

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 26/08/2021 10:06 (SGT)
Date of Accident 25/08/2021 09:00 (SGT)
Exact Location of Accident Jln Eunus, Singapore
Additional Location Information TWDS HOUGANG JUNCTION PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA1787L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HONG YING BUS TRANSPORT SERVICE
Company Reg No 5XXXX166L
Email Address unclerony@singnet.com.sg
Mobile Phone No (Phone) +65-87879555
Alternative Phone No +65-87879555

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2494

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNW00008762102
Cover Note Number -

DRIVER

Name of Driver TEO KIN TOH
NRIC No SXXXX382G

Date Of Birth	16/06/1966
Occupation	Outdoor
Date Of Driving Pass	14/04/2003
Driving experience	18 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87157888
Alt. Phone Number	-
Email Address	uncleony@singnet.com.sg
Address	BLK 194 PASIR RIS ST 12
Address complement	#09-78
Postcode	510194
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG9806Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
Name of Driver	SAIRUDIN BIN MOHD SA'ABAN
NRIC No	-1
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

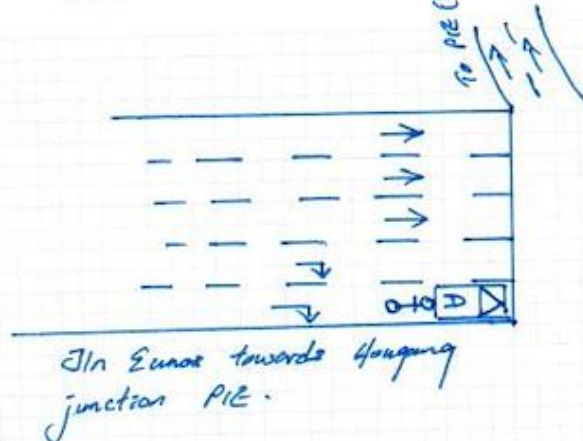
A/C NO. 144-302-404-8
鴻英巴士服務
HONG YING BUS TRANSPORT SERVICE
H/P: 8787 9555

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) PA 1787L.

0+0 (B) FBG 9806Y.

Describe Circumstances of the Accident

On 25/08/2021 at @0900 hrs, I was travelling in my vehicle (CPA 1787L) along Jln Eunos towards Hougang direction on the extreme right lane and wanted to turn right to PIE towards Changi. While approaching the junction of PIE, the traffic light turns amber and I slowed down and stopped. Suddenly, a motorcycle (F86 9806Y) from behind collided onto the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

A/C NO. 144-302-104-8
 鴻英巴士服務
 HONG YING BUS TRANSPORT SERVICE
 H/P: 8787 9555

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210825/2048

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20210825/2048

CONTINUATION OF REPORT

Rider			
Name	SAIRUDIN BIN MOHD SA'ABAN		ID No. S7638900D
Related Vehicle	FBG9806Y (Motorcycle)		Contact No. NIL
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	Slight
Driver			
Name	TEO KIN TOH		ID No. S1775382G
Related Vehicle	PA1787L (Van)		Contact No. 87157888
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/08/2021 at 0900hrs, I was driving my minivan bearing plate number PA1787L along Jalan Eunos. I was on the rightmost lane about to turn towards PIE (Changi).

However, the traffic light turned amber. Thus, I slow down and came to a stop. Suddenly, I felt a collision behind me. I then got down and saw a motorbike had collided to the rear of my minivan.

The motorcyclist and pillion of the motorbike had fell. The motorcyclist called for ambulance. Shortly after, TP was also at scene. The motorcyclist and the pillion were conveyed to CGH. TP had also taken my in-car camera SD card.















CHASSIS NO.	:	KbH2112007148
UNLADEN WT.	:	2000 KG
MAX. LADEN WT.	:	3125 KG
PASSENGER CAP.	:	1 DRIVER 13 OTHER
TYRE SIZE	:	(F) 195/80 R15
	:	(R) 195/80 R15

※注 軽積時:積載量500kg未満
定積時:積載量500kg以上

26J30 06


**SINGAPORE
POLICE FORCE**


T/20210825/2048

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20210825/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/08/2021 12:43	Vide Report No.: G/20210825/0068	Station Diary No.: 55
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Informant's Particulars

Name of Informant: TEO KIN TOH	Address: APT BLK 194 PASIR RIS STREET 12 #09-78 SINGAPORE 510194		
ID Type / ID No.: NRIC NO / S1775382G	Contact No.: Home/Office: Mobile: 87157888		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Female	Age: 55	Date of Birth: 16/06/1966	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Bus driver	Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/08/2021 09:00	Type of Location: X-Junction
Location: JALAN EUNOS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
FBG9806Y	Motorcycle				Slightly Damaged	1
PA1787L	Van				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210825/2048

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 3

Report No. T/20210825/2048

CONTINUATION OF REPORT

Rider			
Name	SAIRUDIN BIN MOHD SA'ABAN		ID No. S7638900D
Related Vehicle	FBG9806Y (Motorcycle)		Contact No. NIL
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	Slight
Driver			
Name	TEO KIN TOH		ID No. S1775382G
Related Vehicle	PA1787L (Van)		Contact No. 87157888
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/08/2021 at 0900hrs, I was driving my minivan bearing plate number PA1787L along Jalan Eunos. I was on the rightmost lane about to turn towards PIE (Changi).

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The motorcyclist and pillion of the motorbike had fell. The motorcyclist called for ambulance. Shortly after, TP was also at scene. The motorcyclist and the pillion were conveyed to CGH. TP had also taken my in-car camera SD card.

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T/20210825/2048

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519457
Tel No: 1800-5852999

3 of 3

Report No. T/20210825/2048

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:
G /
Sgt 1 JUSTIN CHU JUN QUAN

Signature Of Informant:

Signature Of Interpreter: '
Not applicable

Date/Time:
25/08/2021 12:43

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID
Contact No.: 65476247
Authentication Stamp
NP168

Classification Of Case:

SIGNATURE