SL0Z234C0001 / LKK Auto Consultants Pte Ltd [408933] ENTRY DATE & TIME: 12/04/2023 09:33 (SGT) SUBMITTED BY: LKK Auto PU VERSION: 1 (12/04/2023 09:33 (SGT))

# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 12/04/2023 09:33 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 08/04/2023 20:00 (SGT) Exact Location of Accident Singapore Additional Location Information SLIP ROAD OF PIE TO TPE Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

125

Vehicle Registration Number FBE300J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **TEO YONG YEONG** NRIC No SXXXX538A Fmail Address patrick\_teo\_ys@yahoo.com Mobile Phone No (Phone) +65-87999632 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model SUPRA X125R A 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

No - Claiming third party your vehicle? Vehicle Category Motorcycle Transmission Auto

CC

**INSURANCE COMPANY** 

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number A 300479461 VMP

DRIVER

Name of Driver **TEO YONG YEONG** NRIC No SXXXX538A Date Of Birth 17/09/1951 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	22/02/1979 44 YEARS AND 2 MONTHS Male (Phone) +65-87999632 - patrick_teo_ys@yahoo.com 426 PASIR RIS DRIVE 6 # 03-71 510426 Yes - No
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION  Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bedok Division Headquarters (Phone) +65-18002440000 (Fax) +65-64443009 30 Bedok North Road Singapore 469676 No
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ATTACHED POLICE REPORT - G/2023 * VEHICLE IS AT TP COMPOUND. POLICYHOLDER/DRIVER INI REPORT CAN BE SUBMITTED WITHOUT PHOTOS.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SFY9400S

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 YONG YEONG
Gender	Male
Phone No	(Phone) +65-87999632
Address	426 PASIR RIS DRIVE 6
Address Complement	# 03-71
Post Code	510426
Approximate Age Years Old	-
Injuries Sustained	ABRASION ON LEFT ARM & LEFT ACETABULAR FRACTURE - GIVEN 10 DAYS OF MC
Injured person in which vehicle?	FBE300J
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NR CID card)

Sketch Plan

SLip Road of PIE to TPE

A-FBE BOOT

B-SFY 9400S

1	
1	
_	
	Please Refer to the attrached police Report - G/20230411/7041-
	Report - G/20230411/7041-

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

Policyholder's Signature / Date & Time Actual Driver's Signature (if driver is not the policyholder) Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

vJun2022





1 of 2

Report No. G/20230411/7041

# POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 11/04/2023 12:16	Vide Re	port No.		Station Diary No.
Name Of Informant TEO YONG YEONG	Address 426 PASIR RIS DRIVE 6 #03-71 SINGAPORE 5104		03-71 SINGAPORE 510426	
ID Type / ID No. NRIC NO / S0655538A	Contact Home/C	No.	Mobile: 87999632	
Nationality SINGAPORE CITIZEN	Email Address patrick teo ys@yahoo.com			
Occupation	Sex	Age	Date of Birth	Race
Retiree	Male	71	17/09/1951	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 08/04/2023 20:00 - 09/04/2023 00:00	Location Of Incident 350 TAMPINES STREET 33 SINGAPORE 520350			
Brief details.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ONE DECOM

Dear Officer,

I am Teo Yew Seng, Patrick, reporting on behalf of my Father Teo Yong Yeong for the purpose of receiving information of Motorcycle FBE300J via email.

Teo Yong Yeong was involve in a rear ended accident by another motorist at the slip road from PIE to TPE while he was in complete stop position. He was taken to SCGH by ambulance and the medical report shows that he had suffered abrasion on his left arm and left acetabular fracture. He refuse

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: 11/04/2023 12:16
Officer In-Charge Of Case:	Classification Of Case:





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230411/7041

2 of 2

admission and was given some medication and 10 days outpatient leave MC.

Thank you.

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: 11/04/2023 12:16		
Officer In-Charge Of Case:	Classification Of Case:		





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Name Of Informant TEO YONG YEONG	Address 426 PASIR RIS DRIVE 6 #03-71 SINGAPORE 51042		GAPORE 510426	
ID Type / ID No. NRIC NO / S0655538A	Contact Home/C	No.	Mobile: 87999632	
Nationality SINGAPORE CITIZEN	Email Address patrick teo ys@yahoo.com			
Occupation	Sex	Age	Date of Birth	Race
Retiree	Male	71	17/09/1951	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 08/04/2023 20:00 - 09/04/2023 00:00	Location Of Incident 350 TAMPINES STREET 33 SINGAPORE 520350			
Brief details.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			OTTE OZOGOO

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Officer In-Charge Of Case:	Classification Of Case:





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POLICE REPORT (NP299)

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Report No. G/20230411/7041

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Officer In-Charge Of Case:	Classification Of Case:		