

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	15/02/2020 14:57
Date Of Accident	15/02/2020 11:20
Exact Location Of Accident	PAYA LEBAR RD (OUTSIDE PLQ FACING GULEMARD ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL6060T
Insured/Policyholder	
Name Of Registered Owner	TEO LYE TEE
NRIC No	SXXXX370E
Email Address	GERALDLZT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98551610
Alternative Phone No	OTHERS-98551610

Vehicle Particulars

Manufacturer	AUDI
Model	A5
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80469286 QMY
Cover Note Number	

Driver

Name of Driver	LOO ZHENG TENG, GERALD
NRIC No	SXXXX085F
Date Of Birth	02/03/1991
Occupation	INDOOR
Date Of Driving Pass	20/07/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98551610
Fax Number	
Contact Number	OTHERS-98551610
Email Address	GERALDLZT@GMAIL.COM

Address	46 CHARLTON LANE
Postcode	539687
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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: : NG ZHENLING
	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 - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200017/7029

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6163H
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	JUNAIDI BIN SUJA'EE
NRIC/Passport Number	SXXXX056I
Contact Number	90611260
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YM4065Y
Vehicle Make/Model/Colour GARBAGE TRUCK
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver TEH BOON CHAI
NRIC/Passport Number SXXXX089H
Contact Number 91301778
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LOO ZHENG TENG, GERALD
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKL6060T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NG ZHENLING
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SKL6060T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

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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:

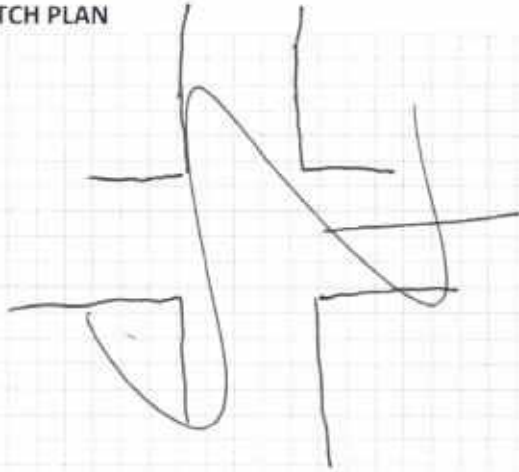
15/02/2020
2.00pm

Reporting Centre Personnel's Signature

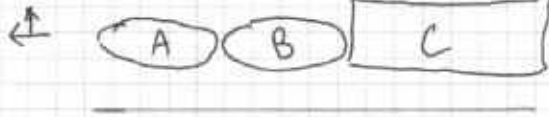
Name:

NRIC/FIN No.:

SKETCH PLAN



A - SKL6060T (Myself)
B - SHD6163H (Mr Sunardi)
C - YM4065Y (Mr Teh)



Avenue Paya Lebar Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary at the junction of Paya Lebar Rd planning to turn right to Geylang Rd while waiting for traffic light to turn green. After I heard a loud Bang, I look up to my ~~rear~~ rear view mirror and felt an impact. My car did not move forward as auto hold brake was on.

I came down the vehicle to see a car B hit onto me with Truck C hit onto car B.

POLICE REPORT 7/2020/17/7029.

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:

15/02/2020
2.00pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

11/02/2020

Handwritten signature and initials.

ACCIDENT STATEMENT

ACCIDENT DATE: 15/02/2020 (DD/MM/YYYY), TIME: 11:18 (HH:MM)

LOCATION: Paya Lebar Rd (outside PLQ, facing Guillemard Rd)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL6060T
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A 80469286 QMY
d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: AUDI A5 B9 SB
f) TYPE: SALOON COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Personal Usage
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: TEO LYE TEE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1507370E CONTACT: _____
c) ADDRESS: 46 Charlton Lane

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Loo Zheng Teng Gerald (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9109085F CONTACT: 98551610
c) ADDRESS: 46 Charlton Lane

* d) DATE OF BIRTH: 02/03/1991 (DD/MM/YYYY)

e) OCCUPATION: INDOOR OUTDOOR

f) DATE OF DRIVING PASS: 20 Jul 2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Mother SON

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS _____

b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED YES / NO

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD6163H MODEL: Toyota Prius (Taxi)
b) DRIVER'S NAME: Junaidi Bin Suja'ee
c) NRIC/FIN/PASSPORT: S7917056I CONTACT: 90611260

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: YM4065Y MODEL: Garbage Truck
e) DRIVER'S NAME: Teh Boon Chai
f) NRIC/FIN/PASSPORT: S7485089H CONTACT: 91301778

email = GeraldLZT@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20200217/7029

1 of 4

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

Report No. T/20200217/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/02/2020 19:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOO ZHENG TENG, GERALD			Address: 46 CHARLTON LANE SINGAPORE 539687		
ID Type / ID No.: NRIC NO / S9109085F			Contact No.: Home/Office: Mobile: 98551610		
Nationality: SINGAPORE CITIZEN			Email: geraldzt@gmail.com		
Sex: Male	Age: 28	Date of Birth: 02/03/1991	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Management executive			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/02/2020 11:20	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6163H	Car					0
SKL6060T	Car	AUDI	A5 B9 SB	White	Slightly Damaged	1
YM4065Y	Garbage Truck	OTHERS				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKL6060T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A80469286 QMY	28/06/2019	27/06/2020



**SINGAPORE
POLICE FORCE**



T/20200217/7029

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

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Report No. T/20200217/7029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JUNAIDI BIN SUJA'EE	ID No.	S7917056I
Related Vehicle	SHD6163H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LOO ZHENG TENG, GERALD	ID No.	S9109085F
Related Vehicle	SKL6060T (Car)	Contact No.	98551610
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NG ZHEN LING	ID No.	S9106536C
Related Vehicle	SKL6060T (Car)	Contact No.	98582799
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20200217/7029

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

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Report No. T/20200217/7029

CONTINUATION OF REPORT

Driver			
Name	TEH BOON CHAI	ID No.	S7485089H
Related Vehicle	YM4065Y (Garbage Truck)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4A,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was stationary on Lane 3, waiting for traffic light to give the green arrow for right turn into geylang Road.

After I heard a loud bang, I look up to my rear view mirror and immediately I feel an impact from the rear of my car. When I got down the vehicle, I noticed a taxi (SHD6163H) sandwiched between my car and a Garbage truck (YM4065Y).

After exchanging particulars and taking some photos, I went back to retrieve my in car camera footage. I understand from the footage that the taxi has been behind me stationery as well, until the Garbage truck hit the taxi and push it until it hit my car.



**SINGAPORE
POLICE FORCE**



T/20200217/7029

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

4 of 4

Report No. T/20200217/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp

NP168

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

Date/Time:
17/02/2020 19:00

Classification Of Case:



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
Tel: (65) 6827 7888 Fax: (65) 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. A 80469286 QMY

Excess : SGD600

Windscreen Excess : SGD100

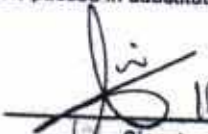
1. Index Mark and Registration Number of Vehicle
SKL6060T
2. Name of Policyholder
TEO LYE TEE
3. Effective Date of the Commencement of Insurance for the purposes of the Act
28/06/2019
4. Date of Expiry of Insurance
27/06/2020
5. Persons or Classes of Persons entitled to drive*
TEO LYE TEE
LOO ZHENG TENG GERALD
Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.
* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to use*
Use only for social domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.


This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.


Signature / Date 16/04/2019

Counter-Signatory:
SGP Business Consultancy Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


Amy Ler
Senior Vice President, Agencies