

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	23/09/2024 17:42 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/09/2024 13:55 (SGT)
Exact Location of Accident	Brickland Rd, Singapore
Additional Location Information	ALONG BRICKLAND RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU7962Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN JIA JUN
NRIC No	SXXXX000A
Email Address	CHEN_JIA_JUN@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98777591
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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 car
Transmission	Auto
CC	1800
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	5133962807-01

DRIVER

Name of Driver	CHEN JIA JUN
NRIC No	SXXXX000A
Date Of Birth	03/08/1997
Occupation	Outdoor
Driving Pass Date	20/03/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98777591
Alt. Phone Number	-
Email Address	CHEN_JIA_JUN@HOTMAIL.COM
Address	BLK 369 WOODLANDS AVE 1
Address complement	#08-851
Postcode	730369
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	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?	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

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	SLK3345K
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	CHEN JIA JUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SJU7962Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

Describe Circumstance of the Accident

Ref. to the police Report.

Declaration

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

[Signature]

Policymaker's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel

SKETCH PLAN

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Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to a claim;

investigating the accident and/or my claims;

carrying out and/or dealing with my instructions or responding to any enquiries by me;

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 being about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

complying with applicable law in administering, processing, handling and/or dealing with my claims, collectively the "Purposes".

2) 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

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

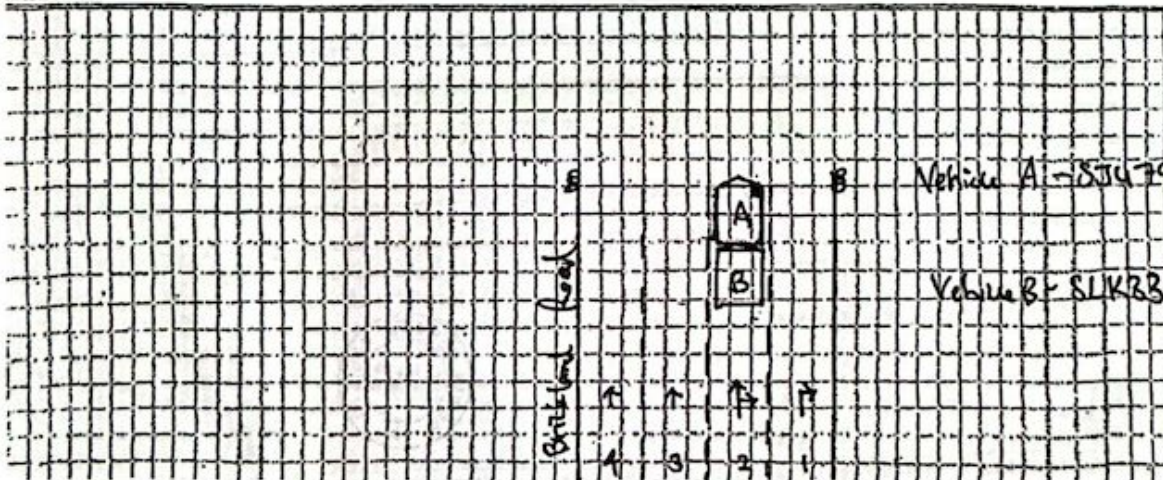
Policyholder's Signature / Date & Time

Driver's Signature (if different from the policyholder) / Date & Time

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



Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20240923/7086

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

1 of 3

Report No. T/20240923/7086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/09/2024 16:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN JIA JUN			Address: 369 WOODLANDS AVENUE 1 #08-851 SINGAPORE 730369		
ID Type / ID No.: NRIC NO / S9726000A			Contact No.: Home/Office: Mobile: 98777591		
Nationality: SINGAPORE CITIZEN			Email: CHEN_JIA_JUN@HOTMAIL.COM		
Sex: Male	Age: 27	Date of Birth: 03/08/1997	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Interior designer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2024 01:55	Type of Location: Straight Road
Location: BRICKLAND ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU7962Z	Motor car	HONDA	HONDA CIVIC 1.8L 5AT	White	Seriously Damaged	0
SLK3345K	Motor car	MITSUBISHI		Red	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJU7962Z	NTUC Income Insurance Co-Operative Limited	5133962807-01	29/12/2023	28/12/2024



**SINGAPORE
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T/20240923/7086

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

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Report No. T/20240923/7086

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEN JIA JUN	ID No.	S9726000A
Related Vehicle	SJU7962Z (Motor car)	Contact No.	98777591
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/09/2024	Date Discharge	22/09/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

My vehicle(SJU7962Z) was stationary along brickland road , while waiting for the traffic light to turn green, suddenly this vehicle (SLK3345K) from behind bang onto my rear portion of my vehicle , u felt unwell after the accident to I went to 1 toa payoh medical clinic to see the doctor and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20240923/7086

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Report No. T/20240923/7086

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LEE GUANG HUI
Contact No.: 65476414

NP168

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

Date/Time:
23/09/2024 16:13

Classification Of Case: