SG0F236D0004 / GLEN ENTERPRISE PTE LTD ENTRY DATE & TIME: 14/06/2023 10:51 (SGT) SUBMITTED BY: CHAI SUIT TENG VERSION: 1 (14/06/2023 10:51 (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 14/06/2023 10:51 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 12/06/2023 16:17 (SGT) Exact Location of Accident Singapore NEWTON ROAD TURNING LEFT TOWARDS THOMSON ROAD Additional Location Information (NEXT TO IRAS BUILDING) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR2751J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner **TEO TECK TONG** NRIC No S7818739E Email Address STEVETEO 78@YAHOO.COM.SG Mobile Phone No (Phone) +65-92206987 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model SUPRA GTR 150 MANUAL 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 150

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number 300549764

DRIVER

Name of Driver **TEO TECK TONG** NRIC No S7818739E Date Of Birth 29/06/1978

Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Horizonde 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	Outdoor 19/01/2006 17 YEARS AND 5 MONTHS Male (Phone) +65-92206987 - STEVETEO_78@YAHOO.COM.SG 230 ANG MO KIO AVENUE 3 #06-1244 - 560230 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? 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	No 2 Yes No Yes 1 No
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 Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT: T/20230613/7051.	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SHB650K - -

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) -	cle Variant -	
Name of Driver - Contact Number - Address - Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident	cle Colour	
Contact Number	icle Category Tax	xi
Address - Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	ne of Driver	
Address complement - Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	tact Number	
Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	ress	
Insurance Company Name - Nature Of Damage - Details of property damaged in accident -	ress complement -	
Nature Of Damage - Details of property damaged in accident -	code	
Details of property damaged in accident	rance Company Name	
	re Of Damage	
	ails of property damaged in accident	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	TEO TECK TONG
Phone No	-
Address	- -
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR2751J
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No



IM an be

m. co



Policyholder's Signature / Date &

13 J.me 3.30pm

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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)

Lunderstand, 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' law yers/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.

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes,

Witnessed by Reporting Centre

Sketch Plan



VINA. FBR 2751J WYB. MB6605K

escribe Circumstances of the Accident	10 7 7 7 7
The anident involved my	motorcyle FBR 2751 J and a taxi
- 12 CLARK MANDENED AT C	arama Tiphi desire
ination of Newton Road +	urning left towards Thomson Road + was roining yesterday and the
boolde the IRAS Building . I	+ was roining yesterday and the
amident harpened after the	e rain and the road was still wet
There is a car in front	of me while turning left onto n Road. There is a car approach
the main road of Thomsa	n Road. There is a car approach
C I S TOOK TOOK	Thomson KORCH. the COT IN TOUT
of me managed to turn	left before the approaching car stopped at the double white line
so I slowed down and	stopped at the double white line
in whit for the car to a	so past before my turn to go to
the main road of Thoms	on Road.
Within a mere few second	is while stationery on the road,
there is a huge impact	from the back of my motorcycle
that caused me to lost	- control to balance myself and
fall to the left side o	n the road. I sustained a few
sylvies on both my legs.	
3 0	
A motorcule rider behind	the taxi stopped to help to call
for ambulance.	and the same of th
	Surface of the second
Motorcycle FBR2751J	Taxi SHB 6605K
TEO TECK TONG	the state of the s
9220 6987.	The state of the s
steveteo-78@yahoorcom·sq	
7	

Declaration

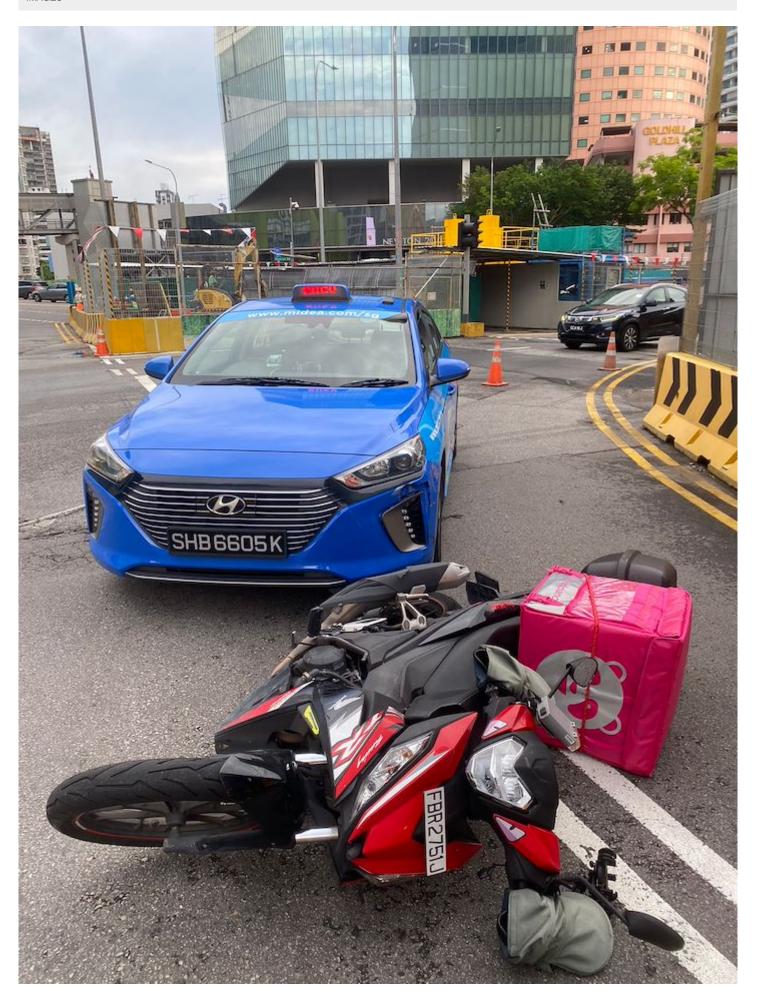
I'We declare the foregoing particulars are true in every respect.

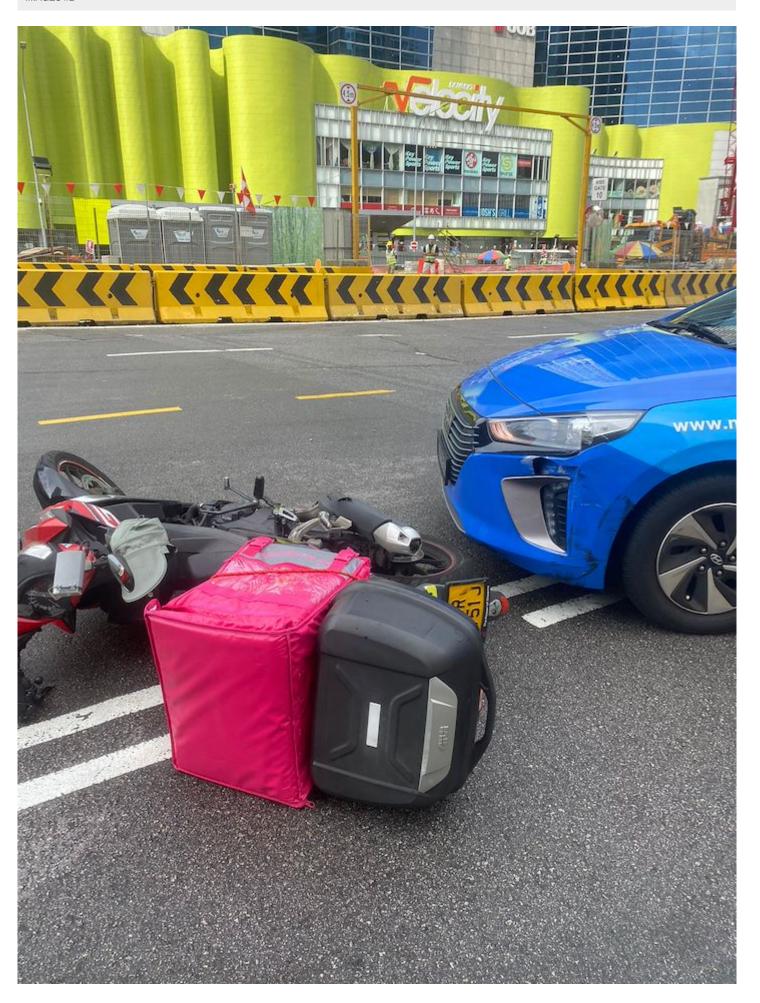
H 13 zne

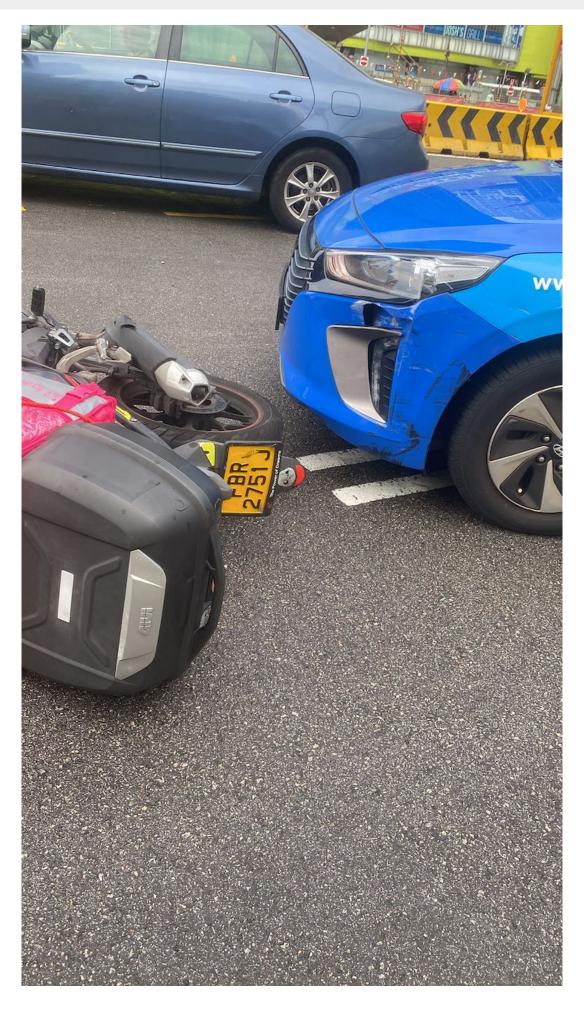
Policyholder's Signature / Date & Time

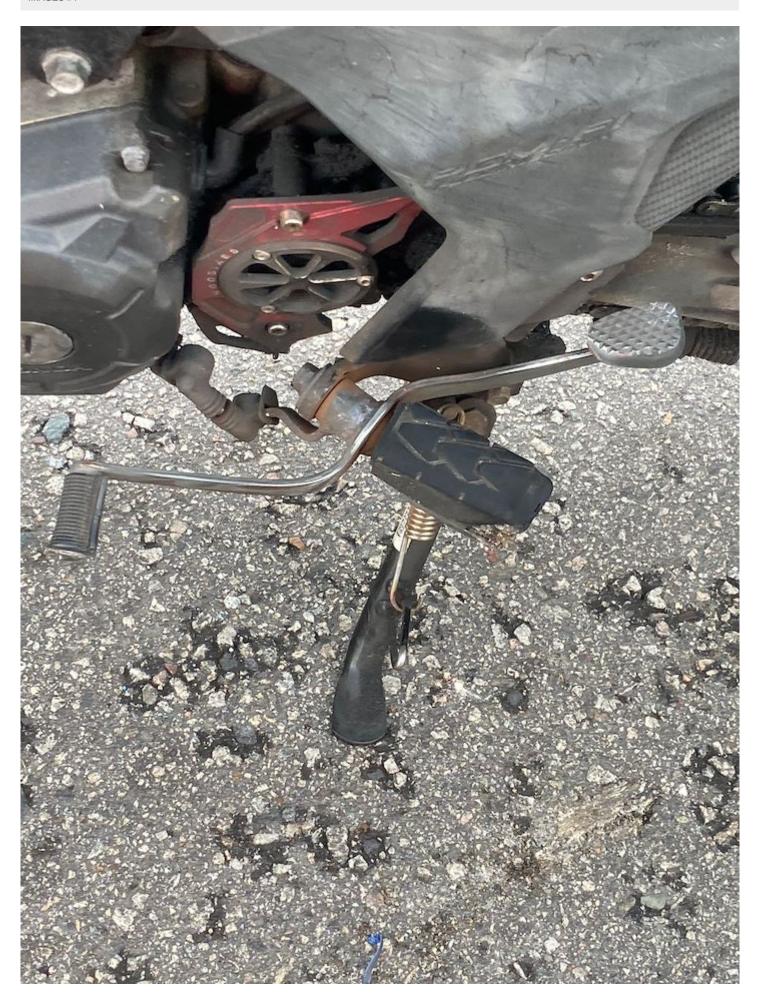
Driver's Signature (# driver is not the policyholder) / Date & Tirne

