

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 | 18/03/2020 09:55 |
| Date Of Accident | 14/03/2020 18:35 |
| Exact Location Of Accident | PASIR RIS DR 6 ENTRANCE OF 473A |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FN7535H |
| Insured/Policyholder | |
| Name Of Registered Owner | TEO JUN KAI |
| NRIC No | SXXXX318I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-82232948 |
| Alternative Phone No | OFFICE-82232948 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | NNSR250 |
| 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 | - |
| Cover Note Number | 72237740 |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TEO JUN KAI |
| NRIC No | SXXXX318I |
| Date Of Birth | 11/07/1996 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/09/2019 |
| Driving Experience | 0 YEAR AND 5 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82232948 |
| Fax Number | |
| Contact Number | OFFICE-82232948 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------|
| Address | BLK 51 SUNRISE AVE #04-02 |
| 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 | 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: : JOCEL REYES LOH JIN YU 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 | 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

REFER TO POLICE REPORT T/20200316/7028 & T/20200316/7030.

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 | FBP5365G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| 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 BODY

Injured person in which vehicle? FN7535H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JOCEL REYES LOH JIN YU

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FN7535H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

[illegible]

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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200316/7028

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

1 of 3

Report No. T/20200316/7028

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 16/03/2020 18:27 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|----------------------------|-----------------|
| Name of Informant: TEO JUN KAI | | | Address: BLK 51 SUNRISE AVENUE #04-02 SINGAPORE 806745 | | |
| ID Type / ID No.: NRIC NO / S96243181 | | | Contact No.: Home/Office: Mobile: 82232948 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: teojunkai88@gmail.com | | |
| Sex: Male | Age: 23 | Date of Birth: 11/07/1996 | Type of Informant: Rider | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: Student | | | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|---|------------------------------------|
| General Information of the Accident: | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 14/03/2020 18:35 | Type of Location: Straight Road |
| Location: PASIR RIS DRIVE 6 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|-------|-----------|--------|-----------|-----------------|
| FBP5365G | Motorcycle | | | | | 0 |
| FN7535H | Motorcycle | HONDA | NSR250RSP | Orange | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|--------------|------------|-------------|
| FN7535H | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 72237740 | 12/03/2020 | 11/03/2021 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200316/7028

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

2 of 3

Report No. T/20200316/7028

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Pillion | | | |
| Name | JOCEL REYES LOH JIN YU | ID No. | S9709739I |
| Related Vehicle | FN7535H (Motorcycle) | Contact No. | 87985245 |
| 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 | 05 | Degree of Injury | Slight |
| Rider | | | |
| Name | TEO JUN KAI | ID No. | S9624318I |
| Related Vehicle | FN7535H (Motorcycle) | Contact No. | 82232948 |
| 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.

I was riding together with my friend as my pillion along pasir ris drive 6 right before when i was about to turn right with my signal indicating right in to the carpark while still being in my lane, Motorcycle B: abruptly rode pass me from the right side of my motorcycle and collided on to my handle bar and caused me to crash and fall. The motorcycle rode off immediately upon the collision and only made a U turn after i shouted out loud to ask him to come back. About 3 passerby then came and render assistance and assist me to get the bike off me and pushed the bike to the road side.

I have sustained injuries from the above mentioned accident and was issued 5 days of medical certificate.

I am making this report for investigation and insurance claim purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200316/7028

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

3 of 3

Report No. T/20200316/7028

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:
16/03/2020 18:27

Classification Of Case:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200316/7030

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

1 of 3

Report No. T/20200316/7030

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 16/03/2020 18:42 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|---|--|----------------------------|
| Name of Informant: JOCEL REYES LOH JIN YU | | | Address: APT BLK 467 PASIR RIS DRIVE 6 #07-422 SINGAPORE 510467 | | |
| ID Type / ID No.: NRIC NO / S9709739I | | | Contact No.: Home/Office: Mobile: 87985245 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: jocelloh21@hotmail.com | | |
| Sex: Female | Age: 22 | Date of Birth: 21/03/1997 | Type of Informant: Pillion | | |
| Race: Chinese | | | Language: English | | Institution / School Name: |
| Occupation: Magician | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|--------------------|--|-------------------|
| Additional Information on the Accident: | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 14/03/2020 18:35 | Type of Location: |
| Location: PASIR RIS DRIVE 6 | | | | |
| 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 |
|-------------|------------|------|-------|-------|-----------|-----------------|
| FBP5365G | Motorcycle | | | | | 0 |
| FN7535H | Motorcycle | | | | | 0 |

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200316/7030

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

2 of 3

Report No. T/20200316/7030

CONTINUATION OF REPORT

| Pillion | | | |
|-----------------------------------|------------------------|--|-----------------------------------|
| Name | JOCEL REYES LOH JIN YU | ID No. | S9709739I |
| Related Vehicle | FN7535H (Motorcycle) | Contact No. | 87985245 |
| 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 | 05 | Degree of Injury | Slight |

Brief Details:

I was the pillion on my friend bike where suddenly a motorcycle suddenly came and rode pass us on the right side and collided on to my friend's motorcycle and caused me to flew off the bike and caused my friend to crash too.

I have sustained injuries from the above mentioned accident and was issued 5 days of medical certificate.

I am making this report for investigation and insurance claim purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200316/7030

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

3 of 3

Report No. T/20200316/7030

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:
16/03/2020 18:42

Classification Of Case:

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo

