

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 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 First Submission	12/08/2024 13:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/08/2024 17:15 (SGT)
Exact Location of Accident	Seletar Expw., Singapore
Additional Location Information	TWDS WOODLANDS (BKE) BEFORE LENTOR AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP4616J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO HONG KHIM RAYMOND
NRIC No	S7812834H
Email Address	HOORAY8118@GMAIL.COM
Mobile Phone No	(Phone) +65-96999769
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00011372402

DRIVER

Name of Driver	HO HONG KHIM RAYMOND
NRIC No	S7812834H
Date Of Birth	14/05/1978
Occupation	Outdoor
Driving Pass Date	10/10/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96999769
Alt. Phone Number	-
Email Address	HOORAY8118@GMAIL.COM
Address	2 GEYLANG EAST AVE 2 #13-04
Address complement	-
Postcode	389754
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20240808/7032.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF8285L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HO HONG KHIM RAYMOND
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMP4616J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

INT. 10/10/14

IMPORTANT NOTES

1. Any false reporting may be referred to the Traffic Police Department for investigation.
2. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
3. Consent under the Personal Data Protection Act (PDPA).
4. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
5. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
6. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
7. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
8. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
9. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
10. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
11. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
12. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
13. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
14. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
15. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
16. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
17. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
18. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
19. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.
20. The report will be made available to the public. The report will be made available to the public. The report will be made available to the public.

12/8/14

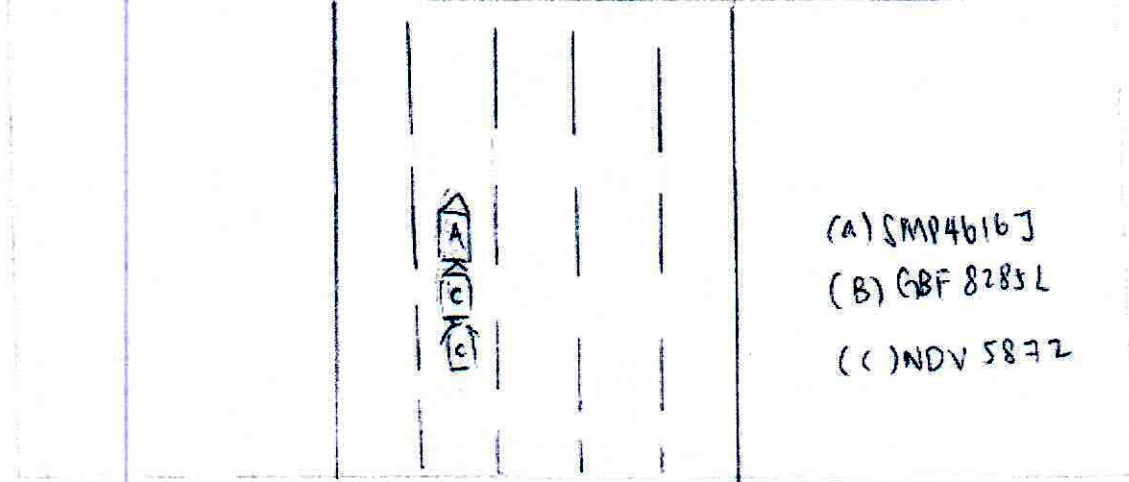
12/8/14

12/8/14

12/8/14

12/8/14

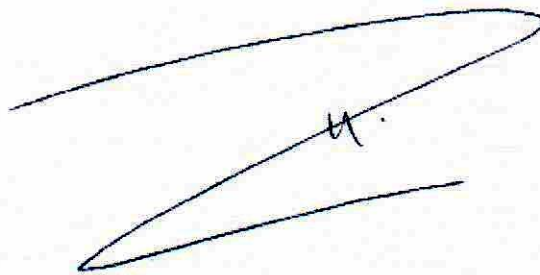
SCE towards Woodlands (BCE)



CLASH WITH EXISTING AND PROPOSED

attached
TP Report.

T/20240808/7032



Declaration

I hereby declare that the information provided in this report is true and correct.

Signature

Signature



**SINGAPORE
POLICE FORCE**



T-20240808-7032

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No: T-20240808-7032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2024 12:20		Video Report No.		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO HONG KHIM RAYMOND			Address: 2 GEYLANG EAST AVENUE 2 #13-04 SINGAPORE 389754		
ID Type / ID No.: NRIC NO / S7812834H			Contact No.: Home/Office:		Mobile: 96999769
Nationality: SINGAPORE CITIZEN			Email: HOORAY8118@GMAIL.COM		
Sex: Male	Age: 46	Date of Birth: 14/05/1978	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/08/2024 17:15	Type of Location: Straight Road
Location: MANDAI ROAD				
Weather: Clear		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF8285L	Motor van					0
NDV5872	Motorcycle					0
SMP4616J	Motor car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	Brown		0

Details of Vehicle Insurance

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



**SINGAPORE
POLICE FORCE**



T/20240808/7032

2 of 3

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 85470000

Report No: T/20240808/7032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SMP4616J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMHCSNA00011372402	01/07/2024	01/07/2025

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO HONG KHIM, RAYMOND	ID No.	S7812834H
Related Vehicle	SMP4616J (Motor car)	Contact No.	96999769
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 (MC)	10	Degree of Injury	Serious

Brief Details.

ON 06/08/2024 AT ABOUT 1715 HOURS AT ALONG SLE TOWARDS WOODLANDS (BKE) BEFORE LENTOR AVENUE. I WAS TRAVELLING AT ALONG THE FOURTH LANE FROM THE RIGHT AND TRAFFIC WAS HEAVY. MY FRONT VEHICLE SLOWED DOWN AND STOP, HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG FROM THE REAR AND WHEN I ALIGHT, I REALISED, IT WAS VEHICLE (B) WHO HIT ONTO THE REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A TOTAL OF 3 VEHICLES INVOLVED. I WAS CONVEYED BY THE AMBULANCE FROM THE SCENE.

I WAS GIVEN 3 DAYS MC AT KHOO TECK PUAT HOSPITAL AND WENT TO SUNSHINE CLINIC TO CONSULT ANOTHER DOCTOR AND WAS GIVEN 07 DAYS MC.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T 20240808/7032

3 of 3

Report No: T 20240808/7032

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
MUHAMMAD FARHAN BIN MOHAMED
Contact No : 65476224

NP168

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

Date/Time:
08/08/2024 12:20

Classification Of Case