

ASS. REF. BY: Tauhin

REF: CS/HB2302407/Taps

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP/WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S
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Bal. or Market Value: P2K

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: FBD4274E Yr Regn: 2009, March

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Yamaha T135 C.C. 135

Colour: Red A/C: Insured / Std / NI / NA

Sp. Reading: \_\_\_\_\_ T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 5Y609534

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: N/S / Rim / STD A/Rim or

Tyre Size: F: 70/90R17

R: 80/90R17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or MAXXIS

Front Rear

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. \_\_\_\_\_ mm L/Bal. \_\_\_\_\_ mm

D.O.A. \_\_\_\_\_ D.O.I. 7/3/25

Survey held at Time-In Auto

Des. of Damages Fr / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Report Range: +1500 - 22500, 5 days</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum / L&L: \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech. Invs (\$ \_\_\_\_\_)

☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS. SI \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

## 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 Actual 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	25/02/2023 09:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/02/2023 22:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT BATOK ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4274E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEAH BEE CHUAN
NRIC No	S8063144H
Email Address	ALEXTEAH6129@GMAIL.COM
Mobile Phone No	(Phone) +65-91723835
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T135
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	Manual
CC	130

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5116553233-02

#### DRIVER

Name of Driver	TEAH BEE CHUAN
NRIC No	S8063144H
Date Of Birth	01/01/1980
Occupation	Outdoor



Date Of Driving Pass	02/09/2008
Driving experience	14 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91723835
Alt. Phone Number	-
Email Address	ALEXTEAH6129@GMAIL.COM
Address	BLK 530 #05-385
Address complement	JURONG WEST STREET 52
Postcode	640530
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 - Change/cross lane
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?	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?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report

#### 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	SH6843C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
Name of Driver	VINCENT KOK KAH FENG
NRIC No	S1552795A
Contact Number	(Phone) +65-97990382
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	TEAH BEE CHUAN
Gender	Male
Phone No	(Phone) +65-91723835
Address	BLK 530 #05-385
Address Complement	JURONG WEST STREET 52
Post Code	640530
Approximate Age Years Old	43
Injuries Sustained	LEFT HAND INJURY LEFT ARM AND LEFT LEG ABRASIONS
Injured person in which vehicle?	FBD4274E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

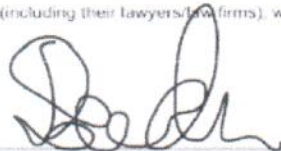
**IMPORTANT NOTICE**

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

23/02/2023

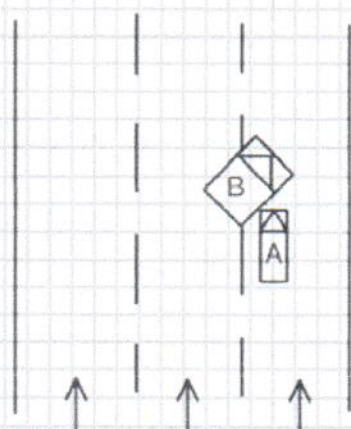
Sketch Plan 0930hrs

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



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

MD SHAN KASMEIR BIN ABDULLAH

<p><b>A- FBD4274E</b></p> <p><b>B - SH6843C</b></p>	
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# SINGAPORE POLICE FORCE



T/20230224/2058

1 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20230224/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/02/2023 13:59	Vide Report No.:	Station Diary No.: 38
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**Informant's Particulars**

Name of Informant: TEAH BEE CHUAN	Address: APT BLK 530 JURONG WEST STREET 52 #05-385 SINGAPORE 640530		
ID Type / ID No.: NRIC NO / S8063144H	Contact No.: Home/Office: Mobile: 91723835		
Nationality: MALAYSIAN	Email:		
Sex: Male	Age: 43	Date of Birth: 01/01/1980	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: SUPPLIER	Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/02/2023 22:15	Type of Location: Straight Road
Location:  BUKIT BATOK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
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
FBD4274E	Motorcycle	YAMAHA	T135	Red	Slightly Damaged	0
SH6843C	TAXI					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD4274E	NTUC Income Insurance Co-Operative Limited	5116553233-02	16/03/2022	15/03/2023





# SINGAPORE POLICE FORCE



T/20230224/2058

2 of 3

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20230224/2058

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TEAH BEE CHUAN	ID No.	S8063144H
Related Vehicle	FBD4274E (Motorcycle)	Contact No.	91723835
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/02/2023	Date Discharge	19/02/2023
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	VINCENT FOK KAH HENG	ID No.	S1552795A
Related Vehicle	SH6843C (TAXI)	Contact No.	97990382
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.**

On 17/02/2023 at about 2215hrs, while I was riding along Bukit Batok Road towards Choa Chua Kang, I met with an accident. I was riding on lane 1 when a taxi changed lane abruptly from the left and onto the lane that I was riding on. The rear right of the taxi hit against the front of my motorcycle causing me to lose my balance and fell off from my motorcycle. Traffic Police and ambulance attended the accident scene however, I refused conveyance as I wanted to ride over to the hospital myself. While at the hospital, I was advised by the doctor to go through an operation on my left hand as there was so much bleeding. I was then given a 14 days medical leave till 03/03/2023. I am lodging this report as advised by the insurance company.



**SINGAPORE  
POLICE FORCE**



T/20230224/2058

3 of 3

Report No. T/20230224/2058

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

**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:

L /  
SR STAFF SGT MUHAMMAD  
HUSAINI BIN HUSSIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/02/2023 13:59

Officer In Charge Of Case:

TP / GIT /  
STAFF SGT MOHAMED SUFIAN BIN  
MOHAMED JUNID  
Contact No.: 65476247

Classification Of Case:

NP168