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

2493

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

INSURANCE COMPANY

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

DRIVER

CC

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

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
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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 doples of the raport being made evallable aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, acknowledge, agree and consent that

(a) My insurer , my wicrkshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal deta/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) with have insured vehicle(s) involved in this accident (all insurer(s) with have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the insurers' law yars/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposa(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 adoldent and/or my dialins:

(iii) estrying out end/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 discussure of certain personal data about mailty bring about delivery of the same as wiell as on the suternal boyer of envisionalinali oackages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(b) all ineurer(s) who have insured vehicle(s) involved in the accident and the insurers law yersitew firms, maylare parmitted to object. use, disclose endior 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/law firms), which may be sited outside of Singapore, for one or more of the above Purposas.

Policyholder's Signature / Date &

Orliver's Signatura (if driver is not the policyholder) / Oste

Sketch Plan

CTIE 70WARDS

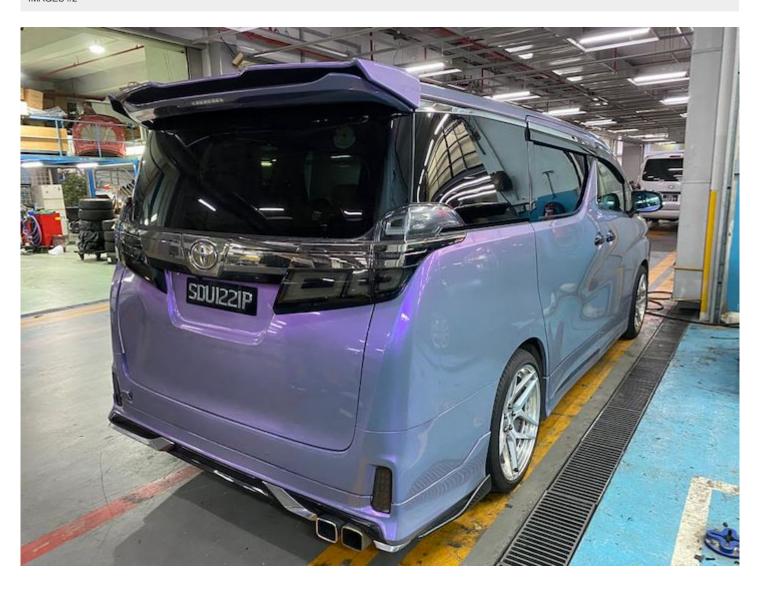
BULLOWO KID AT MOULMEN ENTRANCE

A) SDU 1221 P B) GBK 70287



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	Refer to Police Report	- 7/20230613/7029	
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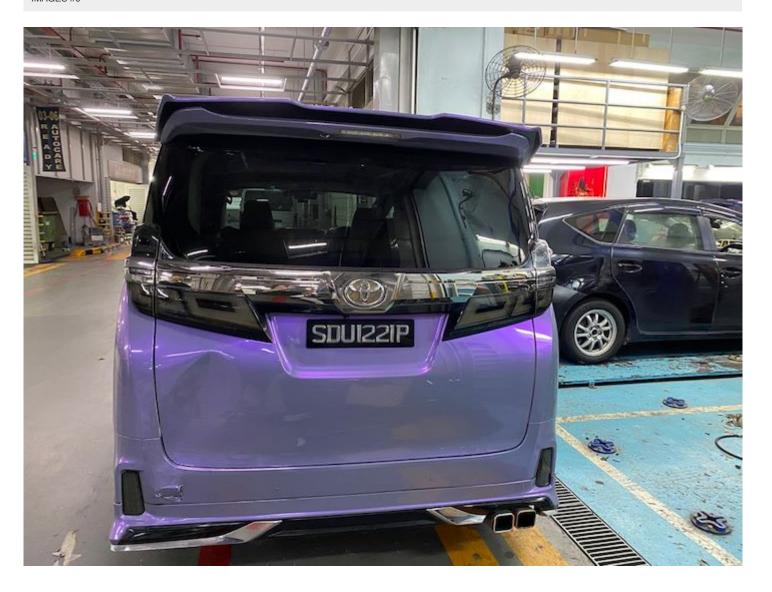


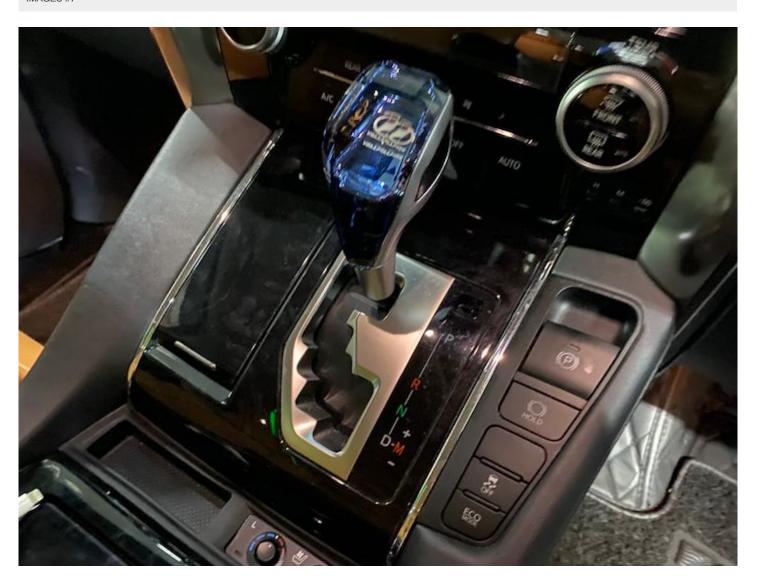




















Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20230613/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 13/06/20	Date/Time Report Made: 13/06/2023 12:24		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	Informant: ND WEE K		Address: 636 HOUGANG AVENU	IE 8 #09-77 SINGAPORE 530636		
NRIC N	/ ID No.: D / \$95459	52H	Contact No.: Home/Office:	Mobile: 82334729		
Nationality: SINGAPORE CITIZEN		EN	Email: DESMONDWEEKEAT95@YAHOO.COM.SG			
Sex: Male	Age: 27	Date of Birth: 17/12/1995	Type of Informant: Driver	08 171100.00M,3G		
Race: Chinese Occupation: UNEMPLOYED			Language: English			
		Driving Licence Informat Class:	ion: Date of Expiry:			

Type of Accident:	Injury Others	Drink Drive:	Type of Location	
Location:		No	12/06/2023 17:30	
CTE AFTER I	MOULMEIN EXIT	Road Surface:		
Traffic Flow:		Traffic Control:	1	Traffic Volume:
Traffic Flow: Type of Collisi	on:	Traffic Control:		Traffic 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					

edestrian Crossing: NA
,6





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	SOUTH FOR THE			
Name	DESMOND WEE KEAT			ID No.		S9545952H
Related Vehicle	SDU1221P (Car)			Conta	ict No.	82334729
Hospital/Clinic	NIL			Class Drivin Licence Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date	1	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o			

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 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: 13/06/2023 12:24
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG LESLIE Contact No.: 65476151	Classification Of Case:
NP168	



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: ____ Vehicle Registration No: (*Vehicle Driver/Policyholder) (*) Please delete as appropriate Address: Singapore (Contact (Tel):_ **Email Address:** Date of Accident: Place of Accident: Insurance Company: (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: VEHICLE NUMBER TO SOUIDE P Reporting Centre Personnel's Signature Policyholder / Actual Driver's Signature Name (as in NRIC/ID card):

Date:

Date: