

## 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 .....	12/06/2023 12:03 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	08/06/2023 07:15 (SGT)
Exact Location of Accident .....	Tampines Ave 5, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMK4716E
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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) +65-96170933
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 .....	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number .....	22-MN000812-R00

#### DRIVER

Name of Driver .....	ISKHANDAR ZULKARNAIN BIN ABDUL RAHIM
NRIC No .....	SXXXX973B
Date Of Birth .....	19/09/1983
Occupation .....	Outdoor

Date Of Driving Pass .....	15/12/2003
Driving experience .....	19 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96170933
Alt. Phone Number .....	-
Email Address .....	kokhow.tay@lumens.sg
Address .....	607 BEDOK RESERVOIR ROAD #03-634
Address complement .....	-
Postcode .....	470607
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	1
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 .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bedok Division Headquarters
Police Station Phone No .....	(Phone) +65-18002440000
Alt. Police Station Phone No .....	(Fax) +65-64443009
Police Station Address .....	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20230610/7031 & G/20230612/7100

#### 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 .....	SKZ4478L
Vehicle Manufacturer .....	Peugeot
Vehicle Model .....	3008 1.2 EAT8 ACTIVE PREMIUM
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKT8487R
Vehicle Manufacturer .....	Subaru
Vehicle Model .....	SUBARU XV 1.6I-S 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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	ISKHANDAR ZULKARNAIN BIN ABDUL RAHIM
Gender .....	Male
Phone No .....	(Phone) +65-96170933
Address .....	607 BEDOK RESERVOIR ROAD #03-634
Address Complement .....	-
Post Code .....	470607
Approximate Age Years Old .....	39
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMK4716E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

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

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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.

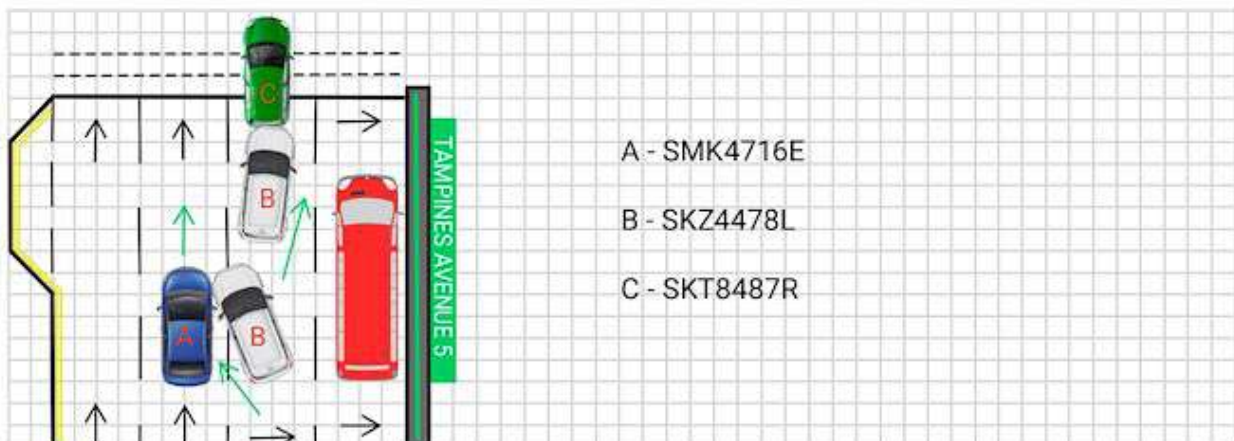


Policyholder's Signature / Date & Time

**Sketch Plan**

Driver's Signature (If driver is not the policyholder) / Date & Time 11062023 1330HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT G/20230610/7031

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

*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel

11062023 1330HRS



**SINGAPORE  
POLICE FORCE**



G/20230610/7031

1 of 1

**POLICE REPORT (NP299)**

Report No. G/20230610/7031

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 10/06/2023 12:38	Vide Report No.	Station Diary No.
Name Of Informant ISKHANDAR ZULKARNAIN BIN ABDUL RAHIM	Address 607 BEDOK RESERVOIR ROAD #03-634 SINGAPORE 470607	
ID Type / ID No. NRIC NO / S8328973B	Contact No. Home/Office:	Mobile: 96170933
Nationality SINGAPORE CITIZEN	Email Address iskhandarzulkar@gmail.com	
Occupation Private-hire car driver	Sex Male	Age 39
Institution/School Name	Date of Birth 19/09/1983	Race Malay
Date/Time Of Incident 08/06/2023 07:15 - 08/06/2023 08:00	Location Of Incident 1 TAMPINES WALK OUR TAMPINES HUB SINGAPORE 528523	

**Brief details.**

An accident took place on the road infront of tampines hub around 715am. I was taken to CGH by ambulance to assess any injuries.

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: 10/06/2023 12:38
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20230612/7100

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20230612/7100

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 12/06/2023 18:08	Vide Report No.	Station Diary No.
Name Of Informant ISKHANDAR ZULKARNAIN BIN ABDUL RAHIM	Address 607 BEDOK RESERVOIR ROAD #03-634 SINGAPORE 470607	
ID Type / ID No. NRIC NO / S8328973B	Contact No. Home/Office:	Mobile: 96170933
Nationality SINGAPORE CITIZEN	Email Address iskhandarzulkar@gmail.com	
Occupation Private-hire car driver	Sex Male	Age 39
Institution/School Name	Date of Birth 19/09/1983	Race Malay
Date/Time Of Incident 08/06/2023 07:15 - 08/06/2023 07:30	Location Of Incident 5 TAMPINES CENTRAL 6 TELEPARK SINGAPORE 529482	

**Brief details.**

Vide report number G/20230608/0052

The accident happened on 8 June 2023, Thursday between 715am -730am along Tampines Ave 5. I was driving in a black Toyota Prius Plus, SMK4716E. I could not recall which lane I was driving on. I was driving straight then my car got hit on the front right side of my car causing my car to flip over to the left.

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: 12/06/2023 18:08
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



G/20230612/7100

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230612/7100

As the car was flipping to its left I frantically unbuckled my seat belt as the belt was biting into the left side of my neck.  
I dropped on the passenger side to crawl under via the busted passenger window.  
I was temporarily pinned under my car but a passerby rushed to pulled me out.  
I was warded for 3 days in CGH.  
That is all.

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: 12/06/2023 18:08
Officer In-Charge Of Case:	Classification Of Case: