

# 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 Submission .....              | 25/01/2023 18:06 (SGT)        |
| Reported by .....                     | Driver                        |
| Date of Accident .....                | 20/01/2023 08:30 (SGT)        |
| Exact Location of Accident .....      | Bukit Batok Rd, Singapore     |
| Additional Location Information ..... | TOWARDS JURONG TOWN HALL ROAD |
| Country/State of Loss .....           | Singapore                     |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | CB6338R |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                               |
|--------------------------------|-------------------------------|
| Is company? .....              | Yes                           |
| Name Of Registered Owner ..... | TRANSLAND SINGAPORE PTE. LTD. |
| Company Reg No .....           | 2XXXXX629C                    |
| Email Address .....            | carrie@transland.com.sg       |
| Mobile Phone No .....          | (Phone) +65-85091938          |
| Alternative Phone No .....     | -                             |

### 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 .....   | Bus                       |
| Transmission .....   | Auto                      |
| CC .....   | 2982                      |

### INSURANCE COMPANY

|   |   |
|---|---|
| Name of Insurance Company .....         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number ..... | DMB1SNW00002462201                            |

### DRIVER

|                      |               |
|----------------------|---------------|
| Name of Driver ..... | OH KIAN TIONG |
| NRIC No .....        | SXXXX981J     |
| Date Of Birth .....  | 26/06/1949    |
| Occupation .....     | Outdoor       |

|  |                                      |
|--|--------------------------------------|
| Date Of Driving Pass .....   | 30/06/1994                           |
| Driving experience .....   | 28 YEARS AND 7 MONTHS                |
| Gender .....   | Male                                 |
| Mobile Number .....  | (Phone) +65-85091938                 |
| Alt. Phone Number .....  | -                                    |
| Email Address .....  | carrie@transland.com.sg              |
| Address .....  | BLK 488 JURONG WEST AVENUE 1 #08-135 |
| Address complement .....   | -                                    |
| Postcode .....   | 640488                               |
| 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) .....   | 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 .....   | -   |

#### PASSENGER 1

|              |             |
|--------------|-------------|
| Name .....   | ANG TAN HAN |
| Gender ..... | Female      |

#### 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 SKETCH PLAN AND POLICE REPORT T/20230125/7012

#### 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 ..... | WITH OWNER |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SMT7916C    |
| 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 2

|   |                    |
|---|--------------------|
| Vehicle Registration Number .....             | CB5455S            |
| 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 ..... | -                  |
| No. Of Passenger (Including Driver) .....     | -                  |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |               |
|---|---------------|
| Name of injured person .....                              | ANG TAN HAN   |
| Gender .....  | Female        |
| Phone No .....  | -             |
| Address .....   | -             |
| Address Complement .....                                  | -             |
| Post Code .....   | -             |
| Approximate Age Years Old .....                           | -             |
| Injuries Sustained .....                                  | SLIGHT INJURY |
| Injured person in which vehicle? .....                    | CB6338R       |
| Were seat belts worn? .....                               | Yes           |
| Was this injured conveyed to hospital by ambulance? ..... | No            |

SKETCH PLAN

IMPORTANT NOTICE

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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.

6. Consent under the Personal Data Protection Act (PDPA):

I understand, acknowledge, agree and consent that:

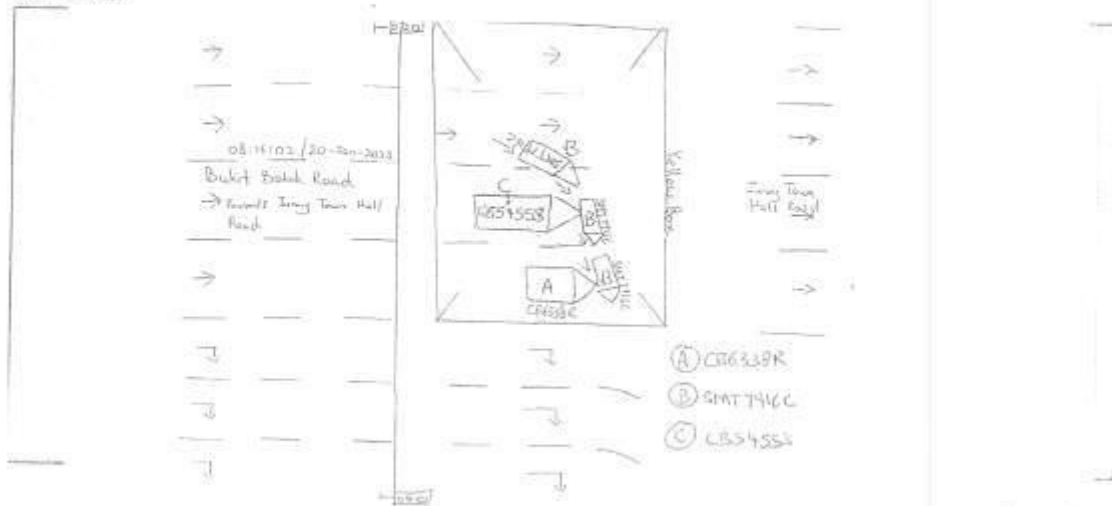
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



Describe Circumstance of the Accident

I WAS TRAVELLING STRAIGHT ALONG BUKIT BATOK ROAD  
TOWARDS JURONG TOWN HALL ROAD. SUDDENLY, VEHICLE  
B CUT IN FRONT OF VEHICLE C. VEHICLE B COLLIDED ONTO  
VEHICLE C. VEHICLE B SWERVED AND COLLIDED ONTO MY  
VEHICLE.

MY PASSENGER WAS INJURED AND WE SENT HER TO  
HOSPITAL  
NG TENG FONG AND SHE GOT 3 DAYS MC.

POLICE REPORT 1/20230125/2012

Declaration

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

   
Policyholder's Signature (Date)

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

 25/01/2023  
Witnessed by Reporting Person (Name as in NRIC/ID card)





























**SINGAPORE  
POLICE FORCE**



T/20230125/7012

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

1 of 3

Report No. T/20230125/7012

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                    |
|--|------------------|--------------------|
| Date/Time Report Made:<br>25/01/2023 11:08 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

**Informant's Particulars**

|  |            |                              |   |                            |  |
|--|------------|------------------------------|---|----------------------------|--|
| Name of Informant:<br>OH KIAN TIONG      |            |                              | Address:<br>488 JURONG WEST AVENUE 1 #08-135 SINGAPORE 640488 |                            |  |
| ID Type / ID No.:<br>NRIC NO / S0584981J |            |                              | Contact No.:<br>Home/Office: Mobile: 85091938                 |                            |  |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:<br>cs8558cs@gmail.com                                  |                            |  |
| Sex:<br>Male                             | Age:<br>73 | Date of Birth:<br>26/06/1949 | Type of Informant:<br>Driver                                  |                            |  |
| Race:<br>Chinese                         |            |                              | Language:<br>English  | Institution / School Name: |  |
| Occupation:<br>DRIVER                    |            |                              | Driving Licence Information:<br>Class:                        | Date of Expiry:            |  |

**General Information of the Accident**

|  |                  |   |   |  |
|--|------------------|---|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>20/01/2023 08:30 | Type of Location:<br>X-Junction        |
| Location:<br><br>BUKIT BATOK WEST AVENUE 8                   |                  |   |   |  |
| Weather:<br>Clear  |                  | Road Surface:<br>Dry                        |   | Road Speed Limit:                      |
| Traffic Flow:<br>Two Way                                     |                  | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Moderate            |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                  |   |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type              | Make | Model | Color | Condition         | No of |
|-------------|-------------------|------|-------|-------|-------------------|-------|
| CB5455S     | Bus/Coach/Minibus |      |       |       |                   | 0     |
| CB6338R     | Van               |      |       |       | Seriously Damaged | 1     |
| SMT7916C    | Car               |      |       |       |                   | 0     |



**SINGAPORE  
POLICE FORCE**



T/20230125/7012

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

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Report No. T/20230125/7012

**CONTINUATION OF REPORT**

|                                   |                               |                                   |                                   |
|-----------------------------------|-------------------------------|-----------------------------------|-----------------------------------|
| <b>Details of Person Involved</b> |                               |                                   |                                   |
| Any Pedestrian Involved: No       |                               |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                               | Use of Pedestrian Crossing: NA    |                                   |
| <b>Passenger</b>                  |                               |                                   |                                   |
| Name                              | ANG TAN HAN                   | ID No.                            | S0767863J                         |
| Related Vehicle                   | CB6338R (Van)                 | Contact No.                       | NIL                               |
| Hospital/Clinic                   | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | 20/01/2023                    | Date                              | 20/01/2023                        |
| No. of Days granted Medical Leave | 03                            | Degree of                         | Slight                            |
| <b>Driver</b>                     |                               |                                   |                                   |
| Name                              | OH KIAN TIONG                 | ID No.                            | S0584981J                         |
| Related Vehicle                   | CB6338R (Van)                 | Contact No.                       | 85091938                          |
| Hospital/Clinic                   | NIL                           | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                           | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                           | Degree of                         | NIL                               |

**Brief Details.**

I was travelling along Bukit Batok Road towards Jurong Town Hall Road.  
Suddenly, vehicle B cut in front of vehicle C.  
As a result, vehicle B collided onto vehicle C.  
Vehicle B swerved and collided onto my vehicle.

I had a passenger with me at the time of accident, and she was injured hence we sent her to Ng Teng Fong Hospital and she was given 3 days MC (20th Jan to 22th Jan).



SINGAPORE  
POLICE FORCE

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



T/20230125/7012

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Report No. T/20230125/7012

## 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 /  
ANG YI TING, STEPHANIE  
Contact No.: 65476414

NP158

Signature Of Informant:

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

Date/Time:  
25/01/2023 11:08

Classification Of Case: