

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	Both Policyholder and Actual Driver
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
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNCLE LIN TRANSPORT
Company Reg No	534453999C
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
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	DMB1SNW00003032401

DRIVER

Name of Driver	TAN POH LEONG
NRIC No	S0880712D
Date Of Birth	18/02/1950
Occupation	Outdoor
Driving Pass Date	18/11/1971
Driving License Pass Class	-
Driving License Validity	-
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	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
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**

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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.
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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.



Insured's Signature / Date & Time

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

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

Sketch Plan

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

Hougang Avenue 7
in front of Block 320

Describe Circumstance of the Accident

Refer to the attached Police Report.


* Driver could not file the accident report as he ^{was} admitted to the hospital.

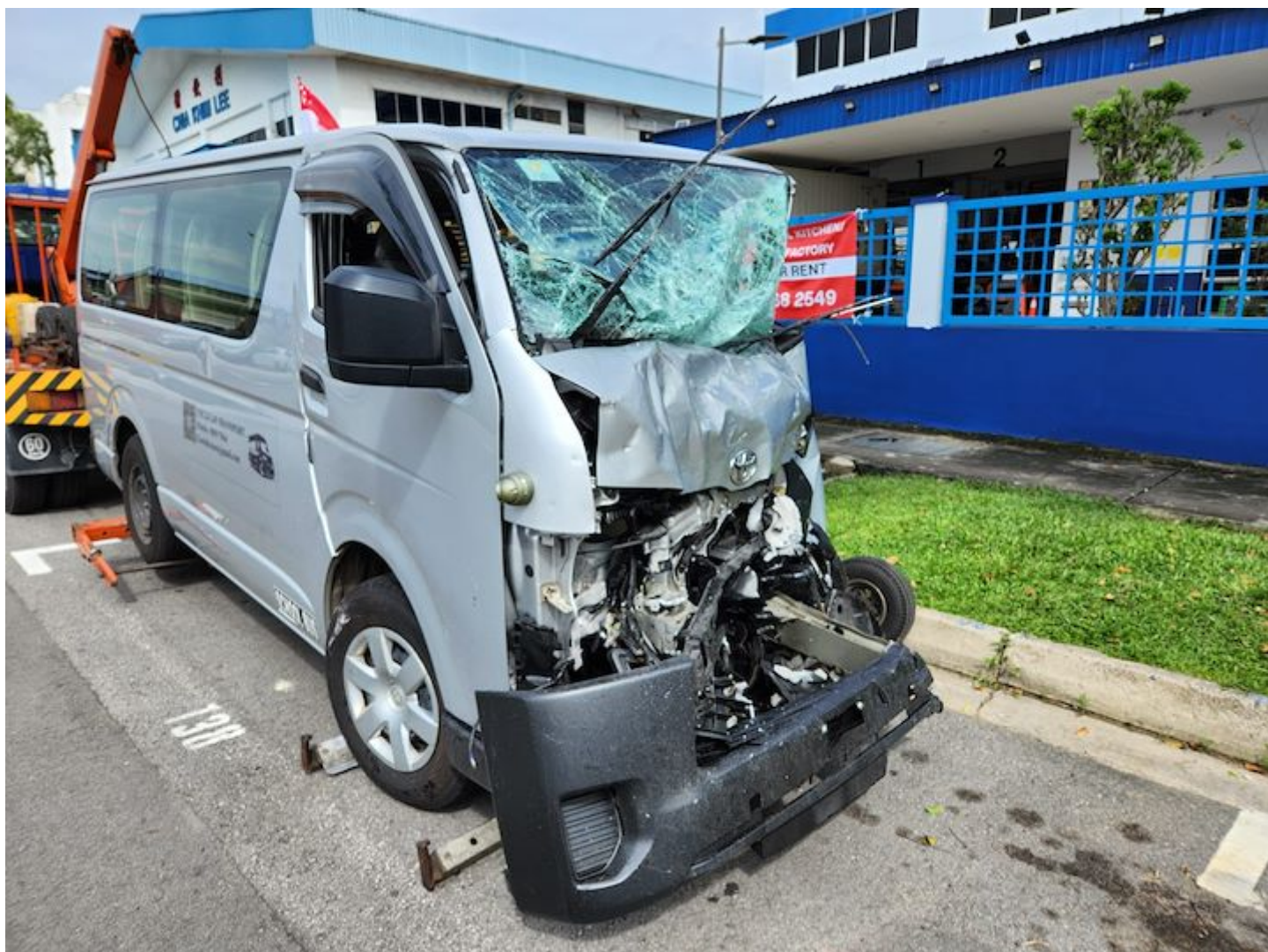
Declaration

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


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)





















**SINGAPORE
POLICE FORCE**



T/20240710/2059

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20240710/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2024 16:52			Vide Report No.: F/20240709/0048		Station Diary No.: 99
Informant's Particulars					
Name of Informant: TAN POH LEONG			Address: 363 HOUGANG AVENUE 5 #09-280 SINGAPORE 530363		
ID Type / ID No.: NRIC NO / S0880712D			Contact No.: Home/Office: Mobile: 63826745		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 74	Date of Birth: 18/02/1950	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/07/2024 07:25	Type of Location: Bend
Location: HOUGANG AVENUE 7				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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	Motor van				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20240710/2059

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20240710/2059

CONTINUATION OF REPORT

Brief Details.

On 09/07/2024 at about 0725hrs, I was driving my company van (CB356C) along the first lane of Hougang Ave 7 towards Sengkang.

As I was driving, I noticed an animal, believed to be a dog, suddenly came from the left side of my vehicle. I steer the vehicle to the right to avoid the animal and my vehicle mounted the center curb and went to the opposite road direction.

I managed to get out from my vehicle after the incident and waited at the roadside for ambulance.

I was subsequently conveyed to Changi Hospital and was hospitalized for 1 night. I was also given 7 days of MC from 09/07/2024 to 15/07/2024.



**SINGAPORE
POLICE FORCE**



T/20240710/2059

3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20240710/2059

CONTINUATION OF REPORT

Signature of Officer Recording The
F /
SGT 3 LIM JIT WEI, JOEL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/07/2024 16:52

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

Classification Of Case:

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SJ0E247A0001 / Vehicle Registration No: CB356C
 Name (as shown in NRIC): TAN POH LEONG NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 363 HOUGANG AVENUE 5 # 09-280 Singapore (530363)
 Contact (Tel): _____ Mobile No.: 98597944
 Email Address: SERENA@UNCLELINTRANSPORT.COM
 Date of Accident: 09/07/2024 Time of Accident: 07:25
 Place of Accident: Hougang Ave 7, Singapore
 Insurance Company: China Taiping Insurance (Singapore) Pte. Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To upload the attached documents as addendum for Bus CB356C
accident report.

Police report - reported by Driver Tan Poh Leong

Sketch Plan - endorsed with Driver Tan Poh Leong signature

TAN POH LEONG

Policyholder / Driver's Signature
 Date: 16/7/2024



[Signature]
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____