

## 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 .....	10/07/2024 12:02 (SGT)
Reported by .....	Owner
Date of Accident .....	09/07/2024 07:25 (SGT)
Exact Location of Accident .....	Hougang Ave 7, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	CB356C
-----------------------------------	--------

#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	UNCLE LIN TRANSPORT
Company Reg No .....	5XXXXX999C
Email Address .....	SERENA@UNCLELINTRANSPORT.COM
Mobile Phone No .....	(Phone) +65-98597944
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	HIACE 2.8 DX AUTO
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	Yes
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2754

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00003032401

#### DRIVER

Name of Driver .....	TAN POH LEONG
NRIC No .....	SXXXX712D
Date Of Birth .....	18/02/1950
Occupation .....	Outdoor

Driving Pass Date .....	18/11/1971
Driving experience .....	52 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91830818
Alt. Phone Number .....	-
Email Address .....	SERENA@UNCLELINTRANSPORT.COM
Address .....	APT BLK 363 HOUGANG AVENUE 5 #09-280
Address complement .....	-
Postcode .....	530363
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Dry

#### 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 .....	Tampines Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005871999
Alt. Police Station Phone No .....	(Fax) +65-65871699
Police Station Address .....	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED POLICE REPORT.  
-DRIVER COULD NOT FILE THE ACCIDENT REPORT AS HE WAS ADMITED TO THE HOSPITAL.

#### 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 .....	GBD8572T
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Nv350

Vehicle Variant .....	-
Vehicle Colour .....	Brown
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 .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	GBC4092T
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Hiace
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 .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	TAN POH LEONG
Gender .....	Male
Phone No .....	(Phone) +65-91830818
Address .....	APT BLK 363 HOUGANG AVENUE 5 #09-280
Address Complement .....	-
Post Code .....	530363
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	CB356C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

## 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

## 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.



Sketch Plan

A: CB356C  
 B: GBP 8572T  
 C: GBC 4092T  
 DOA: 9/7/24 0725hrs

Hougang Avenue 7  
in front of Block 320

1



Describe Circumstance of the Accident

Refer to the attached Police Report.

\* Driver could not file the accident report as he <sup>was</sup> admitted to the hospital.

Declaration

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



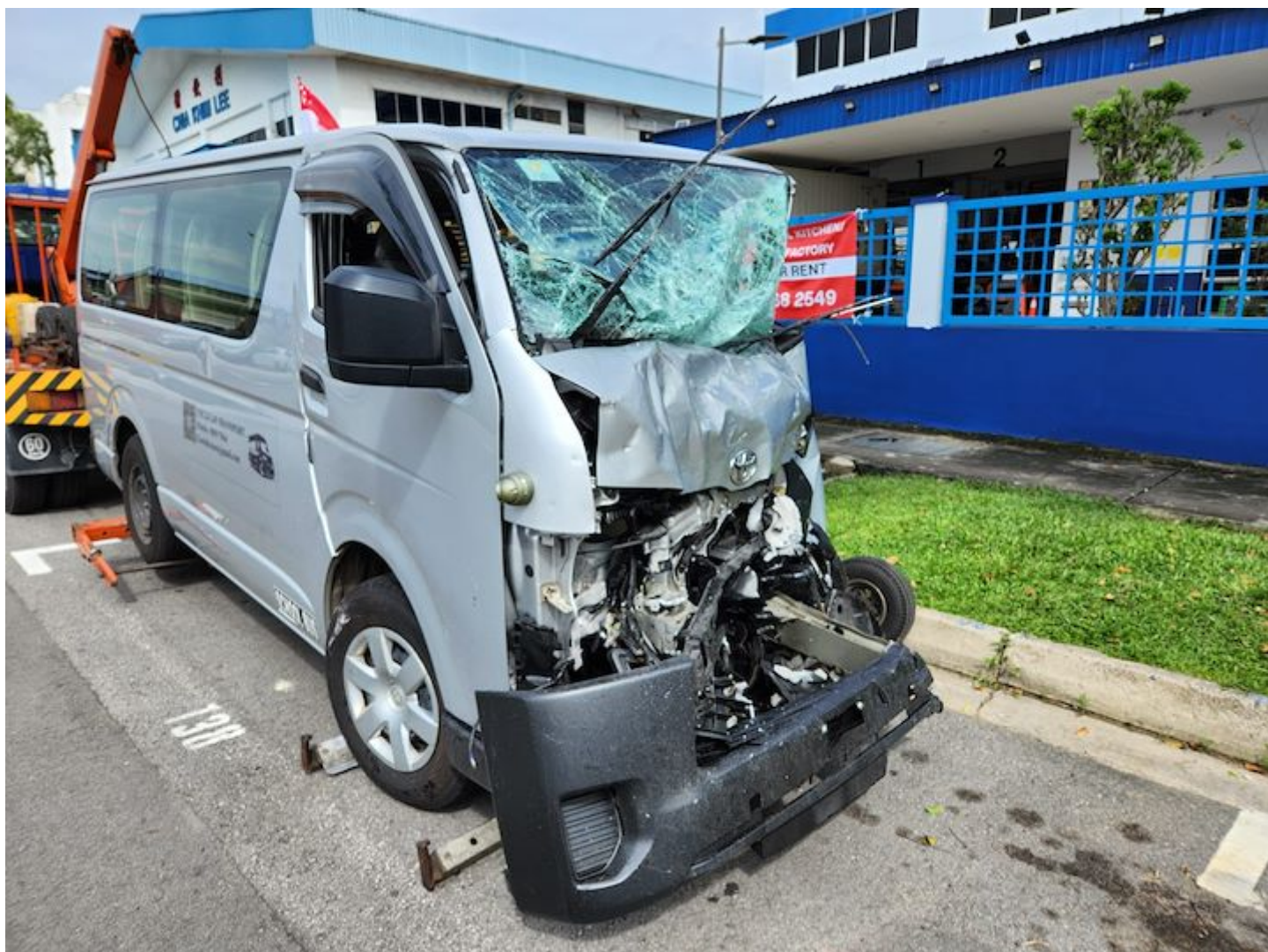
Policyholder's Signature / Date & Time

9/7/24

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

*[Signature]*



































**SINGAPORE  
POLICE FORCE**



T/20240709/2032

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20240709/2032

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2024 11:57	Vide Report No.:	Station Diary No.: 26
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: CHUA XIAO YING			Address: 619A TAMPINES STREET 61 #15-586 SINGAPORE 521619		
ID Type / ID No.: NRIC NO / S8831535I			Contact No.: Home/Office: Mobile: 98597944		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 35	Date of Birth: 26/08/1988	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		
Occupation: DIRECTOR			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: 09/07/2024 07:35	Type of Location: Straight Road
Location:  HOUGANG AVENUE 7				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB356C	Bus/Coach/Minibus	TOYOTA	HIACE 2.8 DX AUTO	Silver	Totally Damaged	0
GBC4092T	Motor van	TOYOTA	HIACE MANUAL	Silver	Seriously Damaged	0
GBD8572T	Motor van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Brown	Totally Damaged	0



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20240709/2032

2 of 3

Report No, T/20240709/2032

**CONTINUATION OF REPORT**

**Brief Details.**

On the 9th of July 2024 at about 0737hrs, I received a call from the driver namely Tan Poh Leong, S0880712D, hp no: 91830818, stating that he was involved in an accident along Hougang Ave 7 towards Defu Ave 1. He briefly told me that as he was driving the bus bearing plate number CB356C along the said road when he saw a dog dashed in front of him as such he swerved onto the opposite direction and collided onto another 2 vehicles bearing plate number GBD8572T and GBC4092T.

I then proceeded to the location, but he was already conveyed to the hospital.

Traffic police and SCDF were also at scene, the SD card was seized by the police vide F/20240709/0048.

Location	
HOUGANG AVENUE 7	
Weather	
Clear	
Traffic Flow	
One Way	
Type of Collision	
Between Moving Vehicles - Head On	
Any one conveyed to hospital	
Yes	
Traffic Volume	
Light	
Road Condition	
Good	
Road Surface	
Asphalt	
Road Width	
3.5m	
Road Markings	
None	
Road Signs	
None	
Road Obstructions	
None	
Road Condition	
Good	
Road Surface	
Asphalt	
Road Width	
3.5m	
Road Markings	
None	
Road Signs	
None	
Road Obstructions	
None	

Vehicle	Plate Number	Make/Model	Color	Damage
CB356C	CB356C	TOYOTA	Black	Minor
GBD8572T	GBD8572T	TOYOTA	Black	Minor
GBC4092T	GBC4092T	TOYOTA	Black	Minor



**SINGAPORE  
POLICE FORCE**



T/20240709/2032

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20240709/2032

## CONTINUATION OF REPORT

Signature of Officer Recording The  
G /  
SR STAFF SGT SITI NUR  
SYAFIAH BINTE AZMAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
ASP (1) JOHNSON LEE WEE SIONG  
Contact No.: 67957400

Signature Of Informant:

Date/Time:  
09/07/2024 11:57

Classification Of Case:

NP168





# SINGAPORE POLICE FORCE

## ACKNOWLEDGEMENT SLIP

Ref: Report No: F/2024 0709/0048

I, Koic Ieng Sgt T220119  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)  
 of TP  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1X Gnet 32GB microsd
- 2 /
- 3 /
- 4 /
- 5 /
- 6 /
- 7 /
- 8 /
- 9 /
- 10 /

from Lin Zhiwei, S8205706D  
(Name, NRIC or Passport No. / Rank and No.)  
 of 619A Tampines st 61 #15-586 S521619  
(Address / Police Station / NPC / NPP)  
 on 09/07/24 at 0901 hrs  
(Date) (Time)

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

Received by:

L  
(Signature)  
SEAN, S8205706D  
(Name, NRIC or Passport No. / Rank and No.)

SP  
(Signature)  
Koic Ieng Sgt T220119  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 Firdaus 9634 1844

**CASE CARD**

Report Number: F/2024.0709/004P  
Traffic Accident along HONGKONG AVE 7 -> DEER AVE 1  
Involving vehicles: 3 VEHICLES  
On 9/7/2024 at about            am / pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E(2019)

You are required to be present at Traffic Police on  
at \_\_\_\_\_ and not to meet the Investigation Officer to assist in the investigation.

Please bring along your:

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Medical Certificate
- d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:  
IC: **AKR 0115**  
Investigation Branch: 6547 8301  
NP3186(2019)

TEL: **9634 1244**  
Email: **SPE\_TF\_Invest\_Branch@pd.gov.hk**