

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 ability.
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 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 Report	20/11/2017 17:01
Date Of Accident	18/11/2017 10:15
Exact Location Of Accident	COMMONWEALTH AVE WEST(OUTSIDE COMMONWEALTH MRT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB770B
Insured/Policyholder	
Name Of Registered Owner	LEE KWANG HUAT ALVIN
NRIC No	S8423105C
Email Address	ALVINLEEKWANGHUAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98356147
Alternative Phone No	OTHERS-98356147

Vehicle Particulars

Manufacturer	BMW
Model	S1000RR-999CC
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? YES

If No, Please state action to be taken

Vehicle Category	MOTORCYCLE
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Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086814883
Cover Note Number	

Driver

Name of Driver	LEE KWANG HUAT ALVIN
NRIC No	S8423105C
Date Of Birth	13/08/1984
Occupation	INDOOR
Date Of Driving Pass	13/05/2011
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98356147
Fax Number	
Contact Number	OTHERS-98356147
Email Address	ALVINLEEKWANGHUAT@GMAIL.COM

Address	BLK 6 