

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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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.

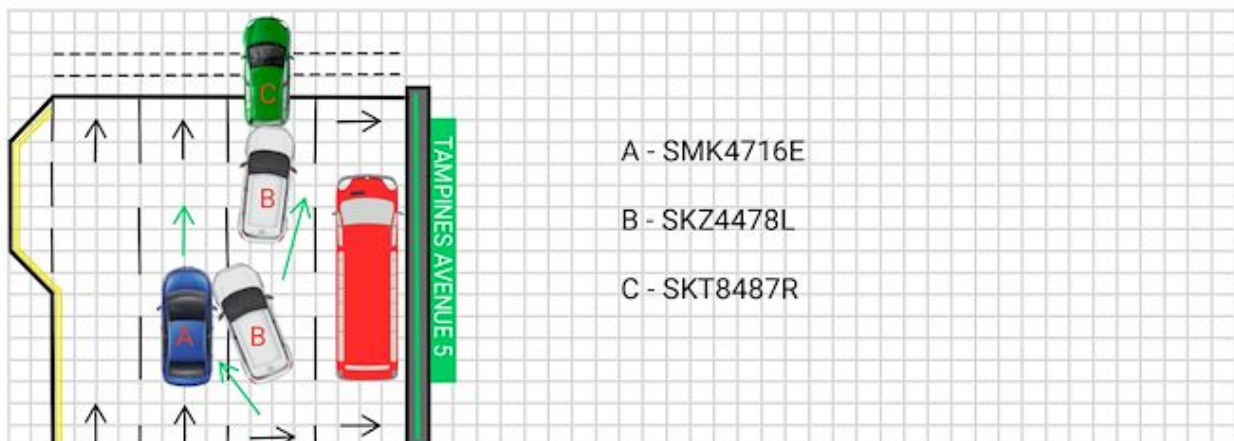


Policyholder's Signature / Date & Time

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

We declare the foregoing particulars are true in every respect.



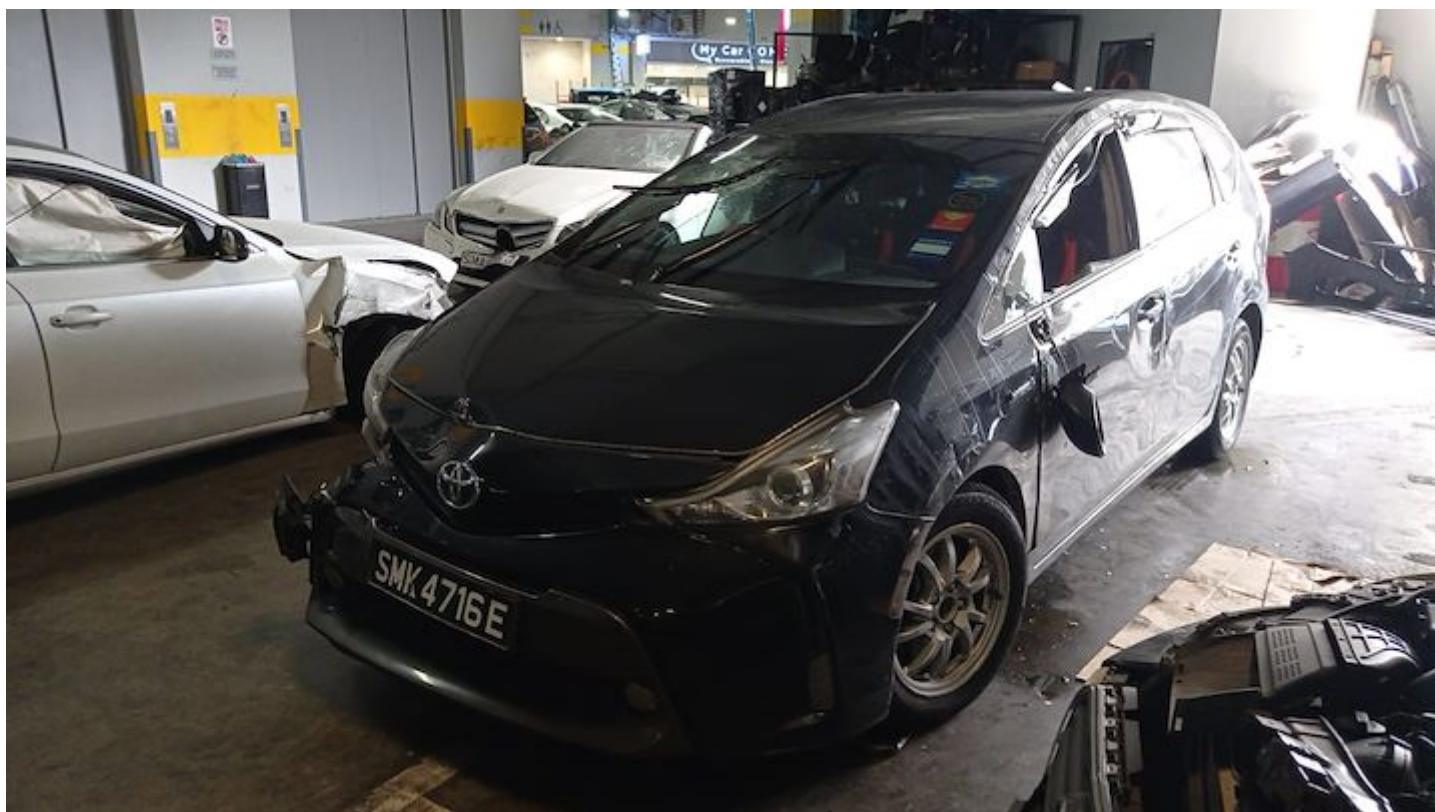
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

