

## 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	27/03/2019 16:44
Date Of Accident	22/03/2019 16:30
Exact Location Of Accident	PIE TWDS TUAS NEAR KALLANG BAHRU EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9503U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO KIM SUN
NRIC No	S0010164H
Email Address	TEOJUNJIE092@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97901419
Alternative Phone No	OTHERS-97901419

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091214797-01
Cover Note Number	

### Driver

Name of Driver	TEO KIM SUN
NRIC No	S0010164H
Date Of Birth	28/02/1952
Occupation	OUTDOOR
Date Of Driving Pass	13/02/1973
Driving Experience	46 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97901419
Fax Number	
Contact Number	OTHERS-97901419
Email Address	TEOJUNJIE092@GMAIL.COM

Address	BLK 354 TAMPINES STREET 33 #08-526
Postcode	520354
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : TAN AH AI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190327/2045

#### 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	SLV2454C
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 KIM SUN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBL9503U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name TAN AH AI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBL9503U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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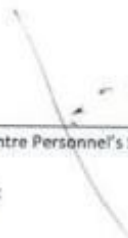
#### 8. Consent under the Personal Data Protection Act (PDPA)

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.

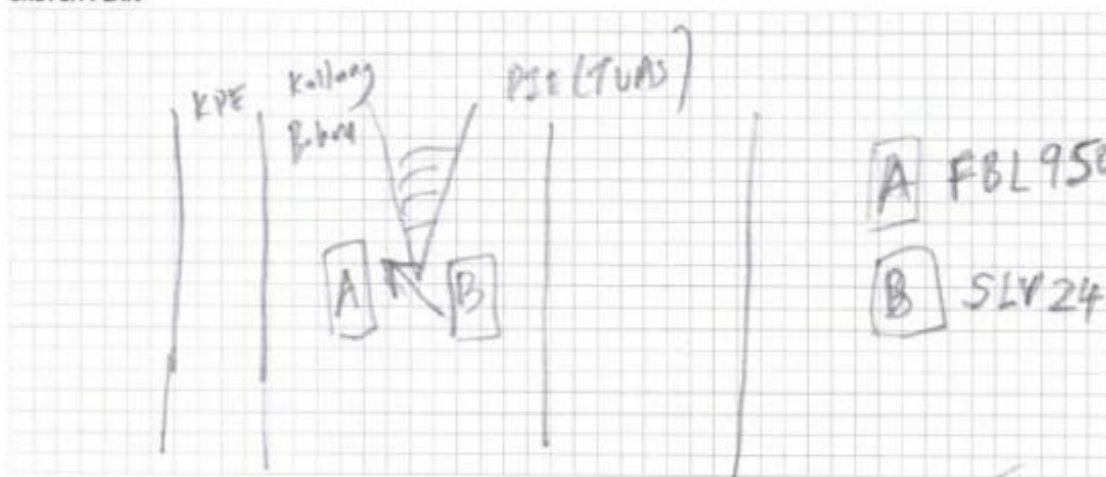
  
Policyholder's Signature  
Date & Time:

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

 - 27/3/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the Police Report  
T/2019 0327/204

## DECLARATION

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

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.:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20190327/2045

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

2 of 3

Report No. T/20190327/2045

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Teo Kim Sun	ID No.	S0010164H
Related Vehicle	NIL	Contact No.	97405839
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	22/03/2019	Date Discharge	24/03/2019
No. of Days granted Medical Leave	15	Degree of Injury	NIL
Pillion			
Name	Tan Ah Ai	ID No.	S0663487G
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/03/2019	Date Discharge	24/03/2019
No. of Days granted Medical Leave	15	Degree of Injury	NIL

**Brief Details.**

On 22/03/2019 at about 4plus pm, I left home with my wife and was sending my wife to work at Tai Thong Crescent. At about 4.30pm, I was riding on the lane 3 of the 4 lanes along PIE(Tuas). At the exit of Kallang Bahru, lane 3 will fork out into 2 lanes. One lane will exit into Kallang Bahru and the other will continue straight along PIE. I was riding on the left portion of lane 3 as I wanted to exit into Kallang Bahru. I wish to say that the traffic along lane 3 towards the PIE(Tuas) was heavy and slow moving. When I was approaching the exit of Kallang Bahru and was near to the tip of the chevron marking, the car suddenly swerved out from my right side and hit onto my motorcycle. At the material time, the car was along lane 3 but was on the right portion of the lane and going straight along PIE(Tuas).

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190327/2045

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

1 of 3

Report No. T/20190327/2045

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2019 12:02		Vide Report No.: A/20190322/0083		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Teo Kim Sun			Address: APT BLK 354 TAMPINES STREET 33 #08-526 SINGAPORE 520354		
ID Type / ID No.: NRIC NO / S0010164H			Contact No.: Home/Office: 97405839      Mobile: 97901419		
Nationality:			Email:		
Sex: Male	Age: 67	Date of Birth:	Type of Informant: Driver		
Race:			Language:	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4,5      Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/03/2019 16:30	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY  Twds Tuas, Near Kallang Bahru Exit				
Weather:		Road Surface:	Road Speed Limit:	
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
FBL9503U	Motorcycle	YAMAHA	SNIPER T150	Red		1
SLV2454C						0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9503U	NTUC Income Insurance Co-Operative Limited	5091214797-01	19/05/2018	18/05/2019

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190327/2045

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

2 of 3

Report No. T/20190327/2045

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
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Related Vehicle	NIL	Contact No.	97405839
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	22/03/2019	Date Discharge	24/03/2019
No. of Days granted Medical Leave	15	Degree of Injury	NIL
Pillion			
Name	Tan Ah Ai	ID No.	S0663487G
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/03/2019	Date Discharge	24/03/2019
No. of Days granted Medical Leave	15	Degree of Injury	NIL

### Brief Details.

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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190327/2045

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

3 of 3

Report No. T/20190327/2045

## 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: TP / SI YEO CHUN JIAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI YEO CHUN JIAN Contact No.: 65476213

Authentication Stamp  
NP168

Signature Of Informant: 
Date/Time: 27/03/2019 12:02
Classification Of Case:  SINGAPORE POLICE FORCE
Signature: _____