

# NATIONAL Assessment Centre Services

Date In 12/04/2023	Job description	Date & Time Completed	Done by
Ref No CA/MSG23003750/d4	SAS e-filing		
Veh No FBE 300J	E-mail (within 8hrs, Aft 2hrs)		
DOA 08/04/2023 20:00	i-Motor Claim Form		
OD/TP/Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksr		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SFY 9400S.	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:-

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co. ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Amf (\$)	Amf
Driver/Owner:	1) AR: Accident Reporting (\$30);	1st Bill	Add
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



## 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	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

Vehicle Registration Number	FBE300J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO YONG YEONG
NRIC No	SXXXX538A
Email 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 your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	125

#### 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	22/02/1979
Driving experience	44 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87999632
Alt. Phone Number	-
Email Address	patrick_teo_ys@yahoo.com
Address	426 PASIR RIS DRIVE 6
Address complement	# 03-71
Postcode	510426
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
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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - G/20230411/7041  
 \* VEHICLE IS AT TP COMPOUND. POLICYHOLDER/DRIVER INFORMED US THAT INSURANCE CONFIRMED THEM THAT REPORT CAN BE SUBMITTED WITHOUT PHOTOS.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFY9400S
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 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.
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.

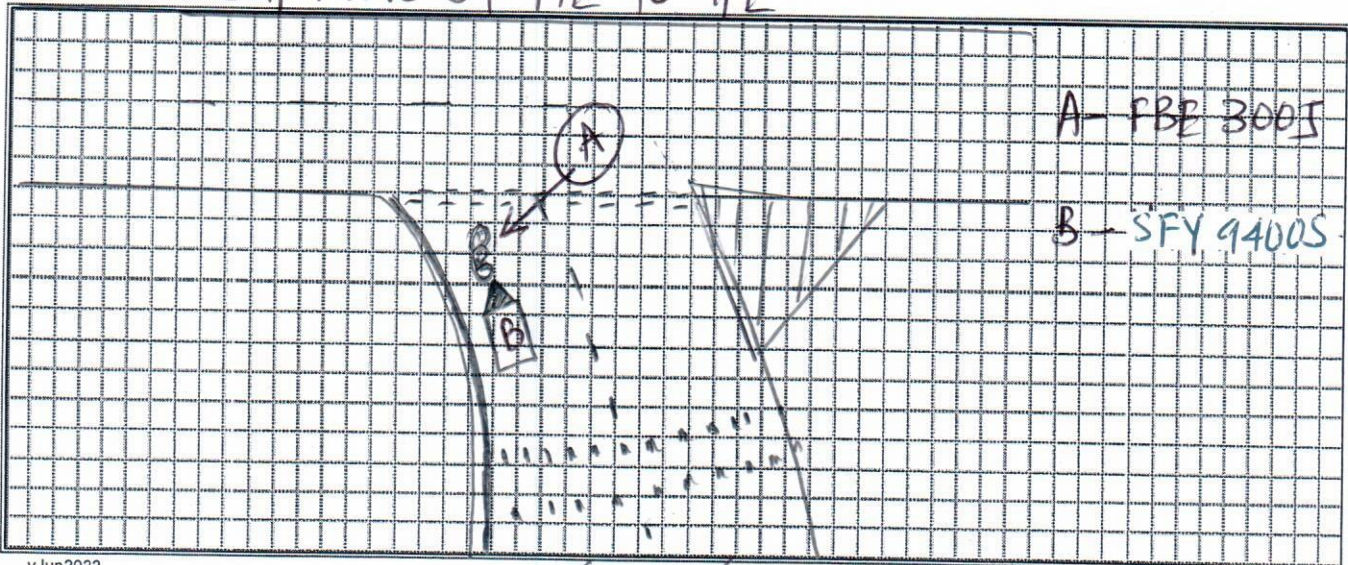
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Slip Road of PIE to TPE





Describe Circumstance of the Accident

please Refer to the attached police  
Report - G/20230411/7041 -

Declaration

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

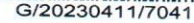
376 11/4/23

Policyholder's Signature / Date & Time

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

gmmul 12/4/2023

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



Report No. G/20230411/7041

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 Report No.		Station Diary No.	
Name Of Informant TEO YONG YEONG		Address 426 PASIR RIS DRIVE 6 #03-71 SINGAPORE 510426			
ID Type / ID No. NRIC NO / S0655538A		Contact No. Home/Office:                      Mobile: 87999632			
Nationality SINGAPORE CITIZEN		Email Address patrick_teo_ys@yahoo.com			
Occupation Retiree		Sex Male	Age 71	Date of Birth 17/09/1951	Race 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			

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:



**SINGAPORE  
POLICE FORCE**



G/20230411/7041

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230411/7041

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

Thank you.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
11/04/2023 12:16

Classification Of Case:



# ACCIDENT STATEMENT

ACCIDENT DATE: 08/04/2023 (DD/MM/YYYY), TIME: 20:00 (HH:MM)

LOCATION: Slip Road of PIE to TPE

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBE 300J  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: A300479461VMP  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda / Supra X125R A AUTO / MANUAL  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / (MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE: THIRD PARTY CLAIM / REPORTING ONLY

## 2. INSURED / POLICY HOLDER

a) NAME: Teo Yong Yeong (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S065538A CONTACT: 87949632  
 c) ADDRESS: 426 Pasir Ris Drive 6 # 03-71  
5510426

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER  
 a) NAME: As Above  
 b) NRIC/FIN/PASSPORT: (MALE / FEMALE)  
 c) ADDRESS: CONTACT:

\* d) DATE OF BIRTH: 17/09/1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22/02/1979

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bedok

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SFY9400S MODEL: (car)

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = patrickteoyys@yahoo.com

Phone =

Address = NO





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

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

#### MOTORCYCLE Third Party Only

Certificate No. A 300479461 VMP

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle  
FBE300J

2. Name of Policyholder  
TEO YONG YEONG

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
24/10/2022

4. Date of Expiry of Insurance  
23/10/2023

5. Persons or Classes of Persons entitled to drive\*  
TEO YONG YEONG, TEO YEW SENG PATRICK

\*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use \*

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. The Policy does not cover

(1) Use for hire or reward.

(2) Use for racing pace-making reliability trial or speed-testing.

(3) Use for the carriage of goods (other than samples) in connection with any trade or business.

(4) Use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

Mack Eng  
Chief Executive Officer