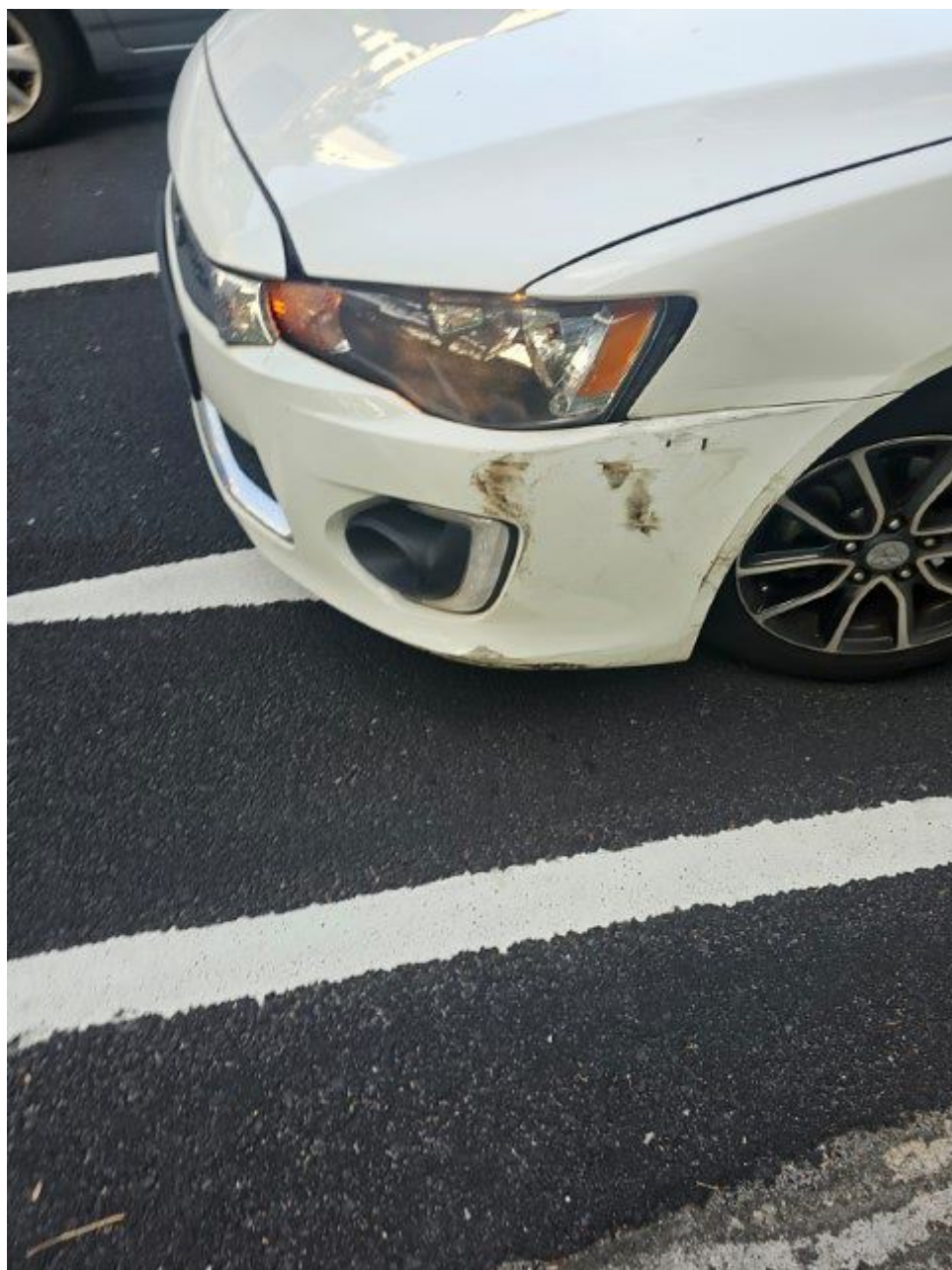














**SINGAPORE
POLICE FORCE**



T/20230616/7038

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

1 of 3
Report No. T/20230616/7038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2023 15:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD MUZAIMIN CARLOS ISKANDAR ARRIOLA			Address: 788 YISHUN AVENUE 2 #05-1499 SINGAPORE 760788		
ID Type / ID No.: NRIC NO / S8712335I			Contact No.: Home/Office: Mobile: 96994862		
Nationality: SINGAPORE CITIZEN			Email: muzaimin_carlos@hotmail.com		
Sex: Male	Age: 36	Date of Birth: 30/04/1987	Type of Informant: Driver		
Race: Filipino			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/06/2023 18:00	Type of Location: X-Junction
Location: ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SLQ4725T	Car	MITSUBISHI		White		0
SMK5796S	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20230616/7038

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

2 of 3
Report No. T/20230616/7038

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD MUZAIMIN CARLOS ISKANDAR ARRIOLA	ID No.	S8712335I
Related Vehicle	SMK5796S (Car)	Contact No.	96994862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	16/06/2023	Date	NIL
No. of Days granted Medical Leave	02	Degree of	Slight

Brief Details.

On Thursday (15/06/2023) at approximately 1800hrs, I was driving my vehicle bearing SMK5796S along Yio Chu Kang Road and I was travelling straight and in lane when out of a sudden 3rd party vehicle bearing SLQ4725T that was on my right changed into my lane without showing any signals hence we side swiped onto one another. I was experiencing some discomfort and went to the Sengkang Hospital.



**SINGAPORE
POLICE FORCE**



T/20230616/7038

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

3 of 3
Report No. T/20230616/7038

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
16/06/2023 15:44

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: SJ0G236G0007 Vehicle Registration No: SMK5796S
 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: 15/08/2023 Time of Accident: 18:10
 Place of Accident: Yio Chu Kang.
 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: 17.08.2023

GLARMC Addendum Form