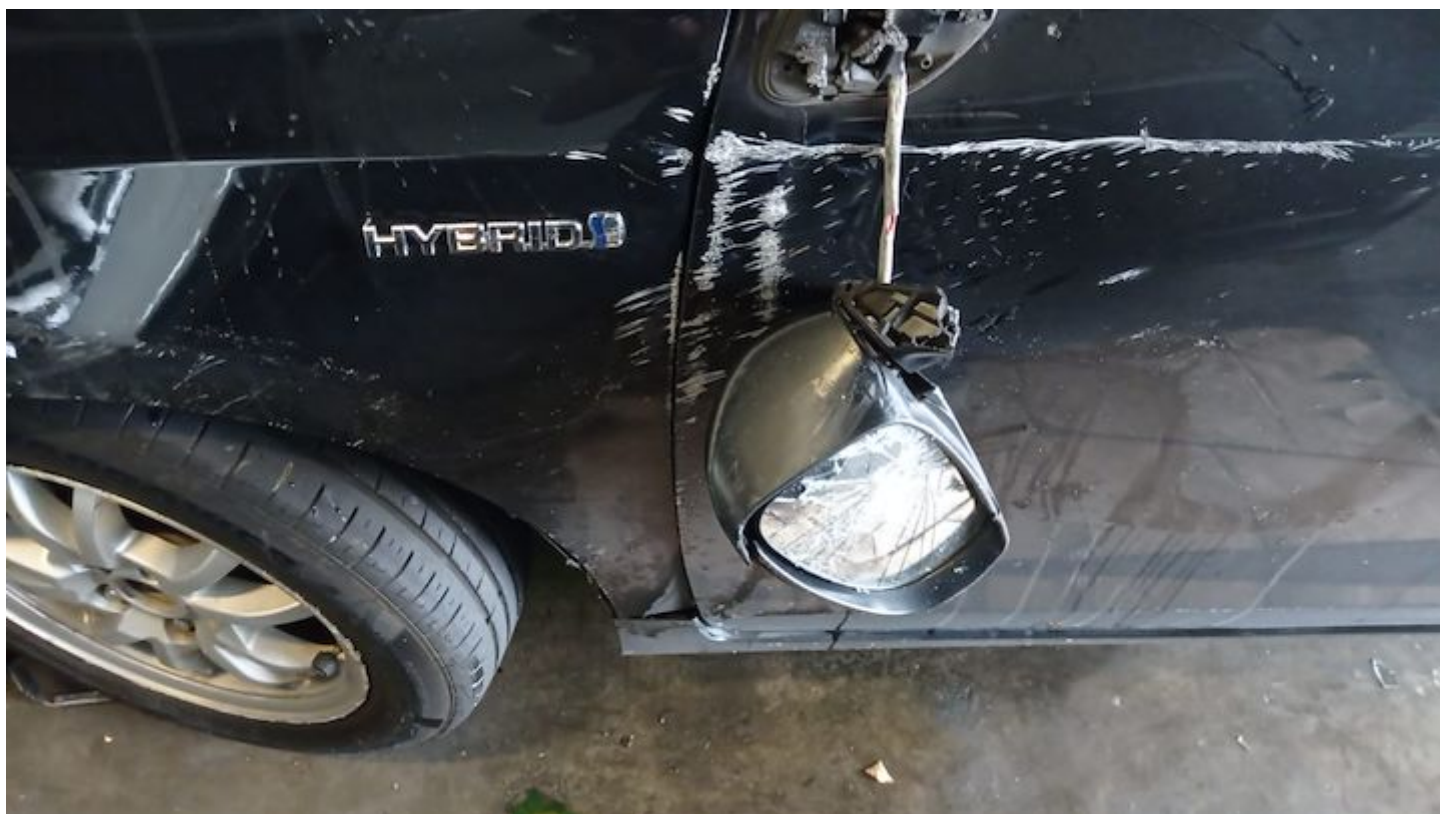
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