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 witholding 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.

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 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 24/07/2023 12:31 (SGT) Reported by **Actual Driver** Date of Accident 24/07/2023 04:00 (SGT) Exact Location of Accident Boon Lay Ave, Singapore Additional Location Information BEFORE RIGHT TURN INTO BOON LAY PLACE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private hire

Auto

1798

Vehicle Registration Number SND7752F

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) +65-90179337 Alternative Phone No (Office) +65-87781765

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla Variant ALTIS HYBRID ELEGANCE(AUTO)(2WD) Exact purpose for which vehicle was being used at time of Private hire

accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Transmission CC

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 22-MN000847-R00

DRIVER

Name of Driver MUHAMMAD NOOR HILMI BIN NOORDIN NRIC No SXXXX622E Date Of Birth 17/02/1989 Occupation Outdoor



Date Of Driving Pass 04/04/2008 Driving experience 15 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-90179337 Alt. Phone Number Email Address kokhow.tay@lumens.sg Address BLK 718 BEDOK RESEVOIR ROAD #04-4578 Address complement Postcode 470718 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 24/07/2023 AT ABOUT 0400HRS, I WAS DRIVING VEHICLE A SND7752E ALONG/AT BOON LAY AVE ON RIGHT MOST AND WAITING FOR TRAFFIC LIGHT. AS I WAITING FOR RIGHT TURN TRAFFIC LIGHT TURN GREEN, I FELT IMPACT FROM BEHIND. WHEN VEHICLE (B) SMA4833C COLLIDED ONTO VEHICLE A REAR. NOBODY WAS INJURED DURING THE INCIDENT. 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	SMA4833C
Vehicle Manufacturer	Kia
Vehicle Model	CARENS 1.7 DCT DIESEL 5DR FWD
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)	1

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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)

Lunderstand, 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.
- (ii) 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

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

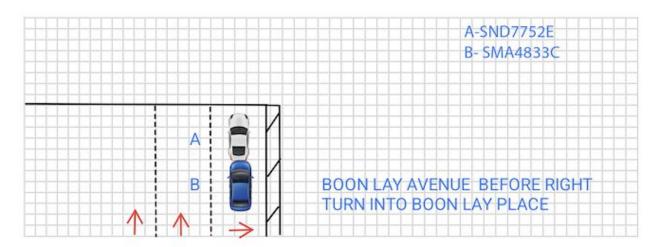
Witnessed by Reporting Centre Personnel

FLASH ACCIDENT

FRO MING

Sketch Plan

24072023 0515HRS



Describe Circumstances of the Accident

A STATE OF THE STA
ON 24/07/2023 AT ABOUT 0400HRS , I WAS DRIVING VEHICLE A SND7752E ALONG/AT BOON LAY AVE ON RIGHT MOST AND WAITING FOR TRAFFIC LIGHT .
AS I WAITING FOR RIGHT TURN TRAFFIC LIGHT TURN GREEN , I FELT IMPACT FROM BEHIND . WHEN VEHICLE (B) SMA4833C COLLIDED ONTO VEHICLE A REAR .
NOBODY WAS INJURED DURING THE INCIDENT.

Declaration

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



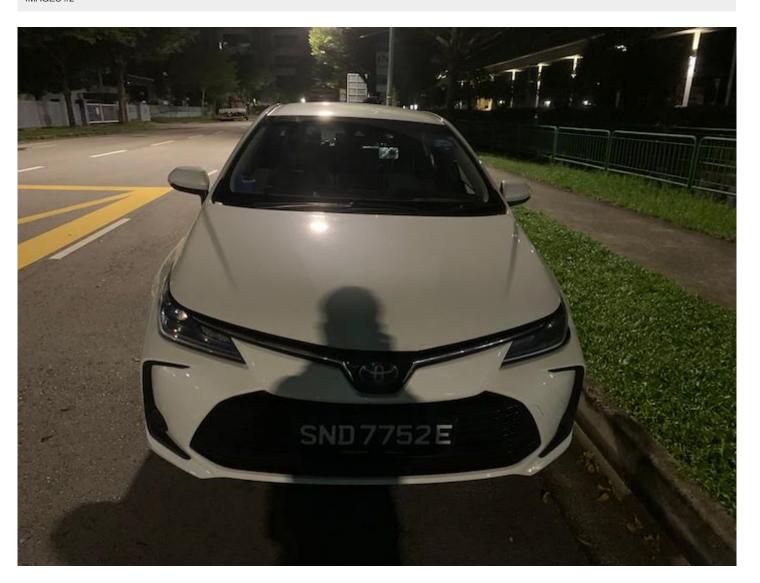
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time 24072023 0515HRS

FLASH ACCIDENT REPORTING OFFICER FRO MING

Witnessed by Reporting Centre Personnel



















	ADDEN	NDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDME	ENTS:
	Original Report No: SJ0G237O0010	Vehicle Registration No: SND7752E
	Name (as shown in NRIC): LUMENS PTE LTD	
	(*Vehicle Driver/Vehicle Owner) (*) Please delete a	
	Address:	Singapore (
	Contact (Tel):	Mobile No.:
	Email Address:	
	Date of Accident: 24/07/2023	Time of Accident: 04:00
	Place of Accident: Boon Lay Ave.	
	Insurance Company: Tokio Marine Insurance S	Singapore I td
(5)	ADDITIONAL INFORMATION / AMENDMENTS: I have made a report on the above-mentioned accide make the following amendments: UPDATE THIRD PARTY VEHICLE NUMBER	
(5)	I have made a report on the above-mentioned accide make the following amendments:	ent and would like to include additional information or BER
(3)	I have made a report on the above-mentioned accide make the following amendments:	
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