

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	06/12/2024 18:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/12/2024 20:05 (SGT)
Exact Location of Accident	Choa Chu Kang Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNN3747U
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	1400
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	SXXXX854Z
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 AND 3 MONTHS
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)	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	SNU4262H
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	DRIVER
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?	-

Describe Circumstance of the Accident


Refer to Police Report

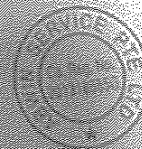
T/20241206/7031

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 MRIC/D card)

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:

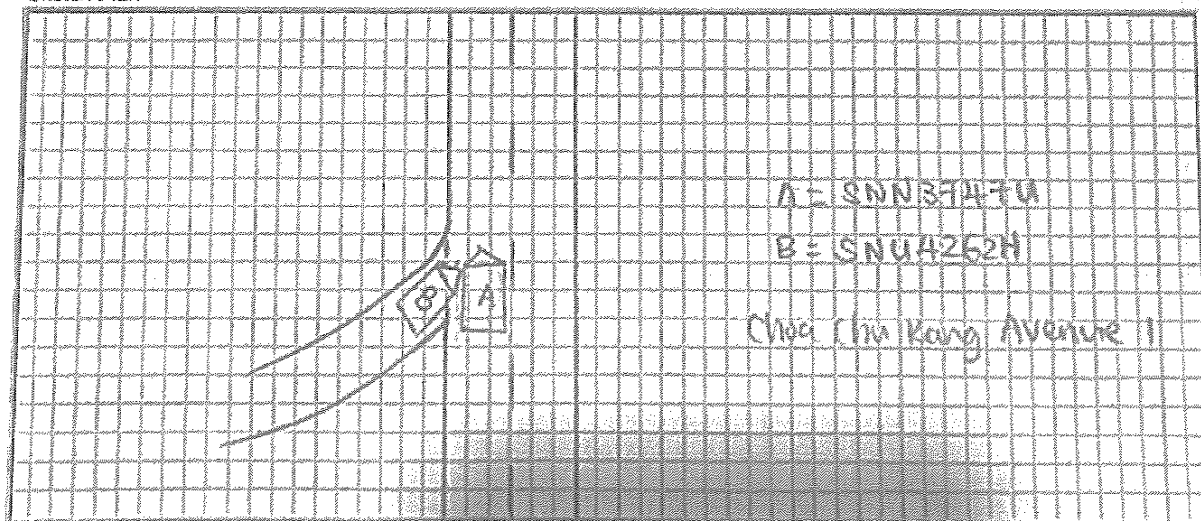
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data, or all information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the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





**SINGAPORE
POLICE FORCE**



T/20241206/7031

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

1 of 3

Report No. T/20241206/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2024 11:42		Vide Report No.		Station Diary No.
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. Home/Office: Mobile: 96774473		
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: PHV		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2024 20:05	Type of Location: Straight Road
Location: CHOA CHU KANG AVENUE 1				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				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	Seriously Damaged	0
SNU4262H	Motor car				Seriously Damaged	0

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	10/05/2025



**SINGAPORE
POLICE FORCE**



T/20241206/7031

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

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Report No T/20241206/7031

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	06/12/2024	Date Discharge	06/12/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 06 December at around 0805pm I was driving my vehicle SNN3747U along Choa Chu Kang Avenue 1 after Choa Chu Kang Avenue 7 junction going straight on green. A vehicle from my left slip road with a give way line and stop sign dash out without checking and collided onto the left side of my vehicle causing severe damages. The impact was huge. After the accident we took photos and exchange particulars. A day after the accident, I felt pain and discomfort from the accident and consulted a doctor and was given 3 days mc.



**SINGAPORE
POLICE FORCE**



T/20241206/7031

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

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Report No T/20241206/7031

CONTINUATION OF REPORT

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: 06/12/2024 11:42
Officer In Charge Of Case: TP / AEIT / CHUA SOON KEONG Contact No.: 65476030	Classification Of Case:

NP168