Witnessed by Reporting Centre Personnel



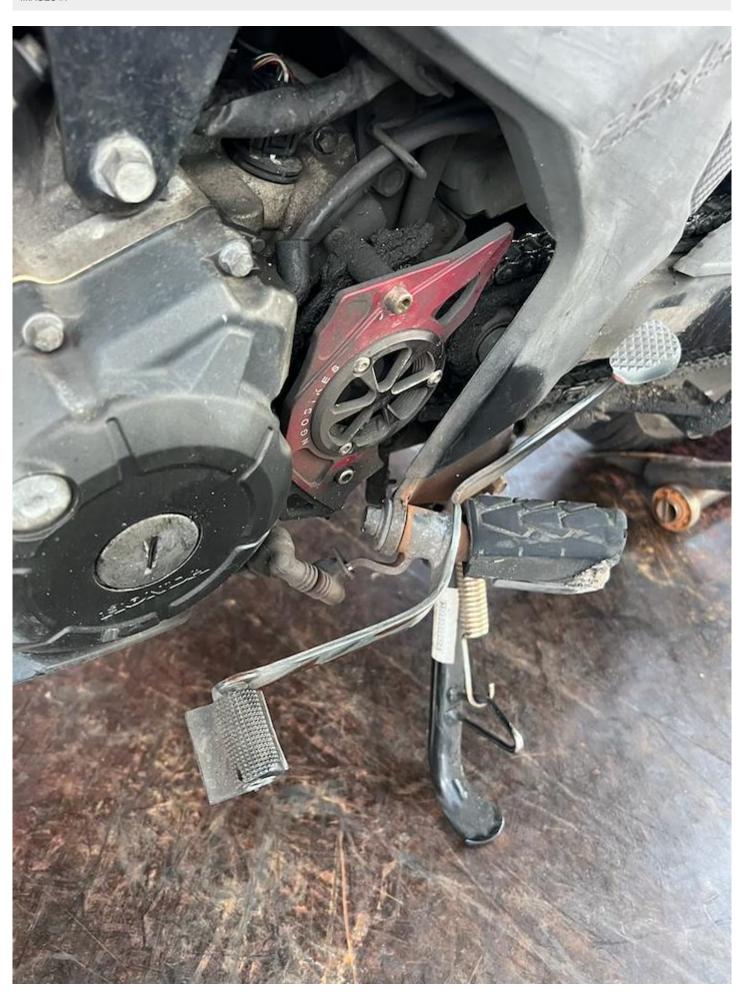


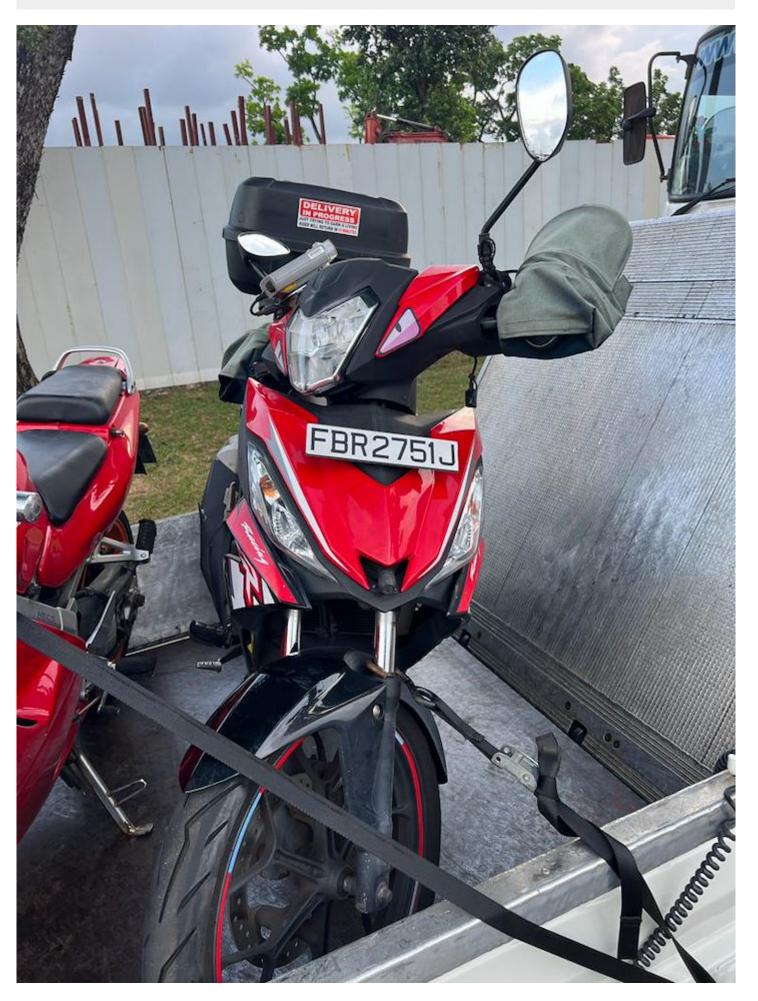


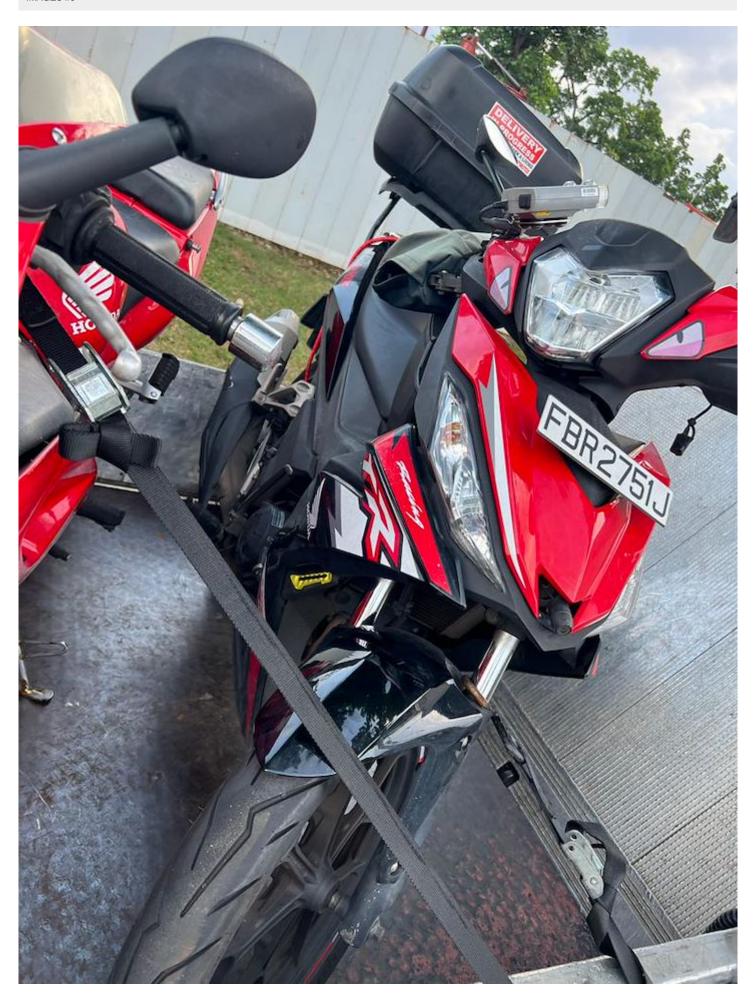






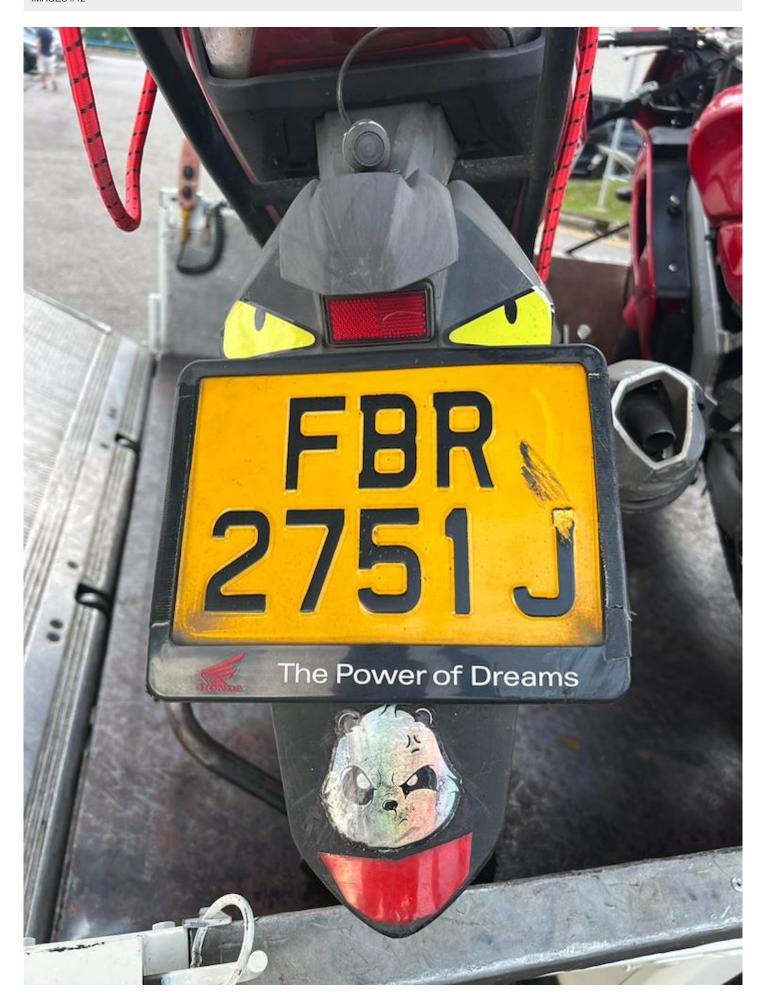














1 of 4

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20230613/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2023 16:26		Made:	Vide Report No.: Station Diary N				
Informa	nt's Partice	ulars		IDEA TO THE TOTAL OF THE PARTY			
	Informant: CK TONG		Address: 230 ANG MO KIO AVENUE 3	#06-1244 SINGAPORE 560230			
ID Type NRIC NO	/ ID No.: D / S78187:	39E	Contact No.: Home/Office:	Mobile: 92206987			
Nationality: SINGAPORE CITIZEN		EN	Email: STEVETEO_78@YAHOO.CC	DM.SG			
Sex: Male	Age: 44	Date of Birth: 29/06/1978	Type of Informant: Rider				
Race: Chinese			Language: English				
Occupation: Motorcycle delivery man		man	Driving Licence Information: Class: 2B	Date of Expiry: 29/03/2024			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2023 16:17	Type of Location Y-Junction
Location:			12.00/2020 10:11	
NEWTON RO	DAD			
Weather:		Road Surface:		
Weather: Raining		Road Surface: Wet		
VICE TO SERVICE OF THE PARTY OF			rking	Traffic Volume:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBR2751J	Motorcycle	HONDA	SUPRA GTR 150 MANUAL	The state of the s	Slightly Damaged	0
SHB6605K	Car		W. HOAL	Blue	Slightly Damaged	1



T/2023/613/7051

to be a second

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 Report No. T/20230613/7051

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CONTINUATION OF REPORT

Details of V	ehicle Insurance	THE PROPERTY OF THE PARTY OF TH		Indiana de la companya del companya de la companya del companya de la companya de
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBR2751J	MSIG INSURANCE (MALAYSIA) BHD	300549764	30/03/2022	29/03/2024

Details of Person				6 College			
Any Pedestrian In			Use of Pe	adaatriar	Cross	ing: NA	
No. of Pedestrian	s Injured: NIL	Name and Address of the Owner, where	Use of Pt	euesmai	Cioss	ing. IVA	
Rider	TEO TEOM TONO		CONTRACTOR AND	ID No		S7818739E	
Name	TEO TECK TONG			ID No.		370107302	
Related Vehicle	FBR2751J (Motorcycle)			Contact No.		92206987	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 2B Date of Expiry: 29/03/2024	
Date	12/06/2023	Date		5/2023			
No. of Days gran	ted Medical Leave	03	Degree o	of	NIL		
Passenger		STEELS,			1	TEN STATE OF THE S	
Name	Unknown Passenge	r		ID No		NIL	
Related Vehicle	SHB6605K (Car)			Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ited Medical Leave	NIL	Degree o	of	NIL		

Brief Details.

THE ACCIDENT INVOVED MY MOTORCYCLE FBR2751J AND A TAXI SHB6605K AT AROUND 4.17PM ON 12 JUNE AT THE JUNCTION OF NEWTON ROAD TURNING LEFT TOWARDS THOMSON ROAD BESIDE THE IRAS BUILDING. IT WAS AFTER THE RAIN AND THE ROAD IS STILL WET. THERE IS A CAR IN FRONT OF ME WHILE TURING LEFT ONTO THE THOMSON ROAD MAIN ROAD. AS THERE IS A APPROACHING CAR COMING FROM THE MAIN ROAD, THE CAR IN FRONT OF ME MANAGED TO TURN LEFT BEFORE THE APPROACHING CAR IS NEAR. AND I HAVE TO SLOW DOWN AND WAIT FOR THE APPROACHING CAR TO GO PAST BEFORE MY TURN TO TURN LEFT ONTO THE MAIN ROAD.

WITHIN A MERE FEW SECONDS AFTER I STOP MY MOTORCYCLE, THERE IS A HUGE IMPACT COMING FROM THE BACK THAT CAUSED ME TO LOST BALANCE AND FALL TO THE LEFT SIDE ON THE ROAD. I SUSTAIN INJURIES ON THE THIGH OF BOTH MY LEGS.

A MOTORCYCLE RIDER STOP TO ASSIST AND HELP TO CALL FOR A AMBULANCE. THE TAXI DRIVER SAID HIS EYE WAS ON THE APPROACHING CAR ON THE MAIN ROAD, FAILED TO

Board

DU

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 T/20230613/7051

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Report No. T/20230613/7051

CONTINUATION OF REPORT

NOTICE THAT I WAS WAITING IN FRONT AT THE BEND TO TURN. THE TAXI FAILED TO SLOW DOWN AND HIT THE BACK OF MY MOTORCYCLE.

Report No. T/20230613/7051

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

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG LESLIE Contact No.: 65476151

This report is lodged at Kallang NPP Kiosk 1 NP168

Signature Of Informant:

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

Date/Time:

13/06/2023 16:26

Classification Of Case: