

MVA319143626 / VAC - Kaki Bukit
 ENTRY DATE & TIME: 30/10/2019 13:44
 SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 30/10/2019 14:01

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 willful 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	30/10/2019 13:44
Date Of Accident	14/06/2019 18:45
Exact Location Of Accident	BEDOK RESERVOIR ROAD TWRDS KAKI BUKIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5748S
Insured/Policyholder	
Name Of Registered Owner	LIM KHOON HIN
NRIC No	S0181966F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90000000
Alternative Phone No	OTHERS-90000000
Vehicle Particulars	
Manufacturer	SYM
Model	JOYRIDE 200I EVO CVT
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMT/19-401110-CA
Cover Note Number	
Driver	
Name of Driver	TEO LEE ENG
NRIC No	S1318315E
Date Of Birth	30/08/1958
Occupation	INDOOR
Date Of Driving Pass	03/07/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81138525
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 703 BEDOK RESERVOIR ROAD #08-3502
 Postcode 470703
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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

AS PER POLICE REPORT No.T/20190710/2063;

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 SMH1617T
 Vehicle Make/Model/Colour MITSUBISHI / ATTRAGE 1.2 CVT
 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 LEE ENG
Approximate Age	60
Injuries Sustain	
Injured person in which vehicle?	FBJ5748S
Were seat belts worn?	NO
Was this Injured conveyed to hospital by ambulance?	YES
Address	BLK 703 BEDOK RESERVOIR ROAD #08-3502
Postcode	470703

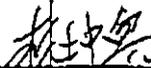
Accident Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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 lodging 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:

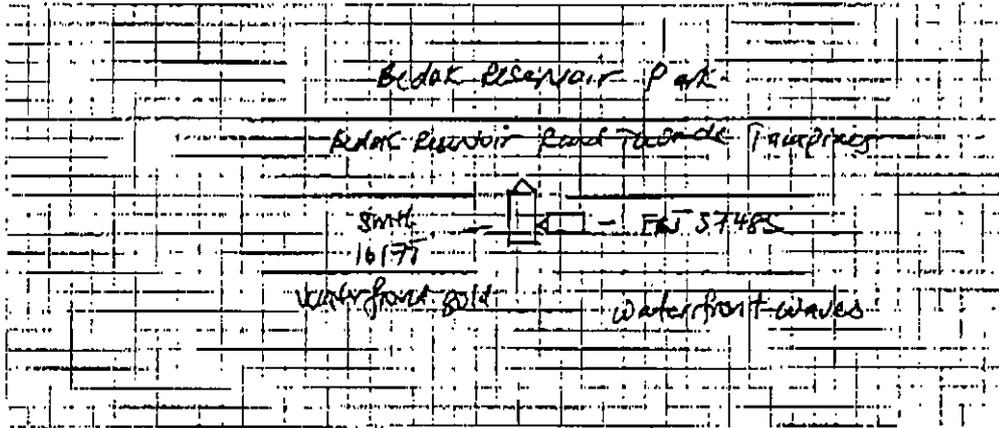

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vzakb@vtcom.com.sg

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

Accident Sketch Plan

SKETCH PLAN

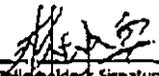


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refs
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:

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190710/2063

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

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Report No. T/20190710/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2019 12:10		Vide Report No.:		Station Diary No.: 38	
Name of Informant: TEO LEE ENG			Address: APT BLK 703 BEDOK RESERVOIR ROAD #08-3502 SINGAPORE 470703		
ID Type / ID No.: NRIC NO / S1318315E		Contact No.: Home/Office: Mobile: 81138525			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Age: 60	Date of Birth: 30/08/1958	Type of Informant: Rider		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Other administrative clerks (eg public relations clerk)			Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/06/2019 18:45	Type of Location: Straight Road
Location: BEDOK RESERVOIR ROAD towards Kaki Bukit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

FBJ5748S	Motorcycle				Slightly Damaged	0
SMH1617T	Car					2

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



**SINGAPORE
 POLICE FORCE**



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

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 Report No. T/20190710/2053

CONTINUATION OF REPORT

Name	TEO LEE ENG		ID No.	S1318315E
Related Vehicle	FBJ5748S (Motorcycle)		Contact No.	81138525
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/08/2019	Date Discharge	18/08/2019	
No. of Days granted Medical Leave	04	Degree of Injury	Serious	
Name	CINDY		ID No.	NIL
Related Vehicle	NIL		Contact No.	91168448
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	NIL	Degree of Injury	NIL	

Brief Details.

On the above mentioned place, date and time, I was travelling on my motorcycle (FBJ5748S) along Bedok Reservoir Road towards Kaki Bukit Road as I am heading home from work. I saw one red colour car bearing plate number SMH1617T was stationary on the stop line at one of the condominium. Out of the sudden, the said car dashed out and drove to the opposite lane towards Tampines. I tried to brake however unable to do so and I hit on the side of the said car. I was then conveyed by ambulance to Changi Hospital. I was given 4 days MC from 15 June 2019 to 18 June 2019. Subsequently, I was referred to National Heart Centre and was given 75 days of MC from 18 June 2019 to 31 Aug 2019. I suffered from left knee injury, left hip fracture and Type B aortic dissection.



SINGAPORE POLICE FORCE



T/20190710/2063

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

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Report No. T/20190710/2063

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 NURUL AIN BINTE MOHAMED NAZAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2019 12:10
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD SHAHRIL BIN ABDULLAH Contact No: 65476083	Classification Of Case:
Authentication Stamp NP188  SINGAPORE POLICE FORCE SN 45 SIGNATURE	Alex officer YAFig 15/8/19 1040 65476171