

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 First Submission	13/08/2024 14:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/08/2024 08:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AT ALONG SENGKANG WEST AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW1666E
-----------------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO MIN ZHEN
NRIC No	S9617535C
Email Address	TEOMINZHEN@GMAIL.COM
Mobile Phone No	(Phone) +65-97223514
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	MSX125A
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	Motorcycle
Transmission	Manual
CC	125
Vehicle Fuel	Petrol
First Registration Date	28/12/2020
Chassis no	MLHJC75A4H5002710
Effective Date/Time of Ownership	29/12/2020 10:12 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5124782711-02

DRIVER

Name of Driver	TEO MIN ZHEN
NRIC No	S9617535C
Date Of Birth	23/05/1996
Occupation	Indoor
Driving Pass Date	23/10/2020
Driving License Pass Class	2B
Driving License Validity	Valid
Driving experience	3 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97223514
Alt. Phone Number	-
Email Address	TEOMINZHEN@GMAIL.COM
Address	BLK 555 HOUGANG STREET 51 08-326 SINGAPORE 530555
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Collided into Motorcyclist
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

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMU5374Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FW1666E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT 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 Traffic Police Department for investigation.**
6. 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.
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:

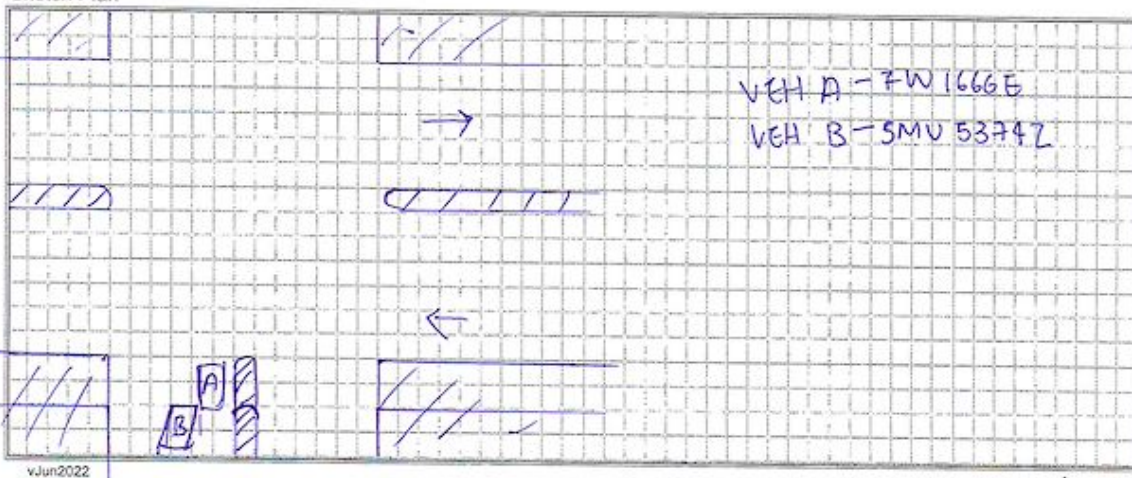
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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 their 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



Describe Circumstance of the Accident	
Date Of Accident :	
Time :	
Location :	
Vehicles Involved	
Vehicle A (Own Car) :	Vehicle B :
Vehicle C :	Vehicle D :
Circumstances of the Accident :	
REFER TO POLICE REPORT.	

Declaration

I/We declare the foregoing particulars are true in every respect.

[Signature]
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)





**SINGAPORE
POLICE FORCE**



T/20240804/7041

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

1 of 3
Report No. T/20240804/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/08/2024 16:42		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: TEO MIN ZHEN		Address: 555 HOUGANG STREET 51 #08-326 SINGAPORE 530555		
ID Type / ID No.: NRIC NO / S9617535C		Contact No.: Home/Office: Mobile: 97223514		
Nationality: SINGAPORE CITIZEN		Email: TEOMINZHEN@GMAIL.COM		
Sex: Female	Age:	Date of Birth: 23/05/1996	Type of Informant: Rider	
Race: Chinese		Language: English		
Occupation: Sports coach		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/08/2024 08:50	Type of Location:
Location: SENGKANG WEST AVENUE				
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	Condition	No of Passenger
FW1666E	Motorcycle	HONDA	MSX125A	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FW1666E	NTUC Income Insurance Co-Operative Limited	5124782711-02	28/12/2023	27/12/2024



**SINGAPORE
POLICE FORCE**



T/20240804/7041

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

2 of 3
Report No. T/20240804/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TEO MIN ZHEN	ID No.	S9617535C
Related Vehicle	FW1666E (Motorcycle)	Contact No.	97223514
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

On the stated date and time I vehicle FW1666E was travelling on the extreme right lane along Sengkang West Ave towards Fernvale road direction.

As I approached the X-junction, I came to a stop as the traffic lights turn red.

Suddenly vehicle SMU5374Z came from behind and hit onto my vehicle's rear portion.

I used all my strength to try to maintain my balance but to no avail, I fell to my right side and was pinned down by my bike.

After a while i start to feel pain on my neck, lower back and right ankle.

I later realised that my right thumb nail came off halfway.

Today the pain worsen and I proceeded to Intemedical kovan clinic to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20240804/7041

3 of 3

Report No. T/20240804/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
LOW MENG FATT
Contact No.: 97577566

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
04/08/2024 16:42

Classification Of Case:







