

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	03/07/2023 11:59 (SGT)
Reported by	Actual Driver
Date of Accident	02/07/2023 10:55 (SGT)
Exact Location of Accident	Marina Blvd, Singapore
Additional Location Information	BAYFRONT AVENUE JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ3726B
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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) +65-97580455
Alternative Phone No	(Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS 4DR SEDAN (AT)(2WD) HYBRID
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-MN000815-R00

DRIVER

Name of Driver	SELAMAT BIN KUNTUM
NRIC No	SXXXX539G
Date Of Birth	20/02/1953
Occupation	Outdoor

Date Of Driving Pass	12/05/1995
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97580455
Alt. Phone Number	-
Email Address	kokhow.tay@lumens.sg
Address	824 WOODLANDS STREET 81 #03-18
Address complement	-
Postcode	730824
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)	3
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

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 02/07/2023 AT AROUND 1055HRS I WAS DRIVING VEHICLE A(SNJ3726B) ALONG MARINA BOULEVARD INTENDING TO TURN LEFT INTO BAYFRONT AVENUE I WAS DRIVING ON MIDDLE LANE I APPROACHED THE JUNCTION THEN I TURN LEFT SUDDENLY THIS VEHICLE B(SCX4453M) FAILED TO LOOK OUT SO COLLIDED ONTO VEHICLE A REAR LEFT BUMPER TO WHEEL PORTION, NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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 SCX4453M
Vehicle Manufacturer Mercedes
Vehicle Model BENZ / E200 EXCLUSIVE (R18 LED)
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver YAP GUAN TECK
NRIC No SXXXX008A
Contact Number -
Address 31 TAMPINES STREET 34 #10-33
Address complement -
Postcode 529237
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 SELAMAT BIN KUNTUM
Gender Male
Phone No (Phone) +65-97580455
Address 824 WOODLANDS STREET 81 #03-18
Address Complement -
Post Code 730824
Approximate Age Years Old 70
Injuries Sustained PAIN ON SHOULDER
5DAYS MC
Injured person in which vehicle? SNJ3726B
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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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.



