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 witholding 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.

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 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 19/08/2022 09:35 (SGT) Reported by Date of Accident 18/08/2022 11:30 (SGT) Exact Location of Accident Singapore Additional Location Information PIE(CHANGI)B4 CTE EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SKN2129X

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GOH MENG WEE ALVIN** NRIC No SXXXX165E Email Address m0shii@yahoo.com Mobile Phone No (Phone) +65-97855447 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Tucson 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2000

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D19MPC0002495 03

DRIVER

Name of Driver **GOH MENG WEE ALVIN** NRIC No SXXXX165E Date Of Birth 31/03/1981 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	20/07/2002 20 YEARS AND 1 MONTH Male (Phone) +65-97855447 - m0shii@yahoo.com BLK 47 CCK LOOP #11-16 689680 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Side Swipe Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No -
PLS REFER TO THE POLICE REPORT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH WORKSHOP
DETAILS OF OTHER	VEHICLE PROPERTY 1

FBM9954X

Vehicle Model

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Motorcycle
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)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.

- 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.
- 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/faw 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

Witnessed by Reporting Centre Personnel

19/08/22

Sketch Plan

PIE (CHANGI) B4 CTE EXIT

A1 SKAL 2L2AX

B

B

A1 SKAL 2L2AX

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1-10	-	Jana	1/20		
				1/12/11/2019	
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- CHINA					
asetion					
te lake the for	egoing particu	ulars are true in e	very respect.		
11				2)	
11				Hym 191	1





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

2 of 3 Report No. T/20220818/7036

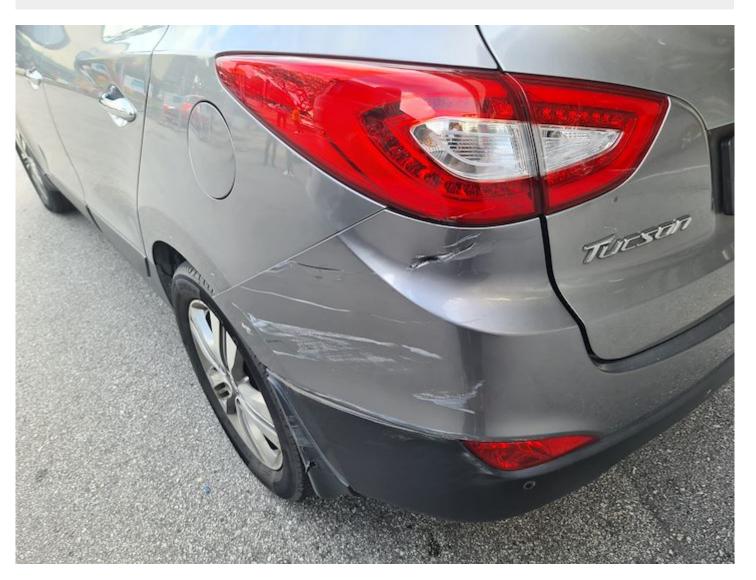
CONTINUATION OF REPORT

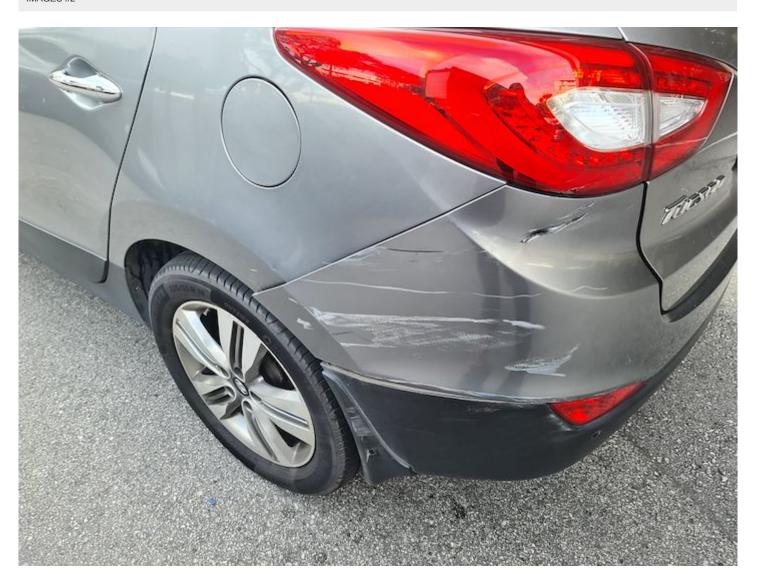
Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKN2129X	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0002495_ 03	26/05/2022	25/05/2023	

Details of Perso	n Involved	and the same				
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL	Use of Ped	Use of Pedestrian Crossing: NA			
Rider		No. of the last				
Name	Unknown Rider	ID No.	NIL			
Related Vehicle	FBM9954X (Motorcycle)	Contact No	. NIL			
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL			
Date	NIL	Date	NIL			
No. of Days gran	ted Medical Leave NIL	Degree of	of Slight			
Driver						
Name	GOH MENG WEE, ALVIN		ID No.	S8110165E		
Related Vehicle	SKN2129X (Car)		Contact No	97855447		
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL			
Date	NIL	Date	NIL			
No. of Days gran	ted Medical Leave NIL	Degree of	NIL			

Brief Details.

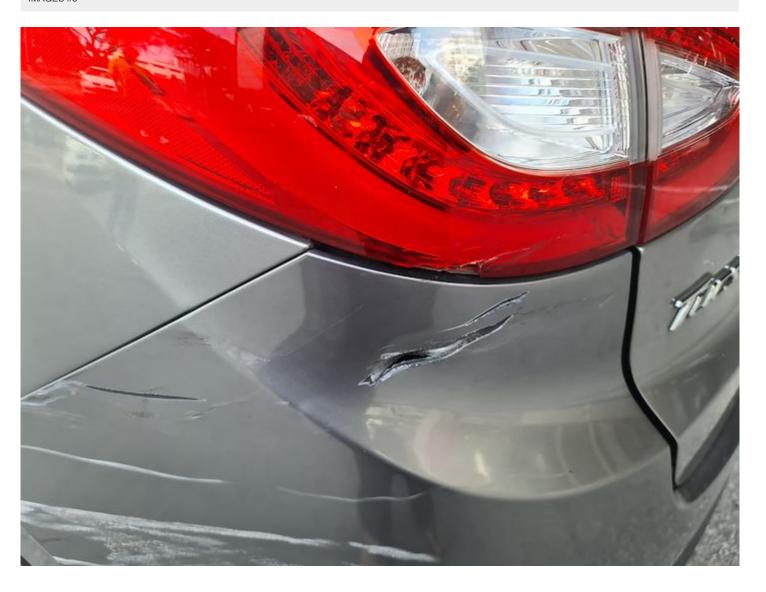
On the stated date and time, I was driving my car (SKN2129X) along PIE Changi before CTE Exit on lane 4. Out of a sudden, I felt a huge impact from the rear left portion of my vehicle. Alighted and found out that a motorbike (FBM9954X) from lane 5 cut into my traveling lane.



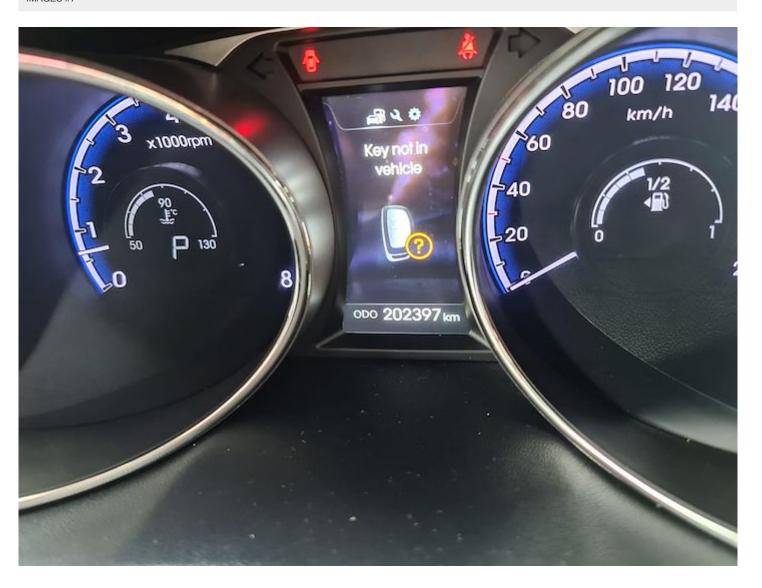


















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220818/7036

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 18/08/2022 16:22		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of Informant: GOH MENG WEE, ALVIN			Address: 47 CHOA CHU KANG LOOP #11-16 SINGAPORE 689680			
ID Type NRIC NO	/ ID No.: D / S81101	65E	Contact No.: Home/Office:	Mobile: 97855447		
National SINGAP	ty: ORE CITIZ	EN	Email: M0SHII@YAHOO.COM	М		
Sex: Male	Age:	Date of Birth: 31/03/1981	Type of Informant:			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: Marine Sales		Driving Licence Inform Class:	ation: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/08/2022 11:30	Type of Location Straight Road
	EXPRESSWAY			
Weather: Clear		Road Surface:		Road Speed Limit:
Weather: Clear Traffic Flow: One Way		Road Surface: Dry Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: Moderate

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBM9954X	Motorcycle				Slightly Damaged	0
SKN2129X	Car	HYUNDAI	LM TUCSON 2.0L AUTO ABS D/AB SR	Grey	Slightly Damaged	0





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20220818/7036

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKN2129X	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MPC0002495_ 03	26/05/2022	25/05/2023	

Details of Perso	n Involved					
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	Use of Pe	Use of Pedestrian Crossing: NA				
Rider						
Name	Unknown Rider			ID No.		NIL
Related Vehicle	FBM9954X (Motorcycle)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date	NIL Dat				NIL	
No. of Days gran	ted Medical Leave	Degree o	f	Sligh	t	
Driver						
Name	GOH MENG WEE, A	ALVIN		ID No).	S8110165E
Related Vehicle	SKN2129X (Car)			Contact No.		97855447
Hospital/Clinic	NIL			Class Drivin Licen Expir	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	NIL	

Brief Details.

On the stated date and time, I was driving my car (SKN2129X) along PIE Changi before CTE Exit on lane 4. Out of a sudden, I felt a huge impact from the rear left portion of my vehicle. Alighted and found out that a motorbike (FBM9954X) from lane 5 cut into my traveling lane.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220818/7036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 18/08/2022 16:22
Officer In Charge Of Case: TP / TPIB / MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:

NP168