

# 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 Submission .....	28/02/2023 15:07 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	28/02/2023 11:55 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF KAKI BUKIT AVENUE 3 AND KAKI BUKIT ROAD 3
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNB9188G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	IU BING YUAN
NRIC No .....	SXXXX783D
Email Address .....	aaroniu3088@gmail.com
Mobile Phone No .....	(Phone) +65-84449188
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volvo
Model .....	S90
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 .....	1969

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMPCSNW00030522300

### DRIVER

Name of Driver .....	IU BING YUAN
NRIC No .....	SXXXX783D
Date Of Birth .....	30/03/1988
Occupation .....	Outdoor

Date Of Driving Pass .....	23/07/2010
Driving experience .....	12 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84449188
Alt. Phone Number .....	-
Email Address .....	aaroniu3088@gmail.com
Address .....	409 BEDOK NORTH AVENUE 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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
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? .....	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

PLEASE REFER TO THE ATTACHED POLICE REPORT- T/20230301/7019

#### 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 .....	SNE6700G
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 YUAN
Gender .....	Male
Phone No .....	(Phone) +65-84449188
Address .....	409 BEDOK NORTH AVENUE 2
Address Complement .....	# 02-30
Post Code .....	460409
Approximate Age Years Old .....	-
Injuries Sustained .....	FELT PAIN AND SORE-GIVEN 5 DAYS MC
Injured person in which vehicle? .....	SNB9188G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

# SKETCH PLAN

## IMPORTANT NOTICE

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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 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:

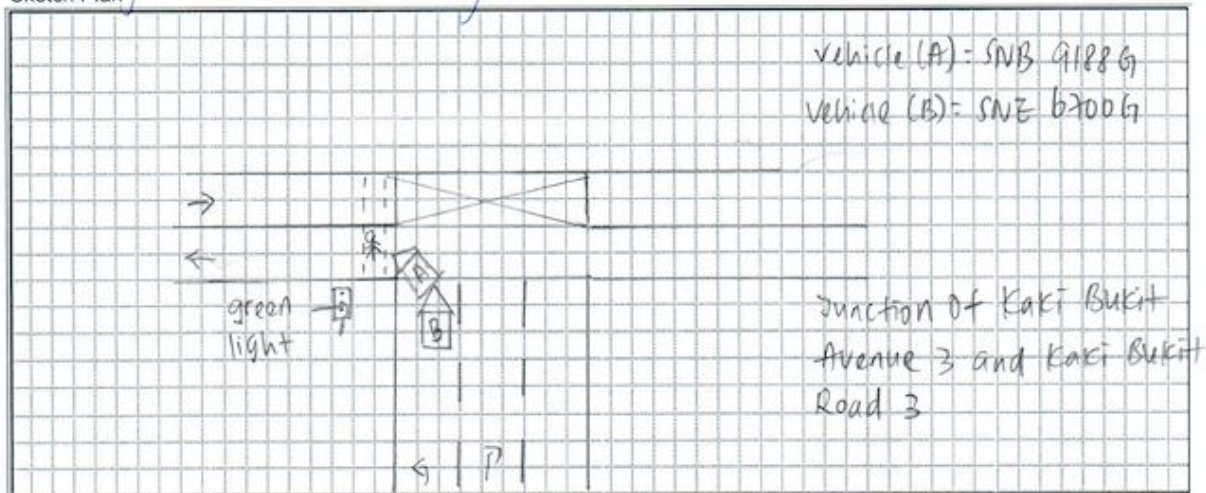
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Refer to attached

**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/ID card)



On 28.02.2023 at about 11:55 hours along Junction of Kaki Bukit Avenue 3 and Kaki Bukit Road 3, when traffic light was green in my favour, I proceed carefully to turn left and there were pedestrians crossing by on greenman, I slowed down and stopped my vehicle (A).

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

Vehicle (A): SNB 9188G

Vehicle (B): SNE 6700G





































**SINGAPORE  
POLICE FORCE**



T/20230301/7019

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

1 of 3

Report No. T/20230301/7019

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/03/2023 11:21		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: IU BING YUAN			Address: 409 BEDOK NORTH AVENUE 2 #02-30 SINGAPORE 460409		
ID Type / ID No.: NRIC NO / S8870783D			Contact No.: Home/Office: Mobile: 84449188		
Nationality: SINGAPORE CITIZEN			Email: AARONIU3088@GMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 30/03/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Freelance advisor			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2023 11:55	Type of Location: T-Junction	
Location:  KAKI BUKIT AVENUE 3					
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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	Conditio	No of
SNB9188G	Car	VOLVO	S90 T6 INSCRIPTIO N AT SR	Grey	Seriously Damaged	0
SNE6700G	Car				Seriously Damaged	3



**SINGAPORE  
POLICE FORCE**



T/20230301/7019

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

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Report No. T/20230301/7019

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB9188G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW00030522300	13/02/2023	12/02/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	IU BING YUAN	ID No.	S8870783D
Related Vehicle	SNB9188G (Car)	Contact No.	84449188
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	28/02/2023	Date	28/02/2023
No. of Days granted Medical Leave	05	Degree of	Slight

**Brief Details.**

On 28/02/2023 at around 1155am I was driving my vehicle SNB9188G along kaki bukit avenue 3 towards kaki bukit road 3. Upon reaching the T-junction, the light is green in my favour. I proceed with caution to make my left turn but slowed down and stopped due to green man pedestrian crossing. Next moment I felt a huge impact from the rear, I alighted and realised vehicle SNE6700G had smashed onto the rear of my vehicle. We took photos and exchange particulars. After the accident, I felt pain and sore and consulted a doctor at Mount Alvernia Hospital A&E and was given 5 days mc.



**SINGAPORE  
POLICE FORCE**

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



T/20230301/7019

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Report No. T/20230301/7019

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

NP168

Signature Of Informant:

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

Date/Time:  
01/03/2023 11:21

Classification Of Case:





**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09232S0006 Vehicle Registration No: SNB9188G  
 Name (as shown in NRIC): Iu Bing Yuan NRIC/FIN/Passport No: S8870783D  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 409 Bedok North Avenue 2 # 02-30 Singapore (460409)  
 Contact (Tel): - Mobile No.: 8444 9188  
 Email Address: aaroniu3088@gmail.com  
 Date of Accident: 28/02/2023 Time of Accident: 11:55 Hours  
 Place of Accident: Junction of Kaki Bukit Avenue 3 and Kaki Bukit Road 3  
 Insurance Company: China Taiping

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

- Have Injury (5 mc Days)
- Attach Police Report (Police Report No.: T/20230301/7019)
- Amend Circumstance of Accident

Policyholder / Driver's Signature  
Date:

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

GIARMC Addendum Form