

UCC

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	29/06/2024 13:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/06/2024 11:00 (SGT)
Exact Location of Accident	Braddell Rd
Additional Location Information	BEFORE CTE.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8957B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZONG ZIXIN, KELVIN
NRIC No	S8319261E
Email Address	KELVINZONGZX@GMAIL.COM
Mobile Phone No	(Phone) +65-94516247
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5145978968

DRIVER

Name of Driver	ZONG ZIXIN, KELVIN
NRIC No	S8319261E
Date Of Birth	28/06/1983
Occupation	Indoor

Driving Pass Date	01/11/2013
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94516247
Alt. Phone Number	-
Email Address	KELVINZONGZX@GMAIL.COM
Address	87 JURONG WEST CENTRAL 3 #05-49
Address complement	-
Postcode	648343
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	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 29/06/2024 AT ABOUT 1100HRS AT ALONG BRADDELL ROAD BEFORE CTE. I WAS TRAVELLING ONTO THE EXTREME RIGHT LANE AND MY FRONT VEHICLE SLOWED DOWN DUE TO ROADWORKS INFRONT, HENCE I FOLLOW SUIT. SUDDENLY, I HEARD A LOUD BANG AND WHEN I ALIGHT, I REALISED IT WAS VEHICLE B THAT HIT ONTO MY REAR PORTION OF MY VEHICLE A.

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	SMK3867J
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	VEH B
No. Of Passenger (Including Driver)	1

SKETCH PLAN

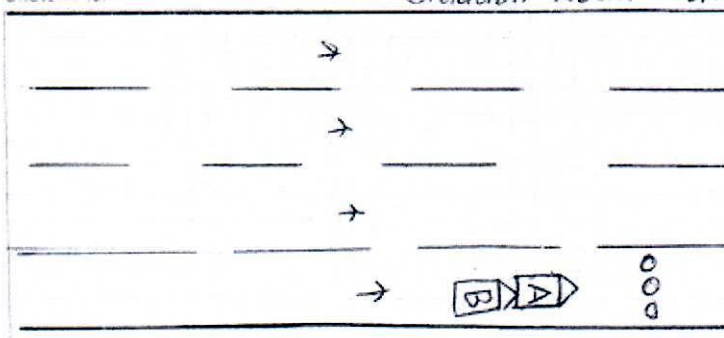
IMPORTANT NOTICE

1. I have signed correctly the details of the accident in recording the claims process.
 2. This report must be completed by the Police (PDRS) and/or the Air Accident.
 3. Information provided must be as truthful and accurate as possible. Any false representation (misrepresentation or fraudulent facts) may have adverse consequences to my insurance policy.
 4. The validity and enforcement of this Policy is subject to compliance with an agreement of policy validity on the part of the insurance companies.
 5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
 6. This report will be forwarded by the insurers to 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 completion 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 as aforesaid.
- 6. 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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 also 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.

 29/6/2024 Driver's Signature (Date & Time)	 29/6/2024 Driver's Signature (if driver is not the policyholder) (Date & Time)	Witnessed by Reporting Centre Personnel (Name, age & NRIC ID card)
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Sketch Plan

Braddell Road towards CTC



(A) SMF 8957B
 (B) SMK 3867J

Describe Circumstance of the Accident

On 29/06/2024 at about 1100hrs at along
Braddell Road before LTE. I was travelling onto
the extreme right lane and my front vehicle slowed
down due to roadworks in front, hence I follow suit
Suddenly, I heard a loud bang and when I
alight, I realised it was vehicle (B) that hit
onto my rear portion of my vehicle (A).

(A) SMF 8957B

(B) SMK 3867 J

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Declaration

(We declare the foregoing particulars are true in every respect)

Signature of Insured Person (A) 29/6/2024
Signature of Insured Person (B) 29/6/2024

Witnessed by Reporting Officer Personnel
(Name and Position)