

# 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 Submission ..... 24/02/2021 16:40 (SGT)  
Date of Accident ..... 23/02/2021 15:10 (SGT)  
Exact Location of Accident ..... Sembawang Road, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML1676B

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... LUMENS AUTO PTE LTD  
Company Reg No ..... 201426961K  
Email Address ..... bruce@lumens.sg  
Mobile Phone No ..... (Phone) +65-87781765  
Alternative Phone No ..... (Office) +65-87781765

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vios  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 20-ML000509-R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ANG BOON CHAI  
NRIC No ..... S2077081C

|  |                                       |
|--|---------------------------------------|
| Date Of Birth .....  | 06/10/1949                            |
| Occupation .....   | Outdoor                               |
| Date Of Driving Pass .....   | 30/08/1982                            |
| Driving experience .....   | 38 YEARS AND 6 MONTHS                 |
| Gender .....   | Male                                  |
| Mobile Number .....  | (Phone) +65-94870051                  |
| Alt. Phone Number .....  | -                                     |
| Email Address .....  | dagrobert65@gmail.com                 |
| Address .....  | APT BLK 684 HOUGANG AVENUE 8 # 04-983 |
| Address complement .....   | -                                     |
| Postcode .....   | 530684                                |
| 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 .....   | Collided into Bicyclist |
| 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? .....  | Yes |
| Was any other material or property damaged? .....   | Yes |
| Number of Passengers (Including Driver) .....   | 1   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | No  |

#### DETAILS OF POLICE ACTION

|   |  |
|---|--|
| Was the accident reported to the police? .....  | Yes                                      |
| Police Station Name .....                       | Yishun North Neighbourhood Police Centre |
| Police Station Phone No .....                   | (Phone) +65-18008529999                  |
| Alt. Police Station Phone No .....              | (Fax) +65-68522299                       |
| Police Station Address .....                    | 31 Yishun Central Singapore 768827       |
| Was notice of intended Prosecution given? ..... | No                                       |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT, REF NO : T/20210223/2072

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? ..... | No  |
| Was there any video captured by Car Camera? .....   | Yes |
| Was there any audio recorded? .....                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |                  |
|-----------------------------------|------------------|
| Vehicle Registration Number ..... | E-SCOOTER        |
| Vehicle Manufacturer .....        | -                |
| Vehicle Model .....               | -                |
| Vehicle Variant .....             | -                |
| Vehicle Colour .....              | -                |
| Vehicle Category .....            | Mobile equipment |

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) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... E-SCOOTER  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

**SKETCH PLAN**

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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.
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.



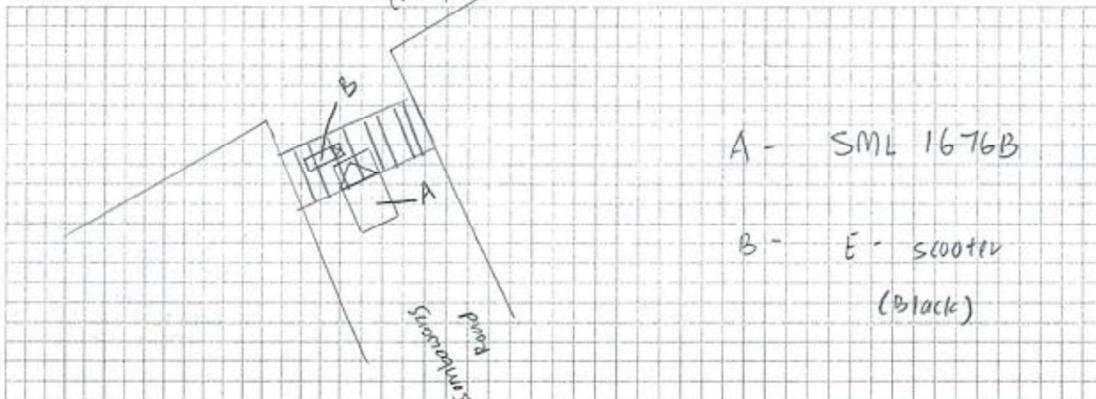
Policyholder's Signature / Date & Time

*[Signature]* 24/02/21  
 Driver's Signature (If driver is not the policyholder) / Date & Time

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-58/60/62 Sin Ming Ind Est  
 Singapore 575643  
 Tel: 6453 1235 Fax: 6453 7944  
 (Claims Section)

Witnessed by Reporting Centre Personnel

**Sketch Plan**



















**SINGAPORE  
POLICE FORCE**



T/20210223/2072

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3  
Report No. T/20210223/2072

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>23/02/2021 16:41 | Vide Report No.:<br>L/20210223/0077 | Station Diary No.:<br>70 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|  |            |  |                              |
|--|------------|--|------------------------------|
| Name of Informant:<br>ANG BOON CHAI      |            | Address:<br>APT BLK 684 HOUGANG AVENUE 8 #04-983 SINGAPORE<br>530684 |                              |
| ID Type / ID No.:<br>NRIC NO / S2077081C |            | Contact No.:   | Mobile: 94870051             |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:   |                              |
| Sex:<br>Male                             | Age:<br>71 | Date of Birth:<br>06/10/1949   | Type of Informant:<br>Driver |
| Race:<br>Chinese                         |            | Language:  | Institution / School Name:   |
| Occupation:<br>GRAB DRIVER               |            | Driving Licence Information:<br>Class: 2B,2A,2,3                     | Date of Expiry:              |

**General Information of the Accident**

|   |                              |   |  |                                     |
|---|------------------------------|---|--|-------------------------------------|
| Type of Accident:                                     | Injury Conveyed By Ambulance | Drink Drive:<br>No                      | Date/Time of Accident:<br>23/02/2021 15:10 | Type of Location:<br>Zebra crossing |
| Location:<br>SEMBAWANG ROAD                           |                              |   |  |                                     |
| Weather:<br>Clear                                     |                              | Road Surface:<br>Dry                    | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way                              |                              | Traffic Control:<br>Pedestrian Crossing | Traffic Volume:<br>Moderate                |                                     |
| Type of Collision:<br>Moving Vehicle Against - Others |                              |   | Anyone conveyed by ambulance:<br>Yes       |                                     |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make   | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-------|-------|-----------|-----------------|
| SML1676B    | Car  | TOYOTA |       | Blue  | No Damage | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20210223/2072

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20210223/2072

## CONTINUATION OF REPORT

| Driver                            |                |                  |   |
|-----------------------------------|----------------|------------------|---|
| Name                              | ANG BOON CHAI  |                  | ID No. S2077081C  |
| Related Vehicle                   | SML1676B (Car) |                  | Contact No. 94870051  |
| Hospital/Clinic                   | NIL            |                  | Class of Driving Licence & Expiry Date<br>Class: 2B,2A,2,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL            | Date Discharge   | NIL   |
| No. of Days granted Medical Leave | NIL            | Degree of Injury | NIL   |

**Brief Details.**

On 23/02/2021 at about 1510hrs, I was driving my blue Toyota (SML1676B) along Sembawang Road turning left into Sembawang Road at the X-junction of Canberra Road. While I was turning left and at the zebra crossing, I had stopped before zebra crossing due to one vehicle in front. When the front vehicle moved off, I had checked my right side before moving off however one black e-scooter (registration number: 458CM) had suddenly come out from my right to left. I could not stop in time and collided onto the left side of the e-scooter causing the rider to fall to his right and onto the road. I came out of my vehicle and checked on the male Chinese rider in his 60s who complained of groin pain. Ambulance came shortly and conveyed the rider to hospital.

My vehicle do not have any damage. My vehicle's in-car camera was taken by Traffic Police who came to scene. I was advised to lodge a Traffic Accident report ref L/20210223/0077 under TP IO Shakir Tel: 65476236.



**SINGAPORE  
POLICE FORCE**



T/20210223/2072

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20210223/2072

**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:<br>L /<br>Sr Staff Sgt LIM JUN LONG       | Signature Of Informant:        |
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>23/02/2021 16:41 |
| Officer In Charge Of Case:<br>TP / GIT /<br>Sgt 2 DAVID YAP<br>Contact No.: 96192349 | Classification Of Case:        |

Authentication Stamp  
NP168





