# **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.

- 4. The issue and acceptance of this is form by instrained 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 13/06/2023 13:23 (SGT) Reported by **Actual Driver** Date of Accident 12/06/2023 17:30 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TOWARDS ANG MO KIO AT MOULMEIN ENTRANCE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SDU1221P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GOH SIEW HAR** NRIC No SXXXX754C Email Address anggordon.x@gmail.com Mobile Phone No (Phone) +65-82334729 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer

Model Vellfire 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 2493

### **INSURANCE COMPANY**

Name of Insurance Company FWD Singapore Pte. Ltd. Policy Number / Cover Note Number PNPV2023-00002161

### DRIVER

Name of Driver DESMOND WEE KEAT NRIC No SXXXX952H Date Of Birth 17/12/1995 Occupation Indoor

Date Of Driving Pass 06/03/2015 Driving experience 8 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-82334729 Alt. Phone Number Email Address anggordon.x@gmail.com Address BLK 636 HOUGANG AVENUE 8 #09-77 Address complement Postcode 530636 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20230613/7029 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 **GBK7028T** 

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 Gender Phone No Address	DESMOND WEE KEAT Male (Phone) +65-82334729
Address Complement	-
Approximate Age Years Old	-
Injuries Sustained Injured person in which vehicle?	SLIGHT INJURY SDU1221P
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes No

### 20121015140

### MPORTANT HOTICE

- I. Please report <u>correctly</u> the details of the accidant to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3, information provided must be as truthful and accurate as nossible. Any wiful 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
- 5. Any false recording may be referred to the Police for Investigation.
- 8. The report will be forwarded by the insurers of the GIA Repords 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 parities.
- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that

(a) My Insurer , my workshop and the General Insurance Association of Singspore ("GIA") may/are parmitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by major 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 "Insurara"), the insurara lawyers/law firms, the Monatary 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
- (ii) investigating the addident and/or my claims.
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me
- (b) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could in roke Stationary of certain personal data about the fulbring about delivery of the same as well as on the external days of any appealings. packagas); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurants) who have insured vehicle(s) involved in this ecodent and the insurers law yersitien films, 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 law yers flaw firms), which may be sited outside of Singapore, for one or more of the above Purposes

Policyholder's Signature / Dete &

Driver's Signatura (8 driver is not the policyholder) / Data Villinessed by Reporting Centra 8 Tima

BUGENO LIO AT MOULMEN ENTRANCE

Sketch Plan

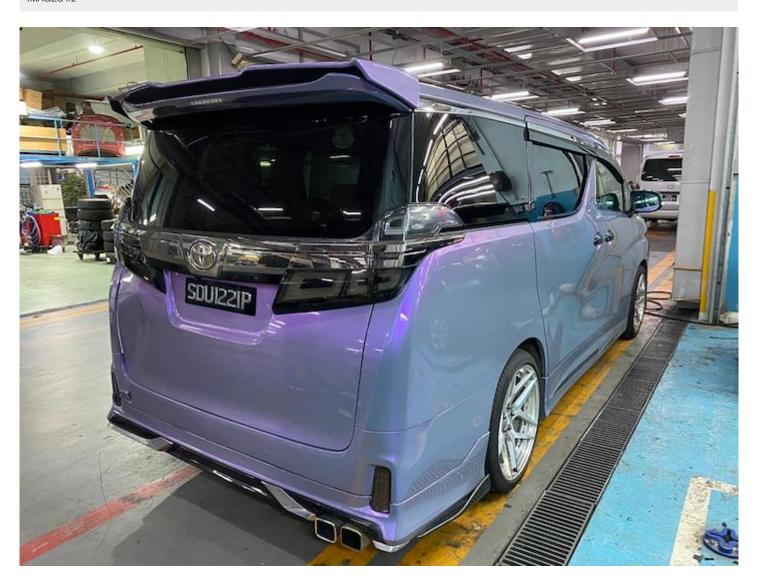
A) SDU 12210

B) (18K 70287

CHE 70WARDS

mada dira	antonoviche Applea			
	72241849	2		
			_	
//4			-	
				to
	Refer to Police Repo	ort 7/20230613/7	029 -	
		8. B.		
			/	
			_/	
			/	
		/		
	1100		A-11- The state of	
			4	
		/		
		4		_
	/			
DEVELOPE :				
la <i>r</i> ation				
declars the forago	g particulars are true in every respect,			
			0000	1
Coch.	NL	6	and	/
rholder's Signature			13/0	6/2023
50	1 Times	a national policy colden in their	finessed by Paparting Carice ragning	

