

# 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

10/9/21 12:13 PM

LKK AUTO CONSULTANTS  
PTE LTD (TP)

S1M03H8U

Dear Yvonne, Thank you for the  
assignment. Repaire...

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBJ2999D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TEOH BENG WEE MICHAEL  
NRIC No ..... S1706829F  
Email Address ..... MIKETEOH@SINGNET.COM.SG  
Mobile Phone No ..... (Phone) +65-97508092  
Alternative Phone No ..... +65-97508092

### VEHICLE PARTICULARS

Manufacturer ..... Sym  
Model ..... GST200  
Variant .....  
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 - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 172

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5077863725-05  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEOH BENG WEE MICHAEL  
NRIC No ..... S1706829F

Date Of Birth .....	26/10/1965
Occupation .....	Outdoor
Date Of Driving Pass .....	22/09/1998
Driving experience .....	23 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97508092
Alt. Phone Number .....	+65-97508092
Email Address .....	MIKETEOH@SINGNET.COM.SG
Address .....	APT BLK 717A WOODLANDS DRIVE 70 #13-08
Address complement .....	-
Postcode .....	731717
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 - Head to Rear
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 vehicle 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

PLEASE REFER TO 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 .....	SHD7245Z
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 ..... -  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... -

Describe Circumstances of the Accident

Please refer to attached

Declaration

We declare the foregoing particulars are true in every respect.

*Michael*

Policyholder's Signature / Date & Time

*Michael*

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



*Michael*


Witnessed by Reporting Centre Personnel

# SKETCH PLAN

## IMPORTANT NOTICE

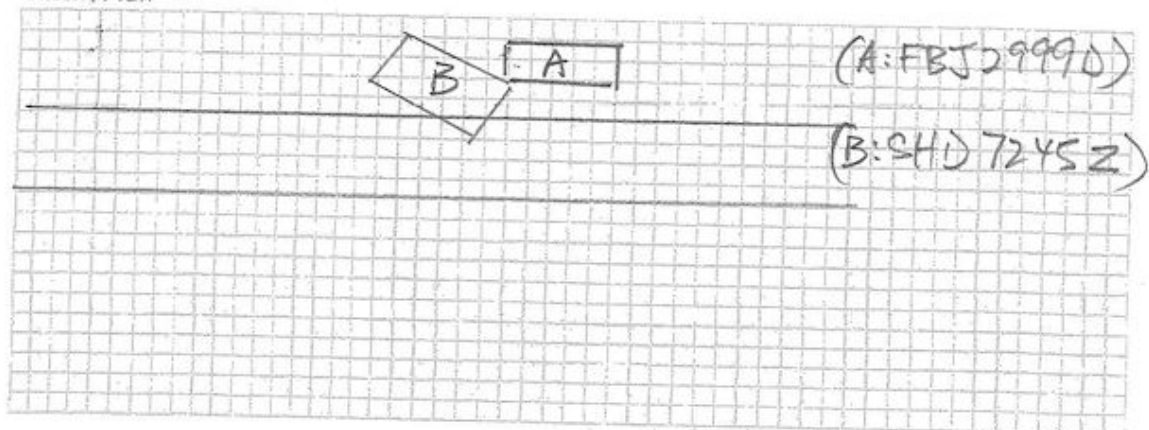
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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5. Any false reporting may be referred to the Police for investigation.
6. The report 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 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.
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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan























































**SINGAPORE  
POLICE FORCE**



T/20210906/7039

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

1 of 3

Report No. T/20210906/7039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/09/2021 16:07		Vide Report No.: T/20210904/7023		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: TEOH BENG WEE MICHAEL			Address: 717A WOODLANDS DRIVE 70 #13-08 SINGAPORE 731717		
ID Type / ID No.: NRIC NO / S1706829F			Contact No.: Home/Office: Mobile: 97508092		
Nationality: SINGAPORE CITIZEN			Email: MIKETEOH@SINGNET.COM.SG		
Sex: Male	Age: 55	Date of Birth: 26/10/1965	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sports coach			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/09/2021 19:00	Type of Location: Straight Road
Location:  BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBJ2999D	Motorcycle	SYM	GTS200	Silver	Seriously Damaged	0
SHD7245Z	Car	HYUNDAI	IONIQ			0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20210906/7039

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

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Report No. T/20210906/7039

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2999D	NTUC Income Insurance Co-Operative Limited	5077863725-05	10/03/2021	09/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TEOH BENG WEE MICHAEL	ID No.	S1706829F
Related Vehicle	FBJ2999D (Motorcycle)	Contact No.	97508092
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/09/2021	Date	03/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

REFERRING TO THE POLICE REPORT NUMBER T/20210904/7023 WHICH I FILED ON 04/09/2021, I WISH TO STATED THAT THE FRONT ACCIDENT AND THE REAR ACCIDENT WAS 2 DIFFERENT ACCIDENT AND NOT RELATED TO MY ACCIDENT CASES. THE ACCIDENT THAT WAS INVOLVING IS JUST MY BIKE WHICH IS THE VEHICLE NUMBER BEARING FBJ2999D AND ONE TAXI BEARING VEHICLE NUMBER SHD7245Z.



**SINGAPORE  
POLICE FORCE**

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



T/20210906/7039

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Report No, T/20210906/7039

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2021 16:07
Officer In Charge Of Case: TP / TPHQ / LIM ENG KUAN, CLARENCE Contact No.: 65476256	Classification Of Case:

NP168



**SINGAPORE  
POLICE FORCE**



T/20210904/7023

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

1 of 3

Report No. T/20210904/7023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/09/2021 13:16		Vide Report No.:		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: TEOH BENG WEE MICHAEL		Address: 717A WOODLANDS DRIVE 70 #13-08 SINGAPORE 731717		
ID Type / ID No.: NRIC NO / S1706829F		Contact No.: Home/Office: Mobile: 97508092		
Nationality: SINGAPORE CITIZEN		Email: MIKETEOH@SINGNET.COM.SG		
Sex: Male	Age: 55	Date of Birth: 26/10/1965	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Sports coach		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/09/2021 19:00	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
FBJ2999D	Motorcycle	SYM	GTS200	Silver	Seriously Damaged	0
FBR4717X	Motorcycle					0
JTR3190	Motorcycle					0



**SINGAPORE  
POLICE FORCE**



T/20210904/7023

Police Station Of Origin:  
Traffic Police  
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Tel No: 65470000

2 of 3

Report No. T/20210904/7023

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SHD7245Z	Car	HYUNDAI	IONIQ	Blue		0
SJR7375J	Car	HYUNDAI	GETZ	Silver		0
SKP8288U	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2999D	NTUC Income Insurance Co-Operative Limited	5077863725-05	10/03/2021	09/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TEOH BENG WEE MICHAEL		ID No. S1706829F
Related Vehicle	FBJ2999D (Motorcycle)		Contact No. 97508092
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	03/09/2021		Date 03/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight

**Brief Details.**

ON THE STATED DATE AND TIME , I WAS RIDING MY BIKE BEARING VEHICLE NUMBER FBJ2999D ON THE BKE TWDS WOODLANDS ON 1ST LANE .SUDDENLY I SAW ONE BIKE BEARING VEHICLE NUMBER JTR3190 FALL DOWN ON LANE 2 , MOMENT LATER , TAXI BEARING VEHICLE NUMBER SHD7245Z FROM THE BEHIND OF THE 2ND LANE SUDDENLY SWERVED TO FIRST LANE AND COLLIDE ONTO MY FRONT PORTION OF MY BIKE . DUE TO GREAT IMPACT CAUSE ME FALL DOWN ONTO 1ST LANE , THERE WAS ANOTHER ACCIDENT HAPPEN AFTER THE COLLISION WHICH VEHICLE BEARING SJR7375J AND ONE BIKE BEARING VEHICLE NUMBER FBR4717X . I THEN REALISED THAT THERE WAS ANOTHER VEHICLE INVOLVED IN THIS ACCIDENT WHICH THE VEHICLE NUMBER BEARING SKP8288U COLLIDE WITH THE MALAYSIA BIKE.





**SINGAPORE  
POLICE FORCE**

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



T/20210904/7023

3 of 3

Report No. T/20210904/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
LIM ENG KUAN, CLARENCE  
Contact No.: 65476256

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
04/09/2021 13:16

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SK0521960006 Vehicle Registration No: FBJ2999D  
 Name (as shown in NRIC): Teoh Beng Wei Michael NRIC/FIN/Passport No: 829F  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 717A Woodlands Drive 70 #13-08 Singapore ( 737 )  
 Contact (Tel): — Mobile No.: 97568092  
 Email Address: like.teoh@singnet.com.sg  
 Date of Accident: 31/9/2021 Time of Accident: 19.00.  
 Place of Accident: RICE  
 Insurance Company: NTUC Income Insurance

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Date of Accident should be 3 Sept 2021.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

  
 \_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

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