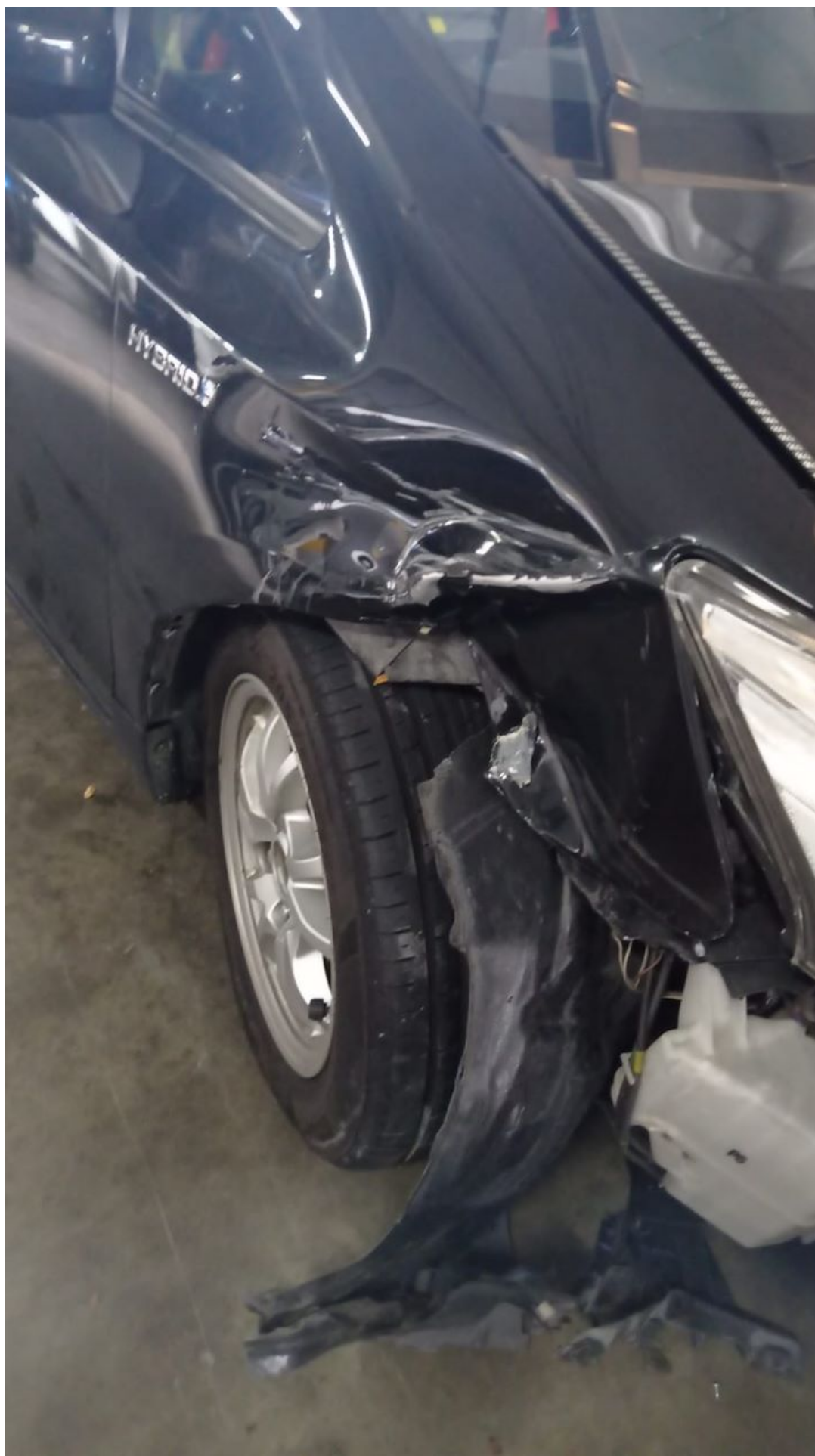




















