

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	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

Vehicle Registration Number	SDU1221P
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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	Toyota
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 your vehicle?	No - Claiming third party
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	Male
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?	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?	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?	No
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	DESMOND WEE KEAT
Gender	Male
Phone No	(Phone) +65-82334729
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDU1221P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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 any address/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Goh.
Policyholder's Signature / Date & Time

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

13/06/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

CITE TOWARDS BUKIT MUKIO A7 MOUNTAIN ENTRANCE

A) SDU 124 P
B) GRK 7028T



Describe Circumstances of the Accident

Refer to Police Report T/20230613/7029

Declaration

WVs declare the foregoing particulars are true in every respect.

Goh.
Policyholder's Signature / Date & Time

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

13/06/2023
Witnessed by Reporting Officer / Personnel




















**SINGAPORE
POLICE FORCE**

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



T/20230613/7029

1 of 3

Report No. T/20230613/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2023 12:24		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: DESMOND WEE KEAT		Address: 636 HOUGANG AVENUE 8 #09-77 SINGAPORE 530636		
ID Type / ID No.: NRIC NO / S9545952H		Contact No.: Home/Office: Mobile: 82334729		
Nationality: SINGAPORE CITIZEN		Email: DESMONDWEEKEAT95@YAHOO.COM.SG		
Sex: Male	Age: 27	Date of Birth: 17/12/1995	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: UNEMPLOYED		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2023 17:30	Type of Location:
Location: CTE AFTER MOULMEIN EXIT				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBK7028T	Van					0
SDU1221P	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230613/7029

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			
Name	DESMOND WEE KEAT	ID No.	S9545952H
Related Vehicle	SDU1221P (Car)	Contact No.	82334729
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree 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 Intemedical Kovan, which was near my place, and was given 07 days MC for injuries caused by the accident



**SINGAPORE
POLICE FORCE**

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



T/20230613/7029

3 of 3

Report No. T/20230613/7029

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

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:

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:

Original Report No: SN09236D0002 Vehicle Registration No: SDU1221 P
 Name (as shown in NRIC): MOHAMMAD WAH KHA? NRIC/FIN/Passport No: SXXXX952H
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 82334729
 Email Address: _____
 Date of Accident: 18/06/2023 Time of Accident: 17:30
 Place of Accident: CRU TOWER 28 BUKIT MANDARIN A7 MANDALAY SQUARE
 Insurance Company: FWD

(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:

INSURED VEHICLE NUMBER TO: SDU1221 P OR SKETCH

Policyholder / Actual Driver's Signature
Date:

21/06/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: