

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	25/03/2019 16:47
Date Of Accident	24/03/2019 13:00
Exact Location Of Accident	BEACH ROAD / SHENTON WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU3325L
Insured/Policyholder	
Name Of Registered Owner	TEO KOK LEONG
NRIC No	S1666795A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97541378
Alternative Phone No	OFFICE-97541378

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM200
Exact Purpose for which vehicle was being used at time of accident	
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5029596213-10 TP
Cover Note Number	

Driver

Name of Driver	TEO KOK LEONG
NRIC No	S1666795A
Date Of Birth	21/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/12/1987
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97541378
Fax Number	
Contact Number	OFFICE-97541378
Email Address	NOEMAIL

Address	BLK 69 #29-80 REDHILL CLOSE
Postcode	150069
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?	YES
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	SHA4170R
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC8689A
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
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 KOK LEONG
Approximate Age	55
Injuries Sustain	
Injured person in which vehicle?	FU3325L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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. 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:

2 5 MAR 2019

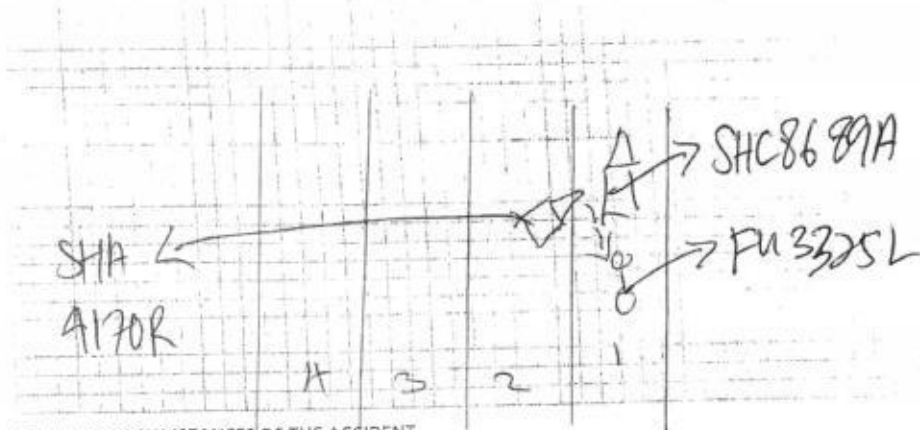
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933

Tel: 67416697 Fax: 67492305
Reporting Centre Personnel's Signature
Name: Email: vackb@singnet.com.sg
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to

Police Report

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:

25 MAR 2019

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416597 Fax: 67492305
Email: yackb@singnet.com.sg



**SINGAPORE
POLICE FORCE**



T/20190325/2027

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 4

Report No. T/20190325/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/03/2019 09:36		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: TEO KOK LEONG			Address: APT BLK 69 REDHILL CLOSE #29-80 SINGAPORE 150069		
ID Type / ID No.: NRIC NO / S1666795A			Contact No.: Home/Office: Mobile: 97541378		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 21/01/1964	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: PIPETITTER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/03/2019 13:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 BEACH ROAD SHENTON WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU3325L	Motorcycle	HONDA	PHANTOM2 00	Black	Seriously Damaged	1
SHA4170R	Car		COMFORT TAXI	Blue	Seriously Damaged	0
SHC8689A	Car		COMFORT TAXI	Blue	Seriously Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20190325/2027

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 4

Report No. T/20190325/2027

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU3325L	NTUC Income Insurance Co-Operative Limited	5029596213-10	02/07/2018	01/07/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TEO KOK LEONG	ID No.	S1666795A
Related Vehicle	FU3325L (Motorcycle)	Contact No.	97541378
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	24/03/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Pillion			
Name	CHUA KAI HUAT	ID No.	S0822849C
Related Vehicle	FU3325L (Motorcycle)	Contact No.	98567934
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	24/03/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On the 24/03/2019 at about 1pm, I was riding my motorbike, Honda FU 3325L, along Beach Road. I had a pillion along with me.

I was travelling straight towards Shenton Way and stopped at a X-Junction on Red light. There was a Blue Comfort Taxi, SHC 8689A, stationary in front of me. When the Green light came on, the Taxi and I moved straight in front. Suddenly, another Blue Comfort Taxi, SHA 4170R, coming from the Left side junction, beat the Red light and kept going straight. The taxi did not stop and hit on the Taxi SHC 8689A, in front of me.

Due to the impact, Taxi SHA 4170, turned towards my motorbike and hit my bike on the left side. My pillion and I flew out from the motorbike and landed on the road. All the three vehicles came to a stop and were damaged.

There were damages to the mirror, handlebar and several other parts of my bike. The oil had spilled over



**SINGAPORE
POLICE FORCE**



T/20190325/2027

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 4

Report No. T/20190325/2027

CONTINUATION OF REPORT

and I was not able to start my bike. Both my pillion and I suffered from pain and abrasion on the left side of my waist down to my legs. My pillion had also injured his left arm. The other Taxi drivers and one passenger were not injured.

Half an hour later, the ambulance arrived and conveyed us to SGH. I was given 6 days Medical Certificate and my pillion received medical attention and did not take Medical Certificate as he is no longer working. My bike was taken away by Towing company.

I am lodging this report as Traffic Police as contacted me to proceed with a report and for my insurance claims.



**SINGAPORE
POLICE FORCE**



T/20190325/2027

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

4 of 4

Report No. T/20190325/2027

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: D / Sgt 2 SHARMILAH BINTE MUHAMMAD SALIM
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246

Signature Of Informant:
Date/Time: 25/03/2019 09:36
Classification Of Case:

Authentication Stamp
NP168