

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	01/10/2024 16:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/09/2024 18:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7460X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUN LING YONG
NRIC No	SXXXX198D
Email Address	DAVIDCHUNLINGYONG@GMAIL.COM
Mobile Phone No	(Phone) +65-81825889
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	PASSAT B8 1.8 TFSI AT SR NAV 17W 3G24JZ
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	1798
Vehicle Fuel	Petrol
First Registration Date	28/02/2018
Chassis no	WVWZZZ3CZJE120718
Effective Date/Time of Ownership	09/09/2024 03:09 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5148976788

DRIVER

Name of Driver	CHUN LING YONG
NRIC No	SXXXX198D
Date Of Birth	12/02/1972
Occupation	Indoor
Driving Pass Date	13/07/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81825889
Alt. Phone Number	-
Email Address	DAVIDCHUNLINGYONG@GMAIL.COM
Address	BLK 19 TAMPINES LANE 06-70 SINGAPORE 528476
Address complement	-
Postcode	-
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN AND POLICE REPROT ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC995Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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)	-

WITNESS DETAILS

WITNESS 1

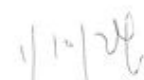
Name	NUR
Phone	(Phone) +65-93397110
Email	-

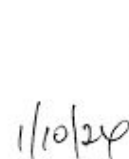
SKETCH PLAN

IMPORTANT NOTICE

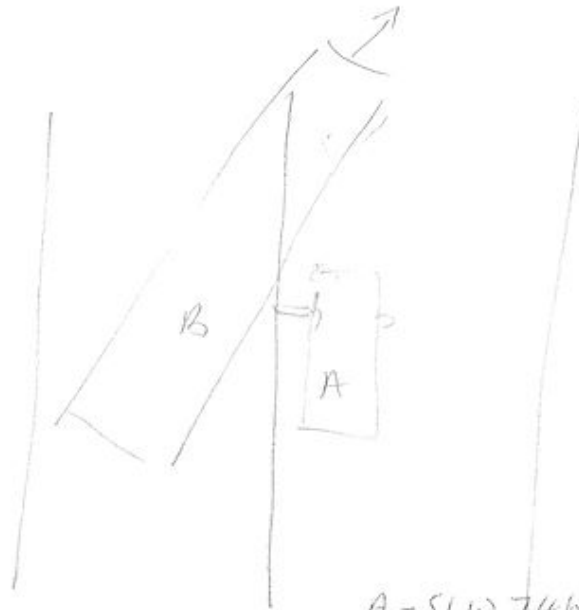
1. Please fill in correctly the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature Date
 & Time:


 Driver's Signature
 (If driver is not the policyholder) Date
 & Time:


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



A-SLW 7460 X

B-PL 995Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: G/2024/001/7063
attached

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

DECLARATION

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

Policyholder's Signature Date

1/10/24

Driver's Signature

1/10/24

Reporting Centre Personnel's Signature



















**SINGAPORE
POLICE FORCE**



G/20241001/7063

1 of 2

POLICE REPORT (NP299)

Report No. G/20241001/7063

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 01/10/2024 14:10		Vide Report No.		Station Diary No.	
Name Of Informant CHUN LING YONG		Address 19 TAMPINES LANE #06-70 SINGAPORE 528476			
ID Type / ID No. NRIC NO / S7204198D		Contact No. Home/Office: Mobile: 81825889			
Nationality SINGAPORE CITIZEN		Email Address davidchunlingyong@gmail.com			
Occupation Software and applications manager		Sex Male	Age 52	Date of Birth 12/02/1972	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 30/09/2024 18:20 - 30/09/2024 18:30		Location Of Incident Ang mo kio ave 8			

Brief details.

I was driving along the road. Suddenly, a bus from Rui Feng bus, PC995Z, suddenly dashed out from the left lane and hit my car, SLW7460. I honked at the driver and he only stopped the bus after travelling for a while despite me signalling to him to stop his bus. He had hit the left side of my car, the obvious damage is to the left side mirror and the front left side of my car near the front wheel. The driver simply took a look, apologized and drove off despite me asking for him to handle the damage. He did not provide his details and simply took off.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2024 14:10
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Tampines East NPP Kiosk 1



**SINGAPORE
POLICE FORCE**



G/20241001/7063

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20241001/7063

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Age	60
Race	Chinese	Occupation	Bus driver
Complexion	Light tan	Build	Medium
Height About	160cm	Habits & Oddities	He is driving a coach from Rui Feng
Victim			
Person Name	CHUN LING YONG		
ID Type	NRIC NO	ID No	S7204198D
Gender	Male	Age	52
Race	Chinese	Language	English
Occupation	Software and applications manager	Address	19 TAMPINES LANE #06-70 SINGAPORE 528476
Mobile No	81825889	Is Informant A Victim?	Yes
Person Name	CHUN LING YONG (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2024 14:10
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Tampines East NPP Kiosk 1