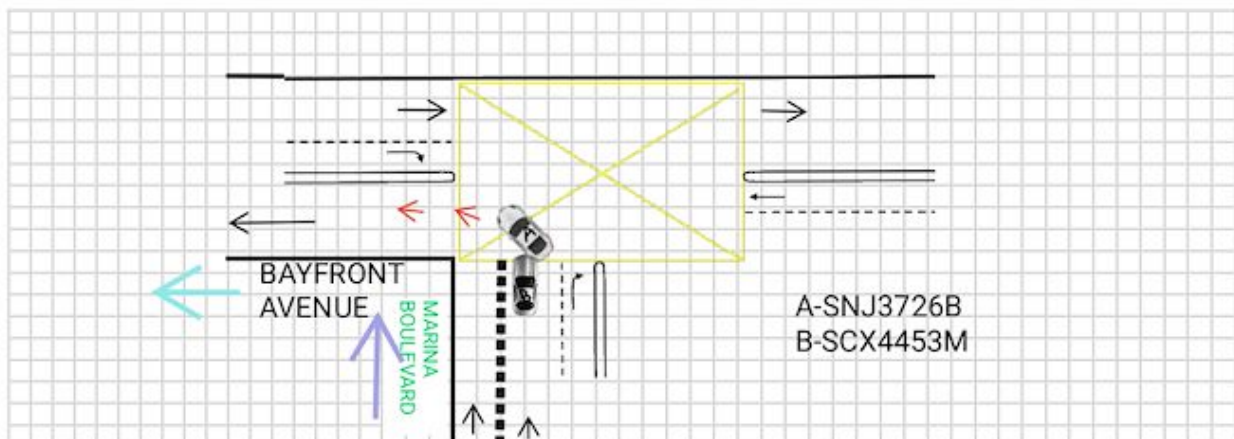
Policyholder's Signature / Date & Time

Sketch Plan

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

02072023 1330HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

AS PER POLICE REPORT No.T/20230703/2028

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

02072023 1330HRS

Witnessed by Reporting Centre Personnel































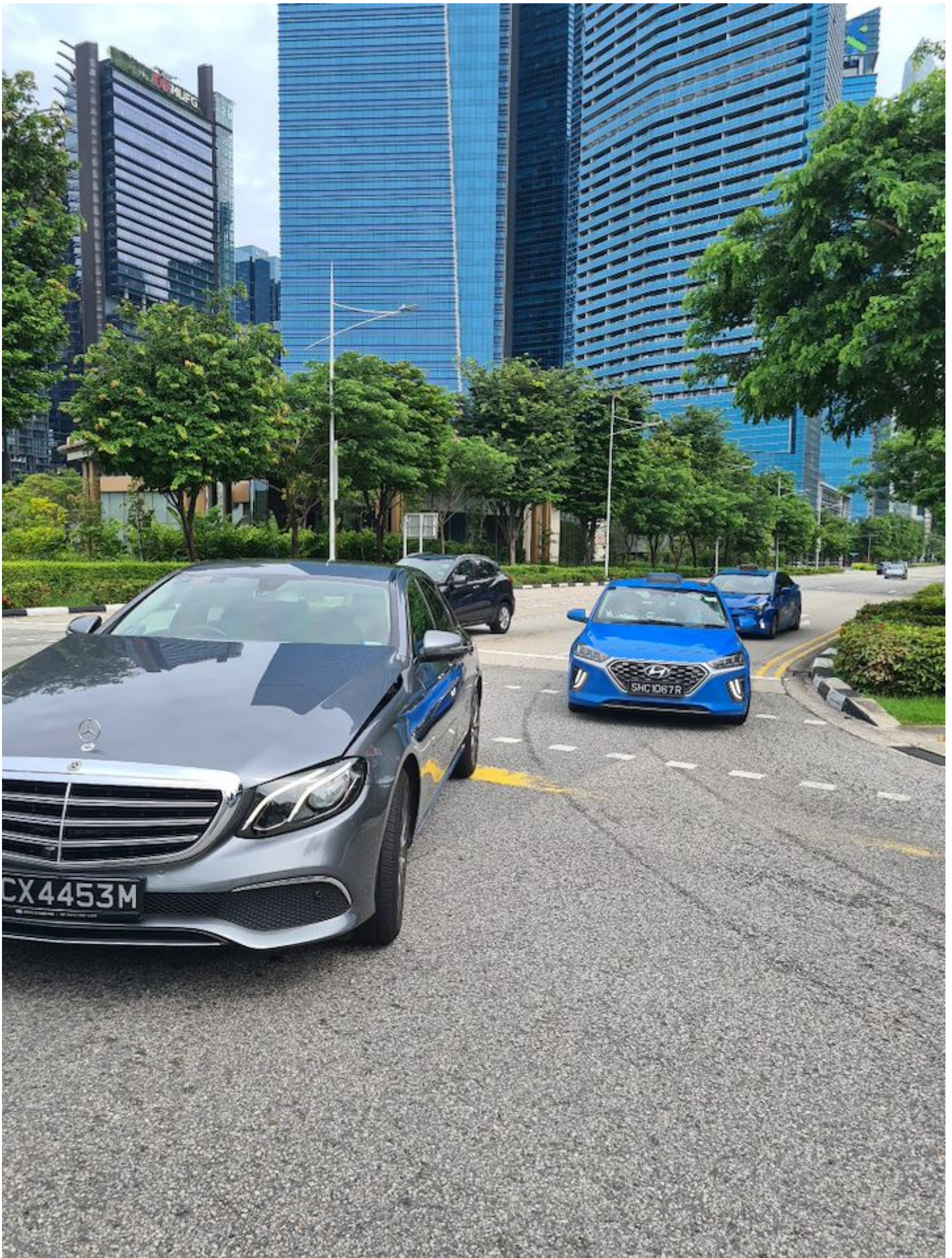

















**SINGAPORE
POLICE FORCE**


T/20230703/2028

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20230703/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2023 12:41	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: SELAMAT BIN KUNTUM			Address: APT BLK 824 WOODLANDS STREET 81 #03-18 SINGAPORE 730824	
ID Type / ID No.: NRIC NO / S0123539G			Contact No.:	
Nationality: SINGAPORE CITIZEN			Home/Office:	Mobile: 97580455
			Email:	
Sex: Male	Age: 70	Date of Birth: 20/02/1953	Type of Informant: Driver	
Race: Malay			Language:	
Occupation: PRIVATE HIRE 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: 02/07/2023 10:55	Type of Location: X-Junction
Location: MARINA BOULEVARD				
Weather: Clear	Road Surface: Dry			
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCX4453M	Car			Grey		0
SNJ3726B	Car		COROLLA ALTIS 4DR SEDAN (AT)(2WD) HYBRID	White		2



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230703/2028

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Report No. T/20230703/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	YAP GUAN TECK	ID No.	S1314008A
Related Vehicle	SCX4453M (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SELAMAT BIN KUNTUM	ID No.	S0123539G
Related Vehicle	SNJ3726B (Car)	Contact No.	97580455
Hospital/Clinic	DR.PANDA MEDICAL CENTER	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/07/2023	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On 02/07/2023 at about 1055hrs, I was driving (SNJ3726B) along Marina Boulevard turning to the left toward Bayfront Avenue. While I was turning, a car (SCX4453M) that was on my rear collided into my left rear near to the left passenger side.

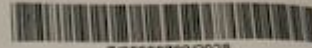
After which, both of us alighted from our vehicle and took picture of the incident. Subsequently, both of us exchange particular.

After leaving the scene, I started to feel pain on my right shoulder and thought that it will go away however on 03/07/2023, I still felt the pain as such I went to see a doctor. I was given a 5 day MC from 03/07/2023 to 07/07/2023.

I wish to state that there was no Police or ambulance at scene. However, I had two passenger who informed that they were fine and does not need any ambulance.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20230703/2028

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Report No. T/20230703/2028

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

E /

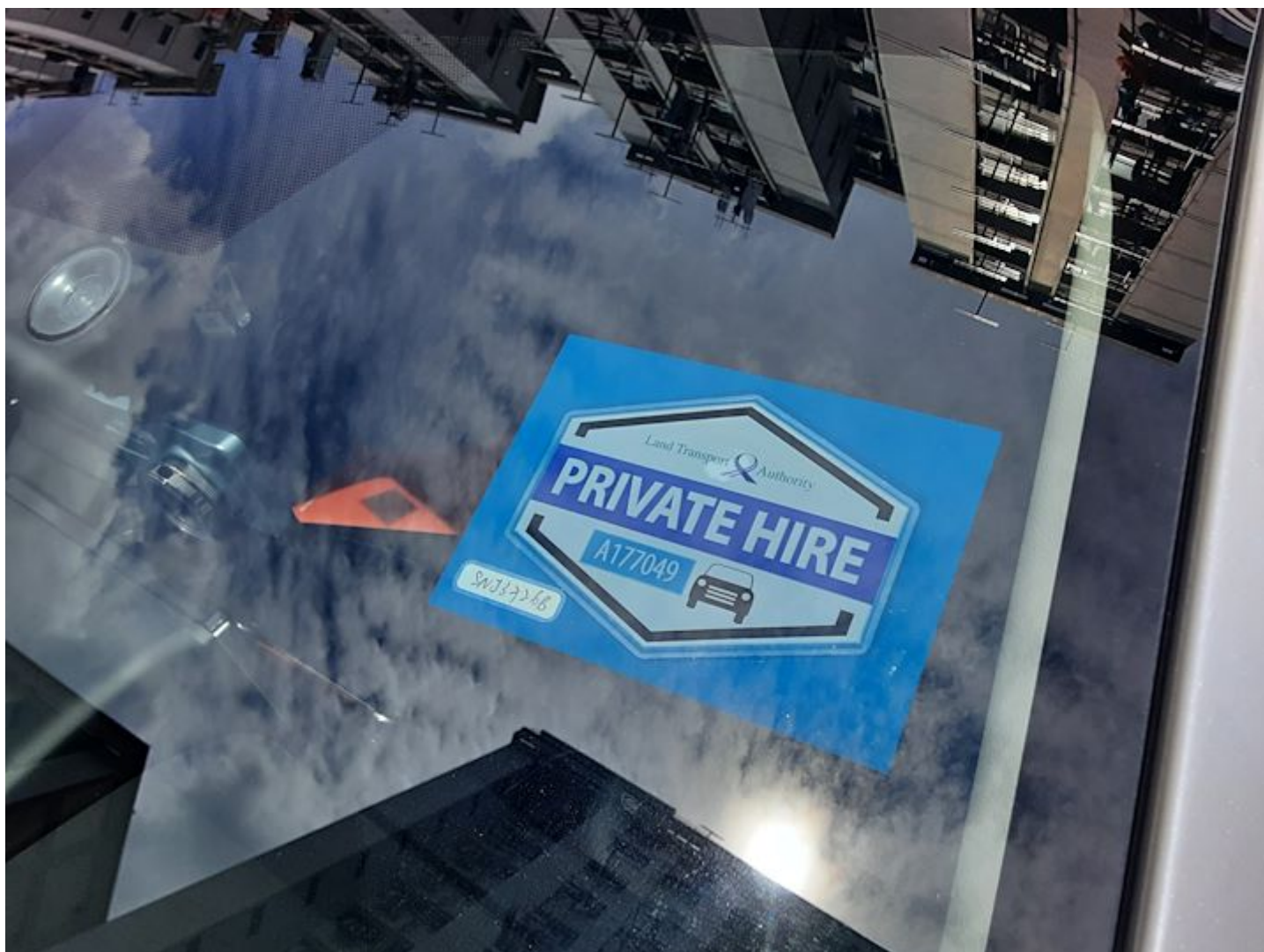
SGT 1 Afiq Asy'ari Bin Mohamad
Kamal

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
03/07/2023 12:41Officer In Charge Of Case:
TP / AEIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476204

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: SJ0G2373000T Vehicle Registration No: SNJ3726B
 Name (as shown in NRIC): LUMENS PTE LTD NRIC/FIN/Passport No: 2XXXXX981K
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 02/07/2023 Time of Accident: 10:55
 Place of Accident: Marina Blvd,
 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: 03.07.2023

GIAR91C Addendum Form

