

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 Submission 25/05/2021 14:53 (SGT)
Date of Accident 18/05/2021 21:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS DR. 16
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ3735E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO KENG HOCK
NRIC No SXXXX147Z
Email Address teokh67@gmail.com
Mobile Phone No (Phone) +65-88777993
Alternative Phone No +65-88777993

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Aerox
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Motorcycle
Transmission Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number D20MTMC01006491
Cover Note Number 21/09/20 - 20/09/21

DRIVER

Name of Driver TEO KENG HOCK
NRIC No SXXXX147Z

Date Of Birth	10/10/1967
Occupation	Outdoor
Date Of Driving Pass	07/04/2014
Driving experience	7 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88777993
Alt. Phone Number	+65-88777993
Email Address	teokh67@gmail.com
Address	BLK 607 WOODLANDS RING RD #12-263
Address complement	-
Postcode	730607
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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?	Yes
Reasons for not uploading a video of the accident	DIRECT TO REPAIR WORKSHOP.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL7525A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO KENG HOCK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	8 DAYS MC.
Injured person in which vehicle?	FBQ3735E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

1. VEHICLE NO.: FBQ 3735E

2. INSURER CO: Sompo

3. ACCIDENT DATE & TIME: 18/5/21 @ 21:05

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE TURN OVER

Sketch Plan

Refer to sketch attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20210524/2013

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature
Date & Time:

Ben

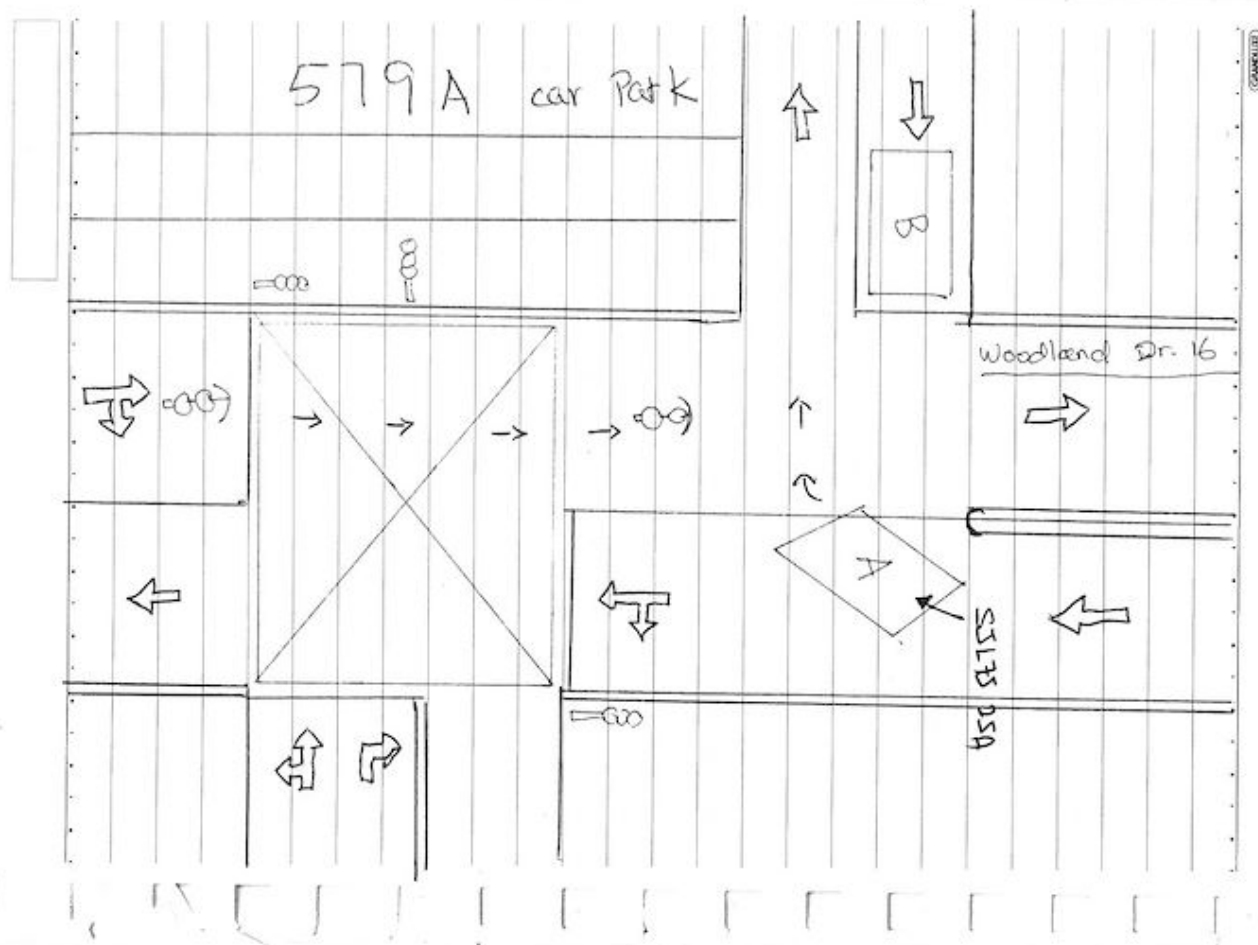
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

4 25/5/21
(Ys)

() Claim Own Policy () Claim Third Party () Reporting Only
(✓) Claim OD/TP at other workshop (by Soon Hin Motor)

2



Ben

25/05/2021















**SINGAPORE
POLICE FORCE**



T/20210524/2013

1 of 3

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

Report No. T/20210524/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2021 10:06		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEO KENG HOCK			Address: 607 WOODLANDS RING ROAD #12-263 SINGAPORE 730607		
ID Type / ID No.: NRIC NO / S1794147Z			Contact No.: Home/Office: Mobile: 88777993		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 10/10/1967	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/05/2021 21:05	Type of Location:
Location: WOODLANDS DRIVE 16				
Weather: Clear		Road Surface: Dry		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
FBQ3735E	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ3735E	TENET SOMPO INSURANCE PTE. LTD.	D20MTMC0100649 1	21/09/2020	20/09/2021



**SINGAPORE
POLICE FORCE**



T/20210524/2013

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

2 of 3

Report No. T/20210524/2013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TEO KENG HOCK	ID No.	S1794147Z
Related Vehicle	FBQ3735E (Motorcycle)	Contact No.	88777993
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION

I WAS GOING STRAIGHT ALONG THE STATED LOCATION. AS I WAS GOING STRAIGHT, THE CAR FROM THE OPPOSITE LANE MADE A RIGHT TURN AND COLLIDED INTO ME. HE MENTIONED THAT HE DID NOT SEE ANY INCOMING VEHICLE FROM MY LANE SO HE DECIDED TO MAKE HIS RIGHT TURN BUT UNFORTUNATELY HE COLLIDED INTO ME. I MANAGED TO GET HIS NAME AND CONTACT NUMBER. I ALSO HAVE PHOTOS OF THE INCIDENT FOR EVIDENCE. THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20210524/2013

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

3 of 3

Report No. T/20210524/2013

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 /
SC SAIFUL ILHAM BIN ZAHARI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/05/2021 10:06

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____




Reg No : 201220357K

ORIGINAL

MEDICAL CERTIFICATE

OTO202162960

Name TEO KENG HOCK		NRIC No. S1794147Z
This is to certify that the above-named is unfit for duty for a period of <u>8</u> days from <u>19-May-2021</u> to <u>26-May-2021</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : <u>19-May-2021</u>	<input type="checkbox"/> Maternity Leave,	Delivered on : _____
Discharged on : <u>19-May-2021</u>	<input type="checkbox"/> Sterilization Leave,	Operated on : _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Time Chit: Time in <u>N.A.</u> Time out <u>N.A.</u>		
Diagnosis		Surgical Operation (if applicable)
Comments :		
Hospital/Clinic Orthopaedic Surgery Sengkang General Hospital	Ward No. SKH-WQ27 Date 19-May-2021	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  LAU EN QI, P2292J

CONFIDENTIAL PATIENT INFORMATION - HANDLE ACCORDING TO HOSPITAL POLICY



Sengkang
General Hospital
SingHealth

Inpatient Discharge Summary

Patient Particulars		Admission Information	
Name:	TEO KENG HOCK	Admission Date:	19 May 2021
MRN:	S1794147Z	Clinical Discharge Date:	19-May-2021
Date of Birth:	10 Oct 1967	Clinical Discharge Type:	Planned Discharge
Address:	Blk/Hse:607,Level/Unit:12-263 WOODLANDS RING ROAD, Singapore 730607	Length of Stay:	1 day(s)
		Account:	8121315953D
		Principal Doctor:	Chen Haobin (13045A)
		Dept/Location/Class:	OTO / SKH-WQ27-0005-02 / CLASS B2

Patient's Copy

Diagnosis

Principal: Abrasion

Secondary:

Drug Allergy Data

No Known Allergies

Medication Prescribed

DISCHARGE MEDICATION(S):

- Paracetamol Tablet PO 1 g, QDS PRN Pain or Fever -- For 14 Days

Care Plan

TCU

dressings change for abrasions every 3 days in OPS
OTO Dr Chen Haobin MO clinic in 6/52

Completed By: Lau En Qi (P2292J)

19 May 2021 16:55

This is not a medical report. For Patient's Personal Reference Only

Name:TEO KENG HOCK MRN:S1794147Z Account:8121315953D Admission Date:19 May 2021

Page: 1 of 1





Sengkang
General Hospital
SingHealth

Doc / Ver No: NU-FM-010/4
Date Revised: 09 DEC 2019

OUTPATIENT APPOINTMENT SLIP			
Class	Ward / Dept	Room / Bed	Discharge Date
B2	W27/OTO	5/2	19/5/21
8121315953D (I) 19.05.2021 01:01 TEO KENG HOCK (M) 10.10.1967 607 WOODLANDS RING ROAD #12-263 Singapore 730607 S1794147Z SKH 			
Contact Details			
Name		Relationship	Mobile No
Patient			
Caregiver (if required)			
Appointment Details			
Date	Time	Hospital	Clinic
30/6/21	9:30AM	SKH	MC-L3
Specialty		Service Provider	
OTO		DR CHEN HAOBIN (1)	
Remarks / Service on Arrival (SOA): Eg.: Dr James Loo s/t Dr Celine; ECG on arrival			
Please tick / *delete as appropriate.			
<input type="checkbox"/> Arrive *1 hour / 2 hours earlier prior to appointment for *investigation / treatment. <input type="checkbox"/> No food and drinks 8 hours before appointment time. <input type="checkbox"/> Please bring all medications on the next appointment. <input type="checkbox"/> Sports attire or loose fitting required for therapy session. <input type="checkbox"/> Other instructions: _____			
Documents to bring:			
1. Outpatient Appointment Slip 2. NRIC or Birth Certificate (if age below 16) 3. For foreigners: Passport and Resident documents, e.g. Employment Pass / Work Permit 4. Medical Benefit Card / Civil Service Card / Other relevant documents / referral letter			
To change or cancel your appointment, please call at least 3-5 working days in advanced as per selected institution			
<input checked="" type="checkbox"/> Sengkang General Hospital - 6930 6000 <input type="checkbox"/> Changi General Hospital - 6850 3333 <input type="checkbox"/> KK Women's and Children's Hospital - 6294 4050 <input type="checkbox"/> National Heart Centre - 6704 2000 <input type="checkbox"/> National Cancer Centre - 6436 8088 <input type="checkbox"/> National Dental Centre - 6324 8802 <input type="checkbox"/> Singapore National Eye Centre - 6227 7266 <input type="checkbox"/> * Other Institution: _____			
<input type="checkbox"/> We are unable to provide you the appointment details presently. We will contact you within the next 3 working days (Mon - Fri, 8.30am - 5.30pm, excluding Saturday, Sunday and Public Holiday).			
TCU Duration:			
<input type="checkbox"/> Next Day <input type="checkbox"/> 7 - 8 weeks		<input type="checkbox"/> 1 week <input type="checkbox"/> 2 - 3 weeks <input checked="" type="checkbox"/> 4 - 6 weeks	
<input type="checkbox"/> Others: (Please specify) _____			
Type of Case:			
<input checked="" type="checkbox"/> New Case with Memo <input type="checkbox"/> Follow-Up		<input checked="" type="checkbox"/> Subsidised <input type="checkbox"/> Private	
Doctor: Dr Chen Hao Bin		Specialty: OTO	
Sub-Specialty: _____			
Requested By (Staff name)		Ward / Dept Contact No	
SN ASYRAF		Ward 27/ 69303270	
		Date	
		19/5/21	

 Sengkang General Hospital SingHealth	ACCOUNT NO.	8121315953D
	NRIC NO.	S1794147Z
	NAME	TEO KENG HOCK
	ADDRESS	Blk/Hse:607, Level/Unit:12-263 WOODLANDS RING ROAD . Singapore 730607
	SEX / BIRTH DATE / RACE	Male / 10-Oct-1967 / Chinese
DATE AND TIME OF ADMISSION		19-May-2021 01:01 AM

DISCHARGE CHECKLIST (Patient's Copy)

Instructions: To be completed on day of discharge

1. Checked And Returned:

- Property/Property Receipt: NA
- Private X-rays: NA (No. of Films)
- SKH X-rays: NA (No. of Films)

2. Advice Given On:

- Follow-up Appointment:

Name: Chen Haobin; Date: 30/06/2021; Time: 09:30:00; Institution: Sengkang General Hospital;
Clinic: MEDICAL CENTRE L3 CLINIC
Name: ; Date: 19/05/2021; Time: 12:20:00; Institution: Sengkang General Hospital; Clinic:
DIAGNOSTIC RADIOLOGY SERVICES

- Referrals: OPS
- Medical Certificate No: OTO202162960

I have understood the above discharge advice explained to me

_____	_____	_____
(Name of Patient/Relative - Indicate Relationship)	(Signature)	(Date & Time)

Discharged By: _____ (Name of RN)