

## 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	14/10/2020 15:58
Date Of Accident	13/10/2020 18:30
Exact Location Of Accident	ALONG YISHUN AVENUE 8 TOWARDS YISHUN AVENUE 7
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF280E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VROOM ONE
Co Reg No	5XXXX158E
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 PURPOSES
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	5086262558-03
Cover Note Number	

### Driver

Name of Driver	PHANG CHEE BOON
NRIC No	SXXXX972I
Date Of Birth	05/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1984
Driving Experience	36 YEARS AND 6 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 BICYCLIST
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?	YES
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)	2
Passenger 1	NAME: : PASSANGER GENDER: : MALE

#### 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	<b>ROAD:</b> BLK 111 COMMONWEALTH CRESCENT (ANNEX) , <b>POSTCODE:</b> 140111 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4749999 - <b>FAX NO:</b> 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20201013/2102

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	CYCLIST
Vehicle Category	NA/UNKNOWN
Name of Driver	HOOI SHIN
NRIC/Passport Number	

Contact Number 83142963  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HOOI SHIN  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

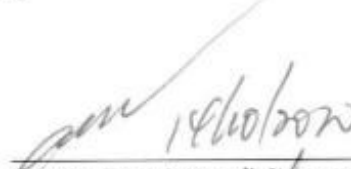
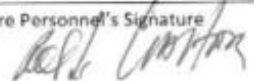
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

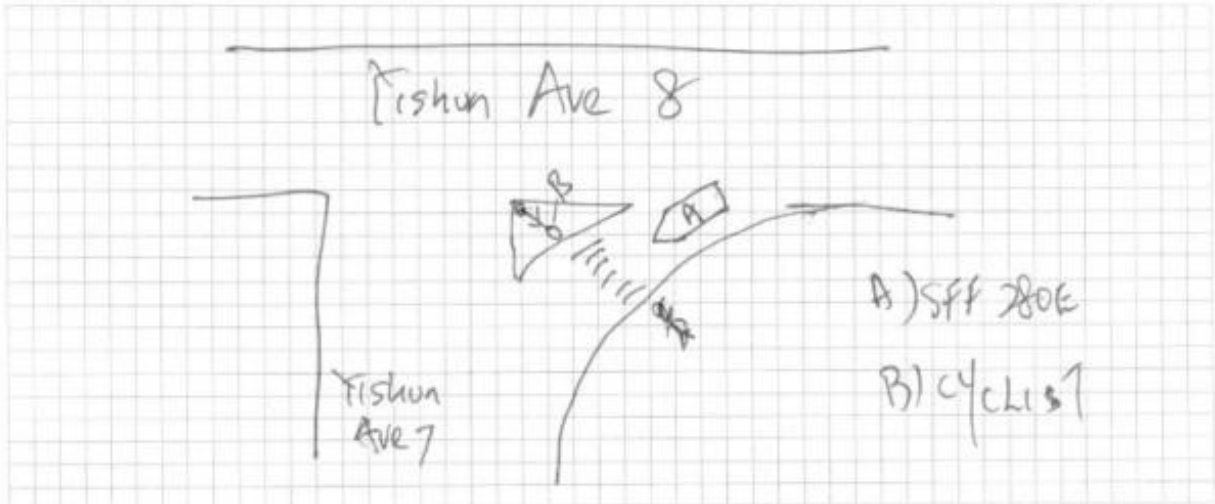
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

VRoom One  
ACRA Registration  
\_\_\_\_\_  
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

I was driving from Fishun Ave 8 to Ave 7.  
 At the slip road, a pedestrian was crossing and I stopped to let her pass. Not seeing anything after that I proceed to drive forward but a motorised cyclist suddenly appeared and collide with my car. I stopped immediately and helped her. thereafter ~~she~~ she called her husband and fetch the ambulance & TP.

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

VRoom One  
 ACRA Registration  
 93551158E  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201013/2102

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

1 of 3

Report No. T/20201013/2102

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2020 20:48		Vide Report No.: L/20201013/0106	Station Diary No.: 25
<b>Informant's Particulars</b>			
Name of Informant: PHANG CHEE BOON		Address: 20 WILBY ROAD #07-05 SINGAPORE 276305	
ID Type / ID No.: NRIC NO / S25649721		Contact No.: Home/Office: Mobile: 96372001	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 05/01/1953	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/10/2020 18:30	Type of Location: X-Junction
Location:  YISHUN AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFF280E	Car				Slightly Damaged	1

## Details of Person Involved

Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Used

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201013/2102

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/20201013/2102

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	PHANG CHEE BOON		ID No. S2564972I
Related Vehicle	SFF280E (Car)		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
<b>Cyclist</b>			
Name	HOOI SHIN		ID No. NIL
Related Vehicle	NIL		Contact No. 83142963
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

### Brief Details.

On the 13/10/2020 at about 1830hrs, I am the Driver of the vehicle SFF280E (V1), I was driving my Passenger along Yishun Ave 8 planning to turn into Yishun Ave 7 using the Filter lane on the left most side of the road. I saw a pedestrian walking from my right side to left using the Zebra Crossing so I stopped my vehicle to allow the pedestrian to pass. After the Pedestrian managed to completely cross the road I then started to move my vehicle however one Cyclist on a Power Assisted Bicycle (PAB) suddenly appeared from right side and both of us collided and the Cyclist then fell off from the PAB onto the road. I then immediately Brake and stopped my vehicle, turn on my Hazard light and went out of my vehicle to check on her, the Cycle was Screaming at me at that point of time and I pulled her to the side of the road and move my vehicle so that I was not blocking traffic. The cyclist then called for her husband and her husband Called for Ambulance. I also called for the ambulance. The Cyclist then provided her name and contact number while we were waiting for ambulance to arrive. Subsequently the ambulance and Traffic police arrived and the Cyclist was conveyed to hospital. My vehicle was slightly damaged on the front. I have an in car camera which was working during the incident and handed it over to the Traffic Police.

I am making this report as the Traffic Police had given me a case card reference L/20201013/0106.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201013/2102

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

3 of 3

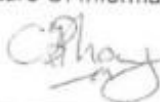
Report No: T/20201013/2102

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 ANG KHENG HAOU, THAWAT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/10/2020 20:48
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP168	



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