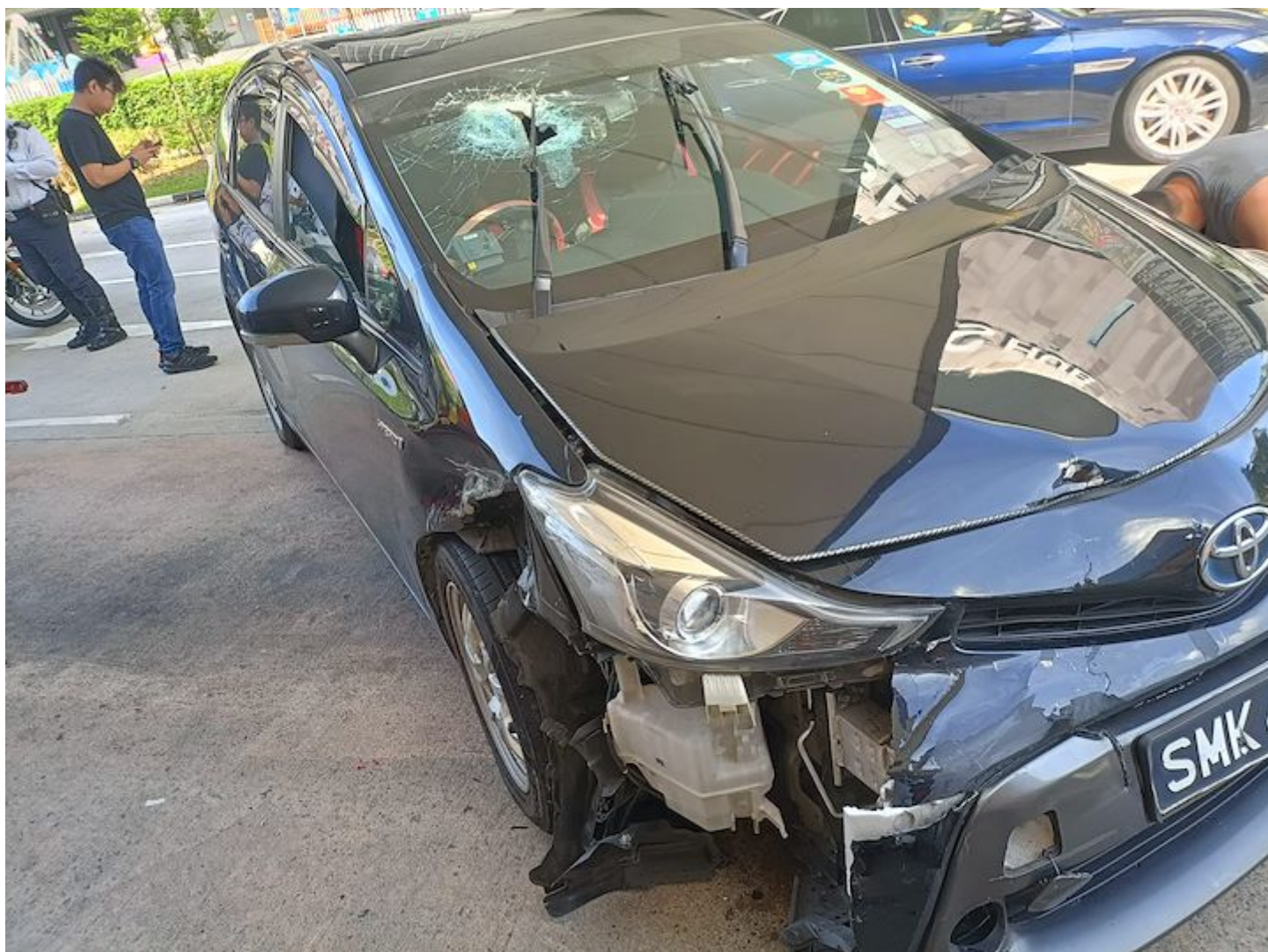






























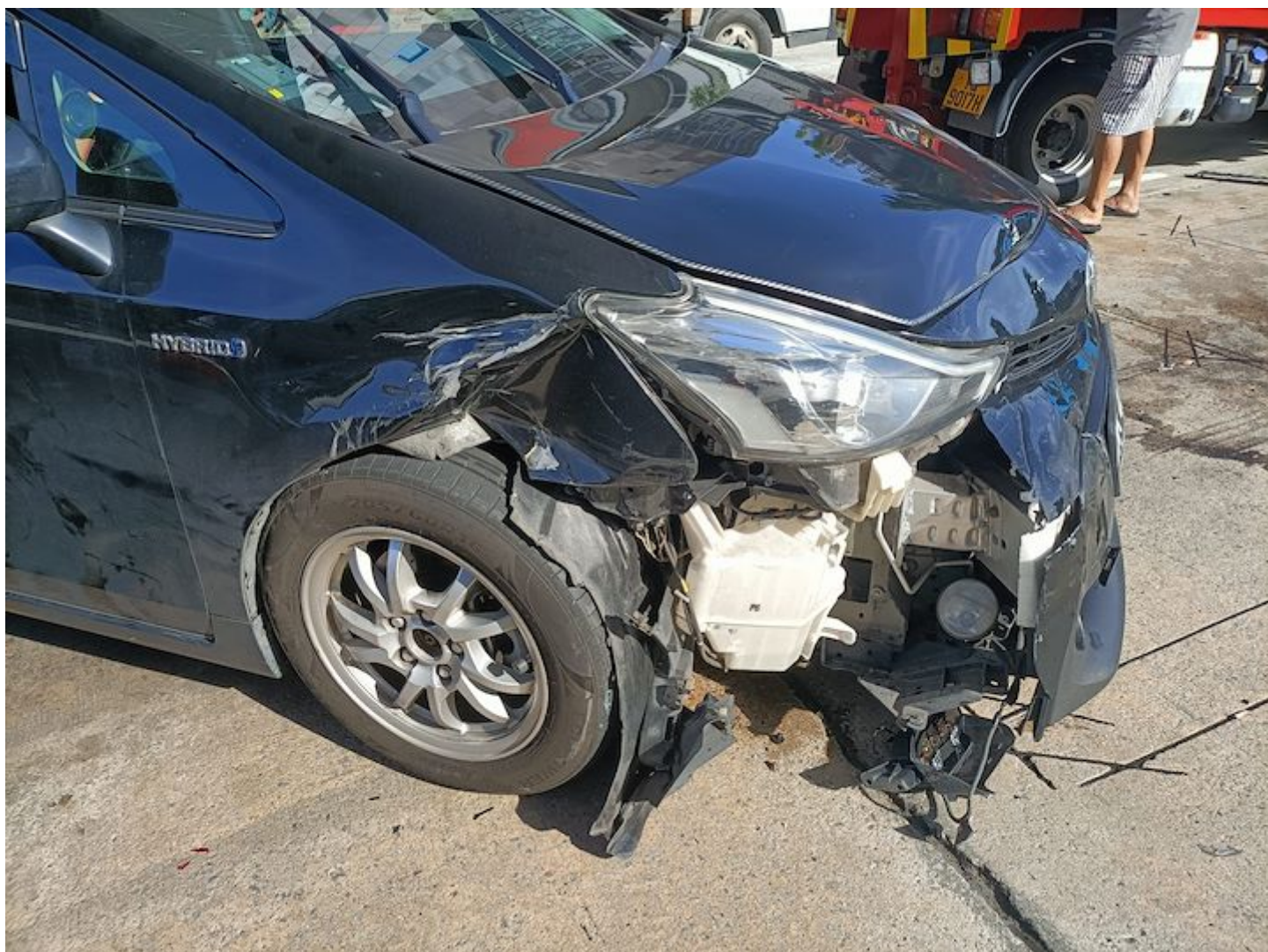




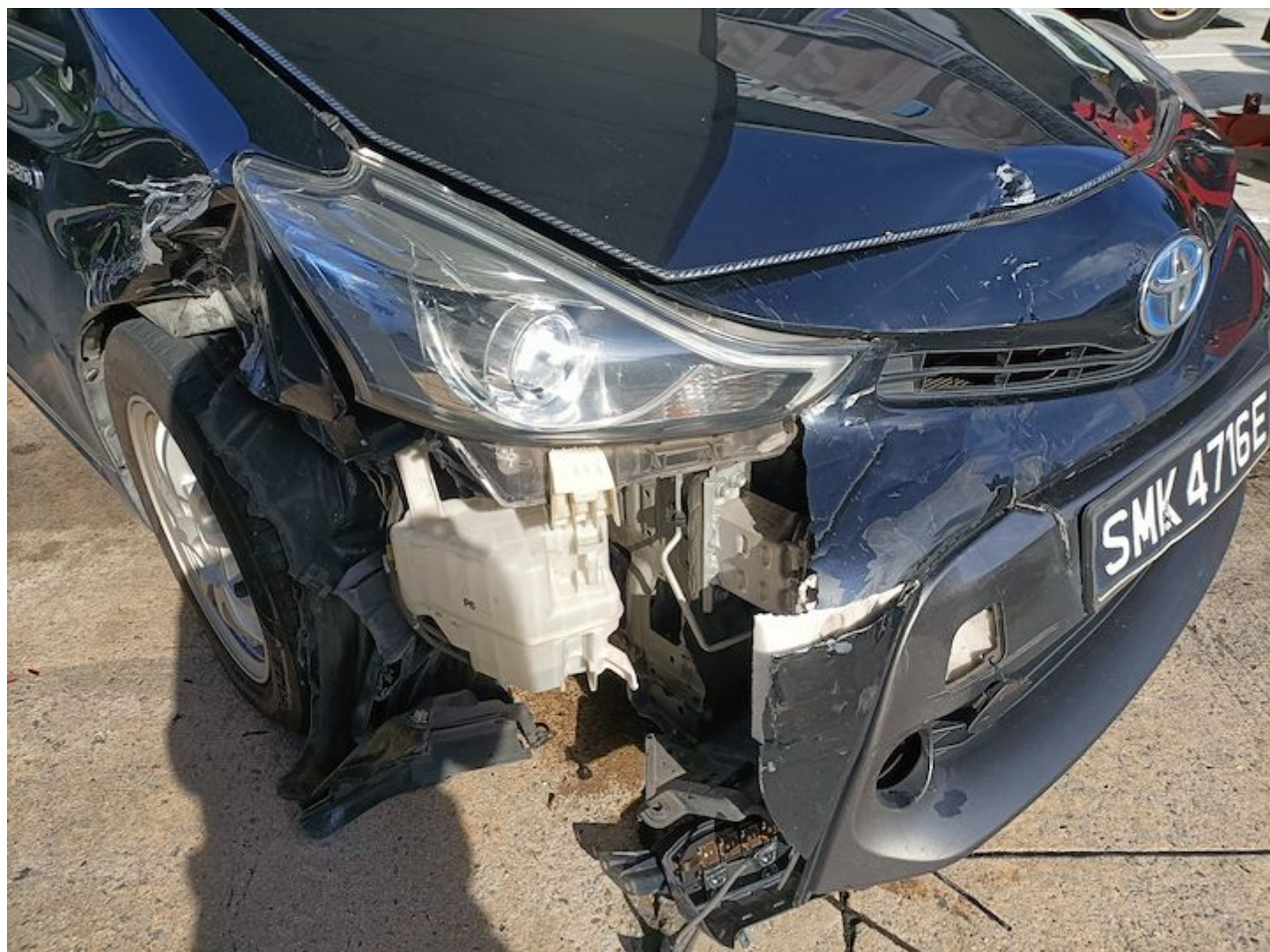
























Report No. G/20230610/7031

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	Date of Birth 19/09/1983	Race Malay
Institution/School Name	Language English			
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			

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

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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:





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: SJ0G236C000W Vehicle Registration No: SMK4718E
 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.: _____
 Email Address: _____
 Date of Accident: 08/06/2023 Time of Accident: 07:15
 Place of Accident: Tampines Ave 5,
 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 SKETCH PLAN



Policyholder / Driver's Signature
 Date:

Siti

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: 15.06.2023

GIA/RMC Addendum Form

