

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	08/11/2019 15:07
Date Of Accident	07/11/2019 15:45
Exact Location Of Accident	FOCH RD OUTSIDE HOTEL 81 ELEGANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC9796G
Insured/Policyholder	
Name Of Registered Owner	PHEY YONG SHEN, ROBIN
NRIC No	S8224924I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83226656
Alternative Phone No	OFFICE-83226656

Vehicle Particulars

Manufacturer	CITROEN
Model	GRAND C4 PICASSO 1.6 SMT ABS EGS PSR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5107222743
Cover Note Number	

Driver

Name of Driver	PHEY YONG SHEN, ROBIN
NRIC No	S8224924I
Date Of Birth	08/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2013
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83226656
Fax Number	
Contact Number	OFFICE-83226656
Email Address	NOEMAIL

Address	BLK 254 PASIR RIS STREET 21 #04-251
Postcode	510254
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	COLLISION - CHANGE/CROSS LANE
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	2
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : PAN DONGYA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191107/7022.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC2215D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS

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 PHEY YONG SHEN, ROBIN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKC9796G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PAN DONGYA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKC9796G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report accurately all details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Assureds if any.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind 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 statement 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 centre and to copies of the report being made available aforesaid.

D. 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/are 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 situated 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 (a) 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.

Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN

[illegible]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to police Report -

DECLARATION

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

Policyholder's Signature _____

Date & Time:

Drives's Signature

(If driver is not the policyholder)

Date & Place:

Reporting Centre Personnel: Signature

Note:

KRIC/FIN No. 1

Police Report



**SINGAPORE
POLICE FORCE**



T/20191107/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20191107/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2019 21:13	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: PHEY YONG SHEN, ROBIN		Address: APT BLK 254 PASIR RIS STREET 21 #04-251 SINGAPORE 510254	
ID Type / ID No.: NRIC NO / S8224924I		Contact No.: Home/Office:	Mobile: 83226656
Nationality: SINGAPORE CITIZEN		Email: Robinpheys@hotmail.com	
Sex: Male	Age: 37	Date of Birth: 08/08/1982	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: self employed		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2019 15:45	Type of Location: Straight Road
Location: FOCH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2215D	Van	TOYOTA	HIACE	Silver	Slightly Damaged	0
SKC9796G	Car	CITROEN	GRAND C4 PICASSO 1.6 SMT ABS EGS PSR	Brown	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20191107/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20191107/7022

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC9796G	NTUC Income Insurance Co-Operative Limited	5107222743	29/01/2019	19/04/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	PAN DONGYA		ID No.	G8833894X
Related Vehicle	SKC9796G (Car)		Contact No.	83226656
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/11/2019		Date Discharge	07/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious	
Driver				
Name	PHEY YONG SHEN, ROBIN		ID No.	S82249241
Related Vehicle	SKC9796G (Car)		Contact No.	83226656
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	07/11/2019		Date Discharge	07/11/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious	

Brief Details.

ON THE STATED TIME AND DATE,
I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SKC9796G ON FOCH ROAD.
IT IS A TWO WAY CARRIAGE WAY WITH PARALLEL PARKING LOTS ON BOTH SIDES. I WAS
TRAVELLING STRAIGHT WHEN VEHICLE B BEARING CARPLATE NUMBER PC2215D WAS
STATIONARY BEHIND ANOTHER VEHICLE BEARING CARPLATE NUMBER SLX9777P. FOR
A WHILE, I THEN OVERTAKE THE 2 VEHICLES AS IT IS A ONE LANE CARRIAGE WAY. AFTER I
HAVE COMPLETE THE FILTERING, VEHICLE B BEARING CARPLATE NUMBER SKC9796G MOVED
OUT FROM HIS POSITION AND HIT MY VEHICLE ON THE SIDE. I WISH TO STATE THAT I HAVE AN
IN-CAR CAMERA THAT RECORDED THE WHOLE EVENT. IN ADDITION, ME AND MY PASSENGER
ON BOARD FELT UNWELL AND CONSULTED THE DOCTOR AFTER WHICH WE WAS AWARDED
WITH A 5-DAYS MC EACH.

