

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 Authorised 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 Report	22/10/2019 15:50
Date Of Accident	21/10/2019 19:00
Exact Location Of Accident	JUNCTION OF SIN MING AVENUE/UPPER THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF280E
Insured/Policyholder	
Name Of Registered Owner	VROOM ONE
Co Reg No	53351158E
Email Address	PHANGCB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96372001
Alternative Phone No	OFFICE-96372001

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086262558-02
Cover Note Number	

Driver

Name of Driver	PHANG CHEE BOON
NRIC No	S2564972I
Date Of Birth	05/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1984
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96372001
Fax Number	
Contact Number	OTHERS-96372001
Email Address	PHANGCB@GMAIL.COM

Address	20 WILBY ROAD #07-05
Postcode	276305
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20191021/2183

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	UNKNOWN PEDESTRIAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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 centre 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

VRoom One
ACRA Registration
53351158E

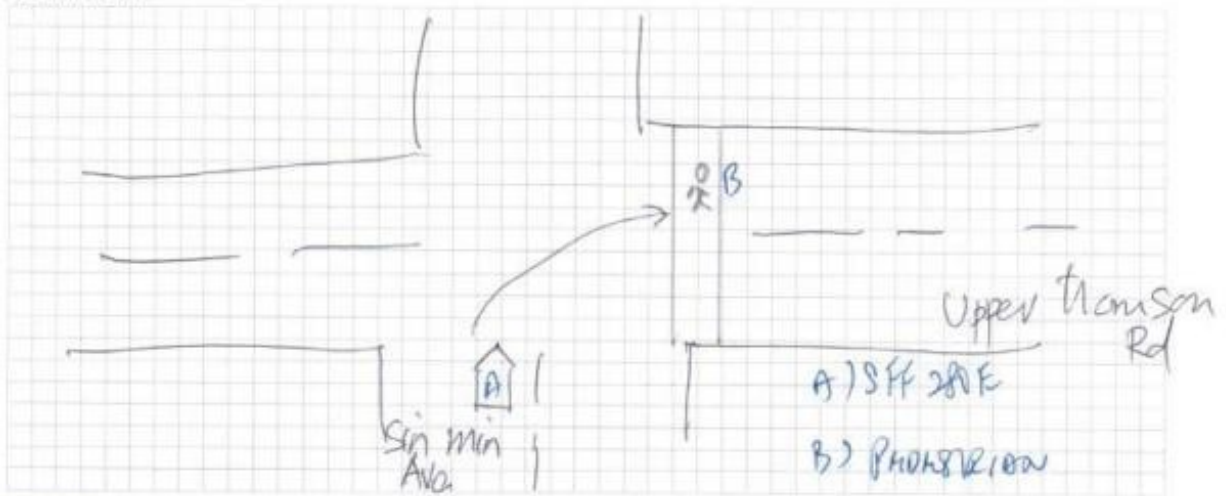
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21 Oct 2019 I was driving at Sin Min Ave & stop & wait @ junction with Upper Thomson Rd

When the green light is turn on I waited for opposing traffic to clear the junction. Then I slowly drove to the right side of Upper Thomson Rd

However suddenly I saw a pedestrian in front of my car but I could not brake in time to avoid her.

I helped her to the side & called ambulance which also activated Traffic Police.

The paramedic checked on her & conclude that she does not need to go to hospital

Police Report 7/2019/101/283

DECLARATION

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

VRoom One
ACRA Registration
63351160E
Policyholder's Signature
Date & Time:

QSRM01 SketchPlanForm_V03

Driver's Signature
(If driver is not the policyholder)
Date & Time:
22/10/19

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191021/2183

1 of 3

Report No. T/20191021/2183

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2019 20:40	Vide Report No.:	Station Diary No.: 40
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Informant's Particulars			
Name of Informant: PHANG CHEE BOON		Address: 20 WILBY ROAD #07-05 SINGAPORE 276305	
ID Type / ID No.: NRIC NO / S2564972I		Contact No.: Home/Office: Mobile: 96372001	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 05/01/1953	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/10/2019 19:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SIN MING AVENUE UPPER THOMSON ROAD SIN MING AVENUE X UPPER THOMSON ROAD Lamp Post Number: 114				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFF280E	Car	TOYOTA	VIOS E AUTO	Red	No Damage	0

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191021/2183

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20191021/2183

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 KIM WILSON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/10/2019 20:40

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

SN 50

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191021/2183

2 of 3

Report No. T/20191021/2183

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

CONTINUATION OF REPORT

Driver				
Name	PHANG CHEE BOON		ID No.	S2564972I
Related Vehicle	NIL		Contact No.	96372001
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 21/10/2019 at about 7pm, I was at the junction of Sin Ming Ave and Upper Thomson Rd in my vehicle SFF280E. I was on Lane 1, waiting for the traffic light to turn green to my favor before turning right from Sin Ming Avenue to Upper Thomson Road. I was the first car to be turning right among all the cars in Lane 1.

After the traffic from the opposite direction was cleared, I turned right slowly. I did not notice that there were pedestrian crossing. The next I knew, I saw someone in front of my car and I performed emergency brake however to no avail. I knocked on to the pedestrian and stopped immediately.

I immediately went down and checked if the pedestrian was okay and she assured me that she is okay. I called for the ambulance and the ambulance came. Paramedics informed that the pedestrian do not have to go to the hospital and they applied plasters on her hands for bruises and scratches she sustained.

I wish to state that Police were at scene as well, however I do not have the report number and the contact details of the Traffic Police (TP).

I wish to also state that I do have an in-vehicle camera and the TP at scene has taken the footages stored in a memory card. My car was not damaged.

I wish to further state that I was travelling at a very slow speed while turning right.

POLICE REPORT



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

311 2002
RED VIOS CAR

Ref: Report No: E/20191021/6120

I, SS SYATHU
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 Yoi Ramping 32GB micro SD card
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from Phang Chee Boon, S25649721, HD: 9637 2001
(Name, NRIC or Passport No. / Rank and No.)

of 20 Wilby Road #09-05 S(276205)
(Address / Police Station / NPC / NPP)

on 21/10/19 at 8PM
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

CBTher
(Signature)
Phang CB S25649721
(Name, NRIC or Passport No. / Rank and No.)

[Signature]
(Signature)
SS SYATHU
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks: for TP 10 FEL02, 6547 6206
1) loose traffic accident report immediately.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

