

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 Authorised 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 26/02/2021 13:32 (SGT)
Date of Accident 25/02/2021 04:00 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT3478B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOO SEH WEE (FU SHUWEI)
NRIC No SXXXX785C
Email Address AARONIU3088@GMAIL.COM
Mobile Phone No (Phone) +65-90054236
Alternative Phone No +65-90054236

VEHICLE PARTICULARS

Manufacturer Porsche
Model Macan
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00051752000
Cover Note Number -

DRIVER

Name of Driver FOO SEH WEE (FU SHUWEI)
NRIC No SXXXX785C
Date Of Birth 27/03/1979
Occupation Indoor

Date Of Driving Pass	01/03/2000
Driving experience	20 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90054236
Alt. Phone Number	+65-90054236
Email Address	AARONIU3088@GMAIL.COM
Address	BLK 10 HOUGANG ST 92 #10-05
Address complement	-
Postcode	538687
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 material 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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME5138Z
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	FOO SEH WEE (FU SHUWEI)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMT3478B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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/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

Sketch Plan

Vehicle A: SMT3478B

Vehicle B: SME5138Z

P	P	P
	A	
	B	

CTE towards SLE
Ext Ang mo Eio Ship road

Describe Circumstances of the Accident

On 25/02/2021 at around 0400am I was travelling along CTE towards SLE and exited Ang mo ko Ave 3 exit - I was stationary at the traffic stop when suddenly I felt a huge impact from the rear. I alighted and realise that vehicle B has collided onto my vehicle rear portion...

Declaration

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





















**SINGAPORE
POLICE FORCE**



F/20210303/7052

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POLICE REPORT (NP299)

Report No. F/20210303/7052

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 03/03/2021 18:04	Vide Report No.	Station Diary No.
Name Of Informant FOO SEH WEE	Address 10 HOUGANG STREET 92 #10-05 SINGAPORE 538687	
ID Type / ID No. NRIC NO / S7909785C	Contact No. Home/Office:	Mobile: 90673554
Nationality SINGAPORE CITIZEN	Email Address smithfoo79@gmail.com	
Occupation Self employed	Sex Male	Age 41
Institution/School Name	Date of Birth 27/03/1979	Race Chinese
Date/Time Of Incident 25/02/2021 04:00	Location Of Incident CENTRAL EXPRESSWAY	

Brief details.

On the above mentioned date and time, I was driving my vehicle SMT3478B along CTE(SLE) slip road towards AMK AVE 3.

My vehicle was stationary at the traffic light junction waiting for traffic light to turn green when a massive impact caused my vehicle to surge forwards.

I alighted to realise that a white Volkswagen had crashed into my vehicle's rear. The driver sped off immediately after I had alighted.

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: 03/03/2021 18:04
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

**SINGAPORE
POLICE FORCE**

F/20210303/7052

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210303/7052

I eventually got the vehicle number of said Volkswagen vehicle after only remembering the 4 digits. Said vehicle which had hit and run is SME5138Z.

Later the same afternoon, I woke up with soreness over multiple areas of my body.

I went to Chong's Medical Centre beside my office for treatment and was given 5 days MC.

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: 03/03/2021 18:04
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SM 09212 Q 0006 Vehicle Registration No: SMT 3478B
Name (as shown in NRIC) : Foo Seli Wee. NRIC/FIN/Passport No : S7909785C
(*Vehicle Driver / Vehicle Owner)(* Please delete as appropriate
Address : Apt Blk 60 Hougang Street 92 #10-05 Singapore (538687)
Contact (Tel) : 65 9005 4236 Mobile No.: +66 90054236
Email Address : arsoniu308@gmail.com
Date of Accident : 25/02/2021 Time of Accident : 0400hrs
Place of Accident : CTE, Singapore
Insurance Company: China Taiping Insurance

(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:

To add on police report.

To change claim to own damage

Policyholder / Driver's Signature
Date:

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