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20191107/7022

3 of 4

Report No. T/20191107/7022

CONTINUATION OF REPORT

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20191107/7022

4 of 4

Report No. T/20191107/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SHARIFAH NOR FARIZAN BINTE SYED MOHD
SAID
Contact No.: 65476172

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/11/2019 21:13

Classification Of Case:

Scanned by CamScanner

Accident Photo



Accident Photo



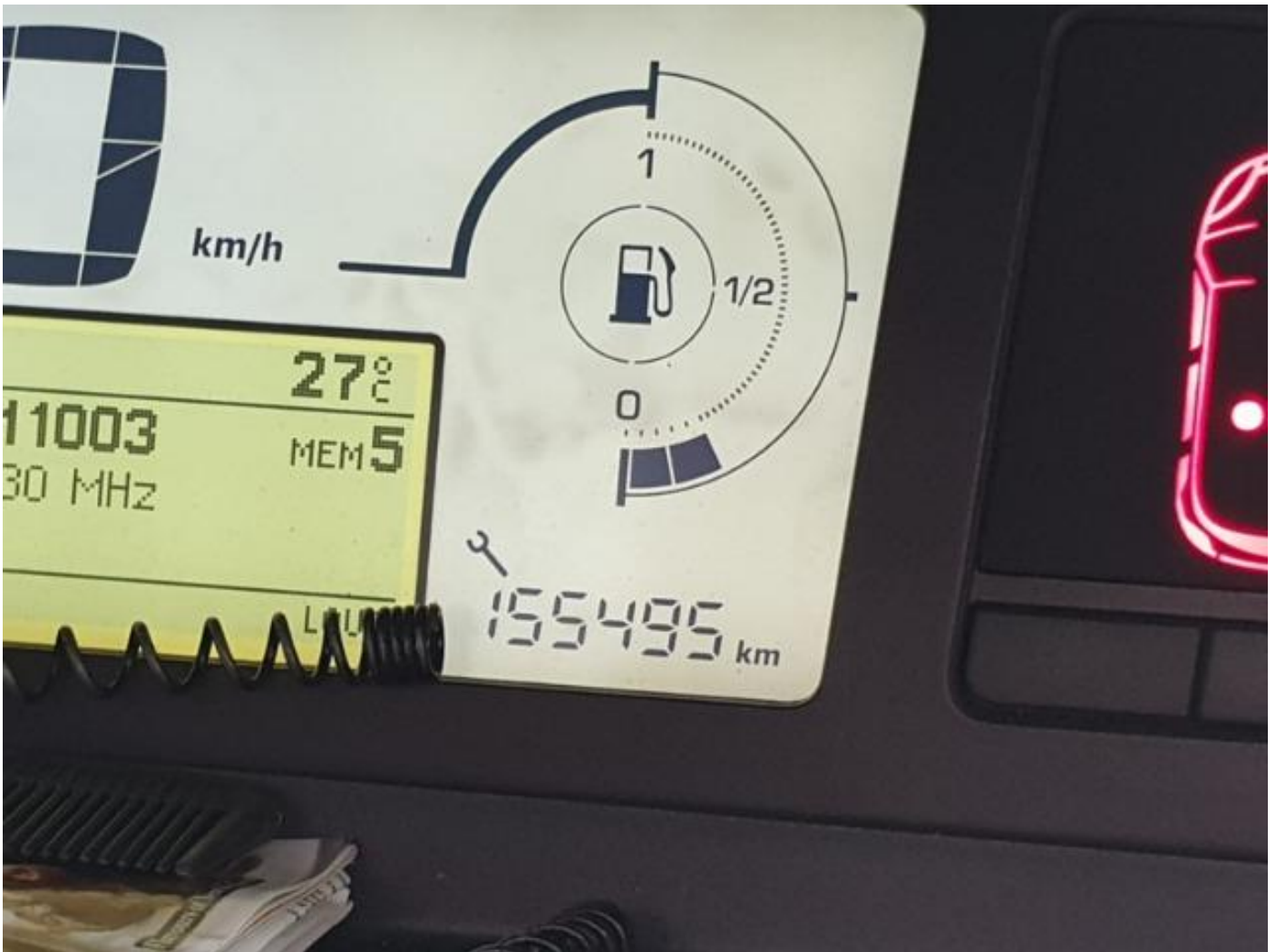
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