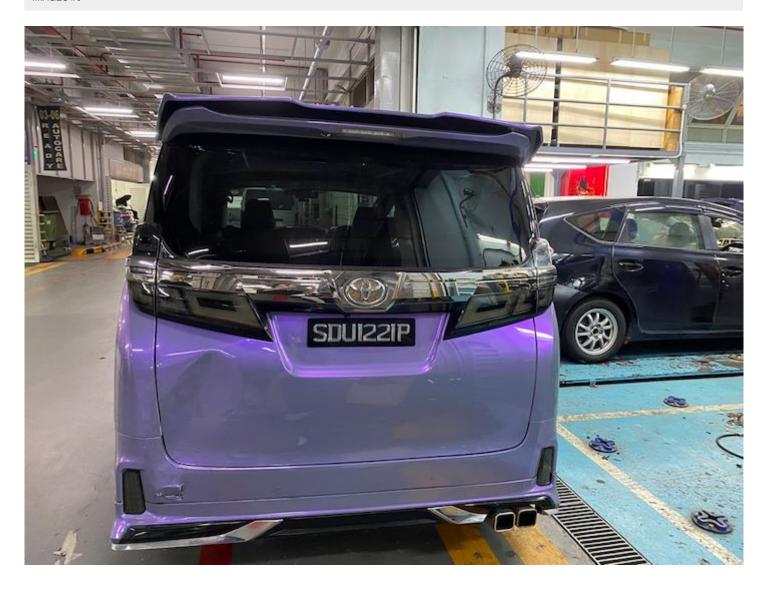


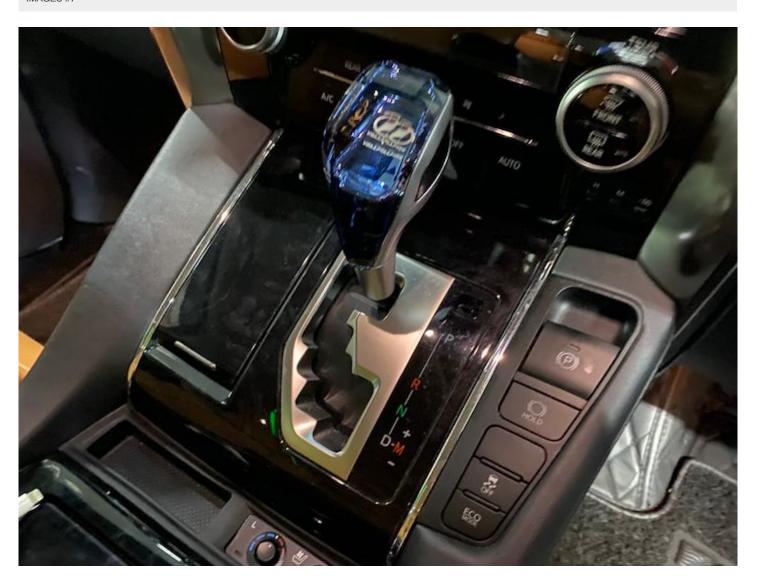




















Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230613/7029

### REPORT OF A TRAFFIC ACCIDENT

flade:	Vide Report No.:	Station Diary No.:
ulars		
EAT	Address: 636 HOUGANG AVENUE 8	#09-77 SINGAPORE 520626
52H	Contact No.: Home/Office:	Mobile: 82334729
EN	Email: DESMONDWEEKEAT95@\	
Date of Birth: 17/12/1995	Type of Informant:	
	Language: English	
		Date of Expiry:
	EAT  52H  EN  Date of Birth:	Address: 636 HOUGANG AVENUE 8 Contact No.: Home/Office: EN Date of Birth: 17/12/1995 Driving Licence Information:

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location
Location:		No	12/06/2023 17:30	
	MOULMEIN EXIT			
vveatner:		Road Surface:		
Weather: Traffic Flow:		Road Surface: Traffic Control:	T	raffic Volume:
0.0.000000000	on:	1909 UE III sessenatorio		raffic Volume:

Vehicle No.	Type	Make	4.000.00	20070	1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1
GBK7028T	Van	Make	Model	Color	Conditio	No of
3DK10201	van					0
SDU1221P	Car					

The state of the s
Use of Pedestrian Crossing: NA





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

2 of 3 Report No. T/20230613/7029

#### CONTINUATION OF REPORT

Driver		CONTRACTOR OF	S025/15/2/2			
Name	DESMOND WEE K	EAT		ID No	).	S9545952H
Related Vehicle	SDU1221P (Car)			Conta	act No.	82334729
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date	The Country	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	of	Slight	

### Brief Details.

On the stated date and time, I was driving SDU1221P along CTE(PIE) when a huge impact slammed into the rear after Moulmein Exit.

The impact caught me completely off guard as my body lurched forward only to be restrained by my seat belt.

Upon alighting, I realised that GBK7028T had smashed into the rear left portion of my vehicle.

Both our vehicles were dented.

Initially, other than being shocked, I was generally fine.

However, the same evening, I started feeling my neck, shoulders and lower back aching:

My left ribcage also felt bruised.

As such, the following morning, I went to seek treatment at Internedical Kovan, which was near my place, and was given 07 days MC for injuries caused by the accident





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

3 of 3 Report No. T/20230613/7029

### CONTINUATION OF REPORT

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 13/06/2023 12:24
Classification Of Case: