

# 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 .....	20/07/2022 16:25 (SGT)
Reported by .....	Owner
Date of Accident .....	19/07/2022 13:50 (SGT)
Exact Location of Accident .....	Ang Mo Kio Ave 3, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLD9290G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	HOON WEN HAO, LEONARD
NRIC No .....	SXXXX845E
Email Address .....	optionsgarage@hotmail.com
Mobile Phone No .....	(Phone) +65-81136841
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Odyssey
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2353

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00113232100

### DRIVER

Name of Driver .....	HOON POH TECK
NRIC No .....	SXXXX077C
Date Of Birth .....	22/07/1960
Occupation .....	Outdoor

Date Of Driving Pass .....	27/02/1984
Driving experience .....	38 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-9875625
Alt. Phone Number .....	-
Email Address .....	optionsgarage@hotmail.com
Address .....	BLK 208 TOA PAYOH NORTH #12-1263
Address complement .....	-
Postcode .....	310208
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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? .....	Yes
Number of vehicles involved in the accident .....	5
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) .....	2
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JSK2215
Vehicle Category .....	Motorcycle

#### PASSENGER 1

Name .....	LUCAS HOON SHI HONG
Gender .....	Male

#### 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

PLEASE REFER TO POLICE REPORT T/20220720/7031

#### 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 .....	SHD3417X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	SLW9954A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 3

Vehicle Registration Number .....	JSK2215
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 4

Vehicle Registration Number .....	SKD3318M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 ..... LUCAS HOON SHI HONG  
 Gender ..... Male  
 Phone No ..... (Phone) +65-81136841  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SERIOUS INJURIES  
 Injured person in which vehicle? ..... SLD9290G  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... Yes

### INJURED 2

Name of injured person ..... HOON POH TECK  
 Gender ..... Male  
 Phone No ..... (Phone) +65-93875625  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SERIOUS INJURIES  
 Injured person in which vehicle? ..... SLD9290G  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

## SKETCH PLAN

## IMPORTANT NOTICE

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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.

Policyholder'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

VEHICLE:

- A: SLD 929106
- B: SHO 3417X
- C: SLO 9954A
- D: JSK 2215
- E: SKD 3318M

ANG MO KIO

AV83

Describe Circumstance of the Accident


REFER TO POLICE REPORT.

T/20220720/7031

Declaration

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

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel






















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



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Report No. T/20220720/7031

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2022 15:18		Vide Report No.: F/20220719/0095		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: HOON POH TECK			Address: 208 TOA PAYOH NORTH #12-1263 SINGAPORE 310208		
ID Type / ID No.: NRIC NO / S1426077C			Contact No.: Home/Office: Mobile: 93875625		
Nationality: SINGAPORE CITIZEN			Email: LEONARDHOONWH@GMAIL.COM		
Sex: Male	Age: 61	Date of Birth: 22/07/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: LUXURY COACH			Driving Licence Information: Class: 3,4		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/07/2022 13:50	Type of Location: X-Junction
Location:  ANG MO KIO AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
JSK2215	Motorcycle				Totally Damaged	1
SHD3417X	Car				Totally Damaged	2
SKD3318M	Car				Seriously Damaged	3


**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



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Report No. T/20220720/7031

## CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLD9290G	Car				Seriously Damaged	2
SLW9954A	Car				Slightly Damaged	2

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LUCAS HOON SHI HONG		ID No. T1505957A
Related Vehicle	SLD9290G (Car)		Contact No. 81136841
Hospital/Clinic	KK WOMEN'S AND CHILDREN'S HOSPITAL		Class of Driving Licence & Expiry Class: 3,4 Date of Expiry: NIL
Date	19/07/2022		Date 20/07/2022
No. of Days granted Medical Leave		NIL	Degree of Serious
Driver			
Name	HOON POH TECK		ID No. S1426077C
Related Vehicle	SLD9290G (Car)		Contact No. 93875625
Hospital/Clinic	KOVAN CLINIC		Class of Driving Licence & Expiry Class: 3,4 Date of Expiry: NIL
Date	19/07/2022		Date 19/07/2022
No. of Days granted Medical Leave		03	Degree of Serious

## Brief Details.

ON THE STATED DATE, TIME AND LOCATION. I HOON POH TECK S1426077C WAS THE DRIVER VEHICLE OF SLD9290G. I HAVE A PASSENGER ON BOARD SITTING INFRONT OF THE PASSENGER SIT. LUCAS HOON SHI HONG MALE T1505957A. WE WERE STATIONARY AT THE TRAFFIC LIGHT. THERE WAS A VEHICLE(E) (SKD3318M) FROM THE OPPOSITE DIRECTION CAME TOWARDS US AND CRASH ONTO MOTORBIKE(D) (JSK2215), VEHICLE(C) (SLW9954A), VEHICLE(B) (SHD3417X), VEHICLE(A) (SLD9290G),



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220720/7031

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Report No. T/20220720/7031

**CONTINUATION OF REPORT**

AMBULANCE AND TRAFFIC POLICE CAME TO THE SCENE.

LUCAS HOON SHI HONG T1505957A WAS CONVEY TO KKH.

I HOON POH TECK S1428077C SUFFER INJURY ON MY NECK, SHOULDER AND LOWER BACK AREA. I WENT TO CONSULT A DOCTOR AT KOVAN INTEMEDICAL CLINIC AND WAS GIVEN 03 DAYS OF MC FOR MY INJURIES.

THIS REPORT IS FOR MY INSURANCE CLAIM PURPOSE.

AMEND REPORT FOR : T/20220719/7030

**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20220720/7031

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Report No. T/20220720/7031

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

NP168

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

Date/Time:  
20/07/2022 15:18

Classification Of Case: