

# 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 ..... 20/06/2022 14:31 (SGT)  
Reported by ..... -  
Date of Accident ..... 20/06/2022 06:48 (SGT)  
Exact Location of Accident ..... Near 8VGC+C3 Singapore  
Additional Location Information ..... ALONG PIE TOWARDS CHANGI (NEAR SIEMENS BUILDING)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBT2305D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... JOHNNY TENG POH TIAN  
NRIC No ..... S1355614H  
Email Address ..... XAEYAN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90182000  
Alternative Phone No ..... +65-90182000

### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Aerox  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Auto  
CC ..... 155

### INSURANCE COMPANY

Name of Insurance Company ..... MSIG Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... CN51007029

### DRIVER

Name of Driver ..... JOHNNY TENG POH TIAN  
NRIC No ..... S1355614H  
Date Of Birth ..... 17/10/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	05/03/1980
Driving experience .....	42 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90182000
Alt. Phone Number .....	+65-90182000
Email Address .....	XAEYAN@GMAIL.COM
Address .....	BLK 613 BUKIT PANJANG RING ROAD #11-860
Address complement .....	-
Postcode .....	670613
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 .....	Wet

#### 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? .....	No
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SUMMARY & SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA5220Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 .....	JOHNNY TENG POH TIAN
Gender .....	Male
Phone No .....	(Phone) +65-90182000
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	5 DAYS MC FROM TAN TOCK SENG HOSPITAL
Injured person in which vehicle? .....	FBT2305D
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	No

**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

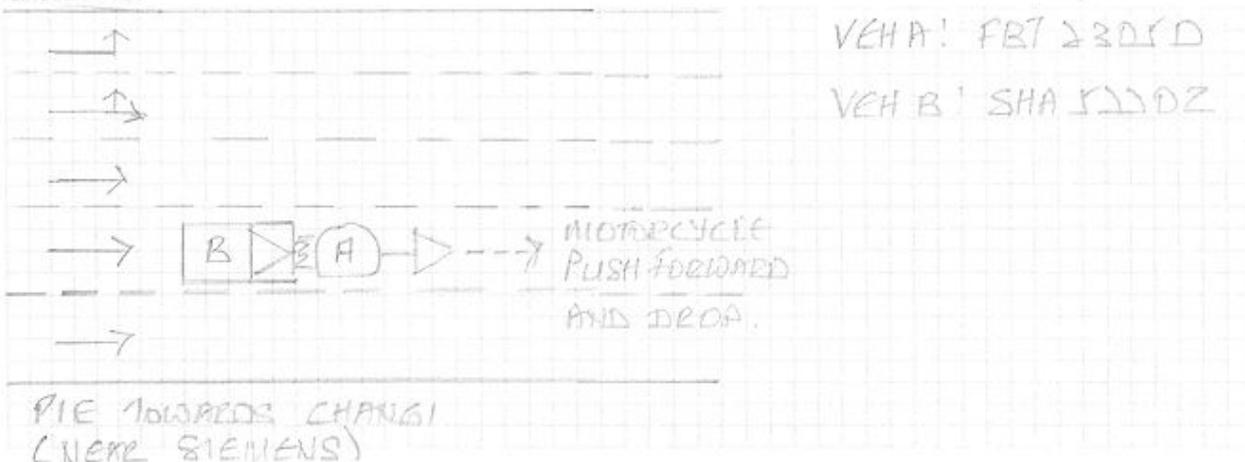
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**















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  
 A Member of **MS&AD** INSURANCE GROUP

### MOTOR INSURANCE COVER NOTE

In consideration of the Insured having paid or agreed to pay the premium, the risk detailed below is HELD COVERED for the Period of Insurance, subject to the terms and conditions of the Company's usual form of policy.

This Cover Note is valid for 30 days from the Date of Issue.

<b>Date of Issue</b>	: 13/12/2021	<b>利發摩打(私人)有限公司</b>
<b>Cover Note No.</b>	: CN51007029	<b>LEE HUAT MOTORING PTE. LTD.</b>
<b>Existing Policy No.</b>	: -	Co. Reg. No: 201705673Z
<b>Intermediary Name</b>	: Lee Huat Motoring Pte Ltd	873 & 875, Upper Bukit Timah Road
<b>Name of Insured</b>	: JOHNNY TENG POH TIAN	Singapore 678176
<b>Named Driver</b>	: JOHNNY TENG POH TIAN	Tel: 67691717, 67600626
<b>Make and Model of Vehicle</b>	: Yamaha Motorcycle/ AEROX 155 CONNECTED	Fax: 67691294
<b>Vehicle Registration No.</b>	: FBT2305D	
<b>Year of Manufacture</b>	: 2021	
<b>Engine No.</b>	: G3P2E0054822	
<b>Chassis No</b>	: MH3SG6410MJ038661	
<b>Capacity</b>	: 155.00 C.C.	
<b>Cover</b>	: Third Party Fire And Theft Cover	
<b>Sum Insured</b>	: Market value at time of loss	
<b>Period of Insurance</b>	: 13/12/2021 To 12/12/2022	
<b>Excess</b>	: As Agreed	
<b>Finance Company</b>	: LEE HUAT HOLDING PTE LTD	
<b>Vehicle for Commercial Purpose</b>	: No	
<b>Food Delivery Use</b>	: No	

I/We hereby certify that this Cover note is issued in accordance with the Provisions of the Motor Vehicles(Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment Act or Acts passed in substitution thereof.

SIGNED FOR AND ON BEHALF OF THE COMPANY

Craig Ellis  
 Chief Executive Officer  
 MSIG Insurance (Singapore) Pte. Ltd.



Tan Tock Seng Hospital  
11 Jalan Tan Tock Seng, Singapore 308433  
TEL: (65) 6256 6011

MEDICAL CERTIFICATE	ORIGINAL	TTSH22118037
NAME: JOHNNY TENG POH TIAN		NRIC: S1355614H

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of 5 day(s) from 20-Jun-2022 to 24-Jun-2022 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 20-Jun-2022 08:48 to 20-Jun-2022 09:32

20-Jun-2022                      HENG WEI JIAN KENNETH                      Emergency Department                        
 Date                                      Issued by                                      Location                                      Signature

