

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 Authorised 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 Report	06/03/2019 15:37
Date Of Accident	05/03/2019 11:10
Exact Location Of Accident	AMK INDUSTRIAL PARK 2A OUTSIDE AMK AUTOPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE3456Z
Insured/Policyholder	
Name Of Registered Owner	TEO JUN KAI
NRIC No	S9624318I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82232948
Alternative Phone No	OFFICE-82232948

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150I
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/18-996926-WTT
Cover Note Number	-

Driver

Name of Driver	TEO JUN KAI
NRIC No	S9624318I
Date Of Birth	11/07/1996
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2017
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82232948
Fax Number	
Contact Number	OFFICE-82232948
Email Address	NOEMAIL

Address	BLK 51 SUNRISE AVE #4-02
Postcode	806745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ9767E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	TEO JUN KAI
Approximate Age	
Injuries Sustain	LOWER BACK, NECK, RIGHT LEG
Injured person in which vehicle?	FBE3456Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

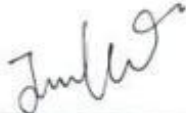
SKETCH PLAN

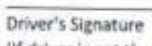
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

AMK Industrial Park 2A

AMK Autopoint

A = FBE 3456 Z
B = SLR 9767 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190305/2122

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20190305/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2019 16:05		Vide Report No.:		Station Diary No.: 102
Informant's Particulars				
Name of Informant: TEO JUN KAI		Address: BLK 51 SUNRISE AVENUE #04-02 SINGAPORE 806745		
ID Type / ID No.: NRIC NO / S9624318I		Contact No.: Home/Office: Mobile: 82232948		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 22	Date of Birth: 11/07/1996	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: DELIVEROO RIDER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/03/2019 11:10	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO INDUSTRIAL PARK 2A outside ANG MO KIO Autopoint				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE3456Z	Motorcycle	YAMAHA	FZ150I	Black	Slightly Damaged	0
SLQ9767E	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE3456Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60831930	05/12/2018	04/12/2019

POLICE REPORT



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T/20190305/2122

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132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20190305/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TEO JUN KAI	ID No.	S9624318I
Related Vehicle	FBE3456Z (Motorcycle)	Contact No.	82232948
Hospital/Clinic	INTEMEDICAL 24hr clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/03/2019	Date Discharge	05/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 05/03/2019 at about 1110hrs, after completing my delivery at Ang Mo Kio Auto point, I exited the building and rode along Ang Mo Kio Industrial Park 2A. I stopped by the side of the road, offed my engine to check my phone for my next delivery job. Suddenly, a red Hyundai stopped behind my vehicle to drop off a passenger. I continued sitting on my bike using my phone when suddenly, I felt a knocked from the rear of my bike. I jerked forward and saw that the car had hit my rear tyre. As I thought that she may have noticed, I ignored and continue waiting for my next delivery on my phone. Suddenly the impact continued and I shouted to alert the driver however the car kept continue moving forward resulting in me jerking forward cause a cut on my right leg I quickly put up my side stand and dismount my bike.

I went over to her side window and told her that she knocked onto my bike for 3 times. She claims my bike reversed into her. I noticed that the gear on her gear shift was in Drive mode and she was on her phone. We did not exchange particulars as she claims she does not have it with her. I went to the doctor for medical checkup as I felt pain in my lower back and neck and a cut on my right leg. I was given 3 days MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190305/2122

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Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No. T/20190305/2122

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 HAIDER YAHYA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/03/2019 16:05

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

