

## 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 .....        | 27/07/2023 14:59 (SGT)              |
| Reported by .....                     | Both Policyholder and Actual Driver |
| Date of Accident .....                | 26/07/2023 07:30 (SGT)              |
| Exact Location of Accident .....      | KJE, Singapore                      |
| Additional Location Information ..... | TOWARDS TUAS                        |
| Country/State of Loss .....           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SMH1146K |
|-----------------------------------|----------|

#### INSURED/POLICYHOLDER

|                                |                        |
|--------------------------------|------------------------|
| Is company? .....              | No                     |
| Name Of Registered Owner ..... | LIN XINGHUO            |
| NRIC No .....                  | SXXXX483A              |
| Email Address .....            | linxinghuo@hotmail.com |
| Mobile Phone No .....          | (Phone) +65-90279049   |
| Alternative Phone No .....     | -                      |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Honda                     |
| Model .....  | Fit                       |
| 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 .....   | 1496                      |

#### INSURANCE COMPANY

|   |   |
|---|---|
| Name of Insurance Company .....         | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number ..... | DMPCSNW00185792200                            |

#### DRIVER

|                      |             |
|----------------------|-------------|
| Name of Driver ..... | LIN XINGHUO |
| NRIC No .....        | SXXXX483A   |
| Date Of Birth .....  | 27/11/1972  |
| Occupation .....     | Indoor      |

|  |                             |
|--|-----------------------------|
| Date Of Driving Pass .....   | 18/04/2008                  |
| Driving experience .....   | 15 YEARS AND 3 MONTHS       |
| Gender .....   | Male                        |
| Mobile Number .....  | (Phone) +65-90279049        |
| Alt. Phone Number .....  | -                           |
| Email Address .....  | linxinghuo@hotmail.com      |
| Address .....  | BLK 584A SEGAR ROAD #11-600 |
| Address complement .....   | -                           |
| Postcode .....   | 671548                      |
| Is the driver the policyholder? .....                              | Yes                         |
| If No, Relationship of the Driver with the Insured .....           | -                           |
| 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 .....   | 7   |
| Was anybody injured in the Accident? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| 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 .....                       | 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/20230726/7079

#### 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 TRAFFIC POLICE |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | FBR8370K |
| 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 2

|   |            |
|---|------------|
| Vehicle Registration Number .....             | FBJ180L    |
| 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 3

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SLF5871X    |
| 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 4

|   |             |
|---|-------------|
| Vehicle Registration Number .....             | SLL6699P    |
| 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 5

Vehicle Registration Number SLW5901D  
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 6

Vehicle Registration Number SKM2023Y  
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 LIN XINGHUO  
Gender Male  
Phone No (Phone) +65-90279049  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained SLIGHT INJURY  
Injured person in which vehicle? SMH1146K  
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.

**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

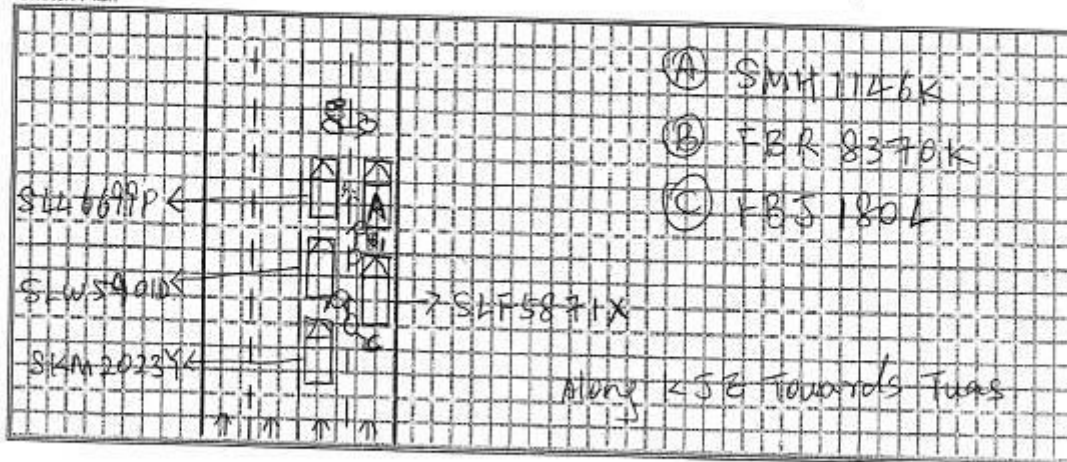
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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




Describe Circumstance of the Accident


Statement As Refer To  
Police Report No: T/20230726/7079

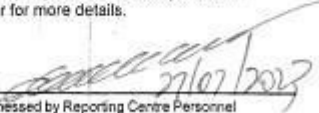
**Declaration**

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
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)

































**SINGAPORE  
POLICE FORCE**



T/20230726/7079

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

1 of 3

Report No. T/20230726/7079

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |  |                              |                    |
|--|------------|--|------------------------------|--------------------|
| Date/Time Report Made:<br>26/07/2023 17:04 |            | Vide Report No.:                                       |                              | Station Diary No.: |
| <b>Informant's Particulars</b>             |            |  |                              |                    |
| Name of Informant:<br>LIN XINGHUO          |            | Address:<br>548A SEGAR ROAD #11-600 SINGAPORE 671548   |                              |                    |
| ID Type / ID No.:<br>NRIC NO / S7284483A   |            | Contact No.:<br>Home/Office: Mobile: 90279049          |                              |                    |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:<br>LINXINGHUO@HOTMAIL.COM                       |                              |                    |
| Sex:<br>Male                               | Age:<br>50 | Date of Birth:<br>27/11/1972                           | Type of Informant:<br>Driver |                    |
| Race:<br>Chinese                           |            | Language:<br>English                                   |                              |                    |
| Occupation:<br>Indoor                      |            | Driving Licence Information:<br>Class: Date of Expiry: |                              |                    |

**General Information of the Accident**

|  |                              |                       |   |   |
|--|------------------------------|-----------------------|---|---|
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>26/07/2023 07:30 | Type of Location:<br>Flyover            |
| Location:<br><br>SENJA ROAD                                      |                              |                       |   |   |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry  |   |   |
| Traffic Flow:  |                              | Traffic Control:      |   | Traffic Volume:                         |
| Type of Collision:<br>2 Motorcycle Collided 5 Stationed Vehicles |                              |                       |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type       | Make   | Model | Color | Conditio | No of |
|-------------|------------|--------|-------|-------|----------|-------|
| FBJ180L     | Motorcycle |        |       |       |          | 0     |
| FBR8370K    | Motorcycle | OTHERS |       |       |          | 0     |
| SKM2023Y    | Car        |        |       |       |          | 0     |
| SLF5871X    | Car        |        |       |       |          | 0     |



**SINGAPORE  
POLICE FORCE**



T/20230726/7079

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

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Report No. T/20230726/7079

## CONTINUATION OF REPORT

| Details of Vehicle Involved |      |       |                         |        |          |       |
|-----------------------------|------|-------|-------------------------|--------|----------|-------|
| Vehicle No.                 | Type | Make  | Model                   | Color  | Conditio | No of |
| SLL6699P                    | Car  |       |                         |        |          | 0     |
| SLW5901D                    | Car  |       |                         |        |          | 0     |
| SMH1146K                    | Car  | HONDA | FIT HYBRID<br>1.5F AUTO | Yellow |          | 0     |

| Details of Vehicle Insurance |  |                        |            |             |
|------------------------------|--|------------------------|------------|-------------|
| Vehicle No.                  | Insurance Company                                | Insurance No           | Effective  | Expiry Date |
| SMH1146K                     | CHINA TAIPING INSURANCE<br>(SINGAPORE) PTE. LTD. | DMPCSNW001857<br>92200 | 03/08/2022 | 02/08/2023  |

| Details of Person Involved        |                |                                   |                                   |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                | Use of Pedestrian Crossing: NA    |                                   |
| Driver:                           |                |                                   |                                   |
| Name                              | LIN XINGHUO    | ID No.                            | S7284483A                         |
| Related Vehicle                   | SMH1146K (Car) | Contact No.                       | 90279049                          |
| 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                         | Slight                            |

## Brief Details.

On 26/07/2023 at about 07:30hrs, I was driving my car (SMH 1146K) along KJE towards Tuas in the right-most lane. Due to the traffic congested ahead, all vehicles all slow moving and almost come to a halt. Suddenly, I felt an impact from behind and heard a loud band sound like something hit my car. As such, I come out of my car and take a look then I realized 2 motorbikes collided with 5 stationed vehicles. I suspected the motorbike (FBR 8370K) hit my car behind upon losing control and skidded as her motorbike's parts and helmet just fell beside my vehicle.

My car has installed a car camera recorder and my SD card has been taken by traffic police who attend the accident scene. Both motor riders are conveyed to the hospital by ambulance.

Hence, I hereto lodge this accident report to claim against the motorbike (FBR 8370K)'s insurance for my accident damages.





**SINGAPORE  
POLICE FORCE**



T/20230726/7079

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

3 of 3

Report No. T/20230726/7079

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
MOHAMED SOPHAN BIN MOHAMED AMIR  
Contact No.: 91874317

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

Date/Time:  
26/07/2023 17:04

Classification Of Case:

NP168