

# 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 .....	07/03/2023 11:31 (SGT)
Reported by .....	Driver
Date of Accident .....	06/03/2023 12:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	FROM TPE TURNING LEFT TO PASIR RIS DR 1,8 EXITING LEFT TO PASIR RIS FLYOVER
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBE8732T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LEE SENG CONSTRUCTION PTE LTD
Company Reg No .....	2XXXXX354E
Email Address .....	williamlcb@gmail.com
Mobile Phone No .....	(Phone) +65-91062769
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Dyna
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MCV004127

### DRIVER

Name of Driver .....	WU ZHENLIN
NRIC No .....	SXXXX759I
Date Of Birth .....	11/06/1960

Occupation .....	Outdoor
Date Of Driving Pass .....	27/09/1996
Driving experience .....	26 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91062769
Alt. Phone Number .....	-
Email Address .....	williamlcb@gmail.com
Address .....	APT BLK 208 BOON LAY PLACE
Address complement .....	# 19-189
Postcode .....	640208
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 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

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	SLB5025T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	FOO HUA KUI ( FU HUAGUI )

NRIC No .....	SXXXX468J
Contact Number .....	(Phone) +65-96663552
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 .....	WU ZHENLIN
Gender .....	Male
Phone No .....	(Phone) +65-91062769
Address .....	APT BLK 208 BOON LAY PLACE
Address Complement .....	# 19-189
Post Code .....	640208
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK,SHOULDER AND BACK PAIN
Injured person in which vehicle? .....	GBE8732T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

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7. By the lodging 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. Consents 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 the Insurers' lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

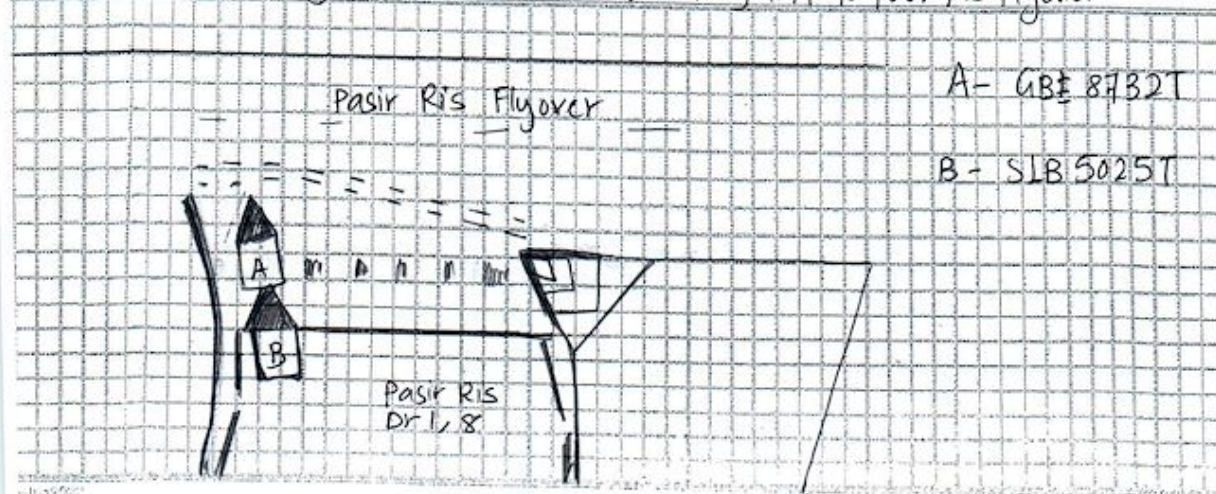


Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan From TPE turning left to Pasir Ris Dr 1, 8, Exiting left to Pasir Ris Flyover





Describe Circumstances of the Accident

I was driving From TPE and I took left to pasir Ris Dr 1.8 to exit to pasir Ris Flyover. As I was waiting at the stop line to exit to the left suddenly vehicle B came and hit the rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Actual Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in CRICAD card)

*[Signature]* 07-03-23

*[Signature]* 7/3/23



































**Intemedical Tampines**  
201E Tampines Street 23 #01-96 Singapore 527201  
GST Reg no. / UEN: 202235459M

**INTEMEDICAL**

**MEDICAL CERTIFICATE**

**MC No: OD-TP0000006325**

**NAME: WU ZHENLIN**

**NRIC: S2645759I**

This is to certify that the above patient name is Unfit for Duty for a period of 3 day  
from 06-03-2023 to 08-03-2023 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

Arjunan  
M62002E

  
Signature

06/03/2023  
Date

**DR ARJUNAN KUMARAN**  
MBBS (S'pore), GDFM(S'pore), DWD (CAV-  
MCR 62002E  
**INTEMEDICAL TAMPINES**  
201E Tampines Street 23  
#01-96 Singapore 527201  
TEL: (65) 62233803 FAX: (65) 62233827  
EMAIL: contact.tampines@intemedical.com




**INTEMEDICAL**
**Intemedical Tampines**

 201E Tampines Street 23 #01-96 Singapore 527201  
 GST Reg no. / UEN: 202235459M

Provider: Arjunan

**TAX INVOICE**

Invoice No. TP001323

Invoice Date: 06/03/2023

WU ZHENLIN (SXXXX759I)

Ref ID :TP01026

208 BOON LAY PLACE, #19-189, BOON LAY PLACE, SINGAPORE, 640208

Item Name	Quantity	UOM	Unit Price	DISC	Total Price
NAPROXEN TAB 275MG	20	TABS	0.50		10.00
FAMOTIDINE TAB 20MG	10	TABS	0.70		7.00
PARACETAMOL + ORPHENADRINE TAB 500MG (ANAREX)	20	TABS	0.50		10.00
METHYLSALICYLATE 30% CREAM 25G (COGESIC MAX)	1	TUBE	8.00		8.00
CONSULTATION	1	EA	18.00		18.00

Subtotal : \$53.00

8% GST : \$4.24

Total : \$57.24

Amount Paid : \$57.24

Receipt No.	Payment Date	Paid Amount	Payment Mode	Remark	Company
RT-TP001320	06/03/2023	57.24	NETS		

 All cheques should be crossed & made payable to  
 "AKT Medical Pte Ltd"

For safety reasons, medication sold are non refundable and non exchangeable.

[https://clinic.sgimed.com/iv\\_detail.php?act=print\\_invoice&invoice\\_id=TP001323&visit\\_id=VT-TP...](https://clinic.sgimed.com/iv_detail.php?act=print_invoice&invoice_id=TP001323&visit_id=VT-TP...) 1/1