

# 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 .....	16/09/2024 18:42 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	15/09/2024 08:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	THE WATERINA (51 LOR 40 GEYLANG)
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNN3747U
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	IU BING XIN
NRIC No .....	SXXXX854Z
Email Address .....	IUBINGXIN0@GMAIL.COM
Mobile Phone No .....	(Phone) +65-98774473
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Jetta
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1390
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5142817164

### DRIVER

Name of Driver .....	IU BING XIN
NRIC No .....	SXXX854Z
Date Of Birth .....	31/01/1994
Occupation .....	Outdoor
Driving Pass Date .....	19/09/2019
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	5 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-98774473
Alt. Phone Number .....	-
Email Address .....	IUBINGXIN0@GMAIL.COM
Address .....	BLK 409 BEDOK NORTH AVE 2
Address complement .....	#02-30
Postcode .....	460409
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 .....	Side Swipe
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
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 .....	PASSENGER 1
Gender .....	Female

PASSENGER 2

Name .....	PASSENGER 2
Gender .....	Female

PASSENGER 3

Name .....	PASSENGER 3
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

## REFER TO ATTACH

## 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 ..... SDD9918A  
 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 ..... IU BING XIN  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... 3 DAYS MC  
 Injured person in which vehicle? ..... SNN3747U  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

**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

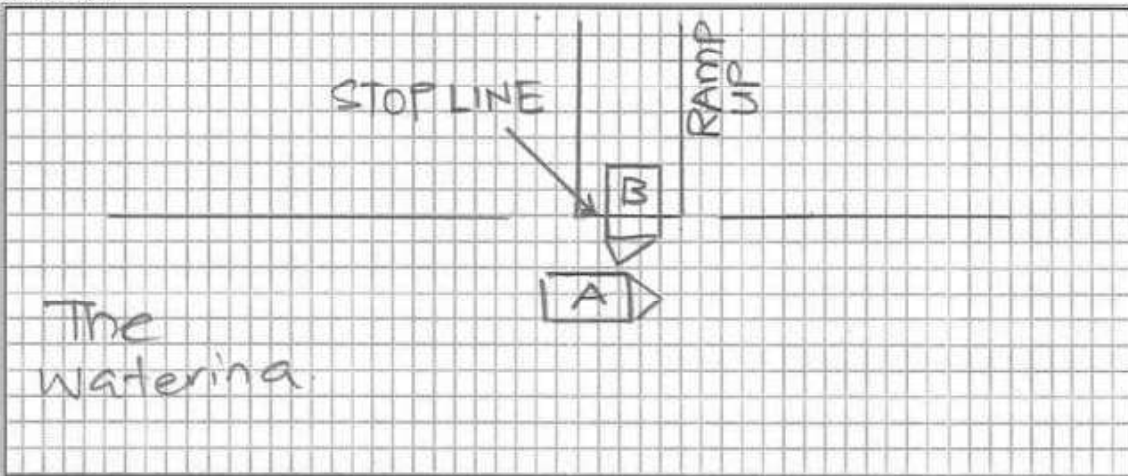
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 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

Police Report : T/20240916/7054

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 & Time



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



**SINGAPORE  
POLICE FORCE**

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



T/20240916/7054

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Report No. T/20240916/7054

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / LOW MENG FATT Contact No.: 97577566

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 16/09/2024 13:31
Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20240916/7054

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

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Report No. T/20240916/7054

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2024 13:31	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: IU BING XIN		Address: 409 BEDOK NORTH AVENUE 2 #02-30 SINGAPORE 460409	
ID Type / ID No.: NRIC NO / S9402854Z		Contact No.:	Mobile: 98774473
Nationality: SINGAPORE CITIZEN		Email: IUBINGXIN0@GMAIL.COM	
Sex: Male	Age: 30	Date of Birth: 31/01/1994	Type of Informant: Driver
Race: Chinese		Language: English	
Occupation: Self Employed		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 15/09/2024 08:45	Type of Location:
Location: LORONG 40 GEYLANG				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNN3747U	Motor car	VOLKSWAGON	JETTA 1.4 TSI 1633G5 HID SR NAV	White		3

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SNN3747U	NTUC Income Insurance Co-Operative Limited	5142817164	20/01/2024	19/01/2025



**SINGAPORE  
POLICE FORCE**

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



T/20240916/7054

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Report No. T/20240916/7054

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	IU BING XIN	ID No.	S9402854Z
Related Vehicle	SNN3747U (Motor car)	Contact No.	98774473
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 (MC)	03	Degree of Injury	Serious

**Brief Details.**

On the stated date and time, I was driving SNN3747U with 2 female and 1 male passengers heading towards the exit gantry of The Waterina Condo when SDD9918A abruptly dashed out from the carpark of said condo.

I immediately jammed on my brakes the moment I noticed the sudden appearance SDD9918A and tried to sound my horn but it was too late as the driver of SDD9918A completely didn't check for any oncoming traffic and hit onto the front left portion of my vehicle.

My vehicle rocked sideways due to the impact to my left front rim and I knocked my left knee as a result of the collision.

Initially, only my left knee hurt a little.

However, later the same day, I started developing aches over my neck and right shoulder/arm areas.

The pain got worse the following morning and as such, I sought treatment at Lifepus Clinic Bedok.

I was given 3 days MC for injuries caused by the accident.

I am unsure if my passengers were injured during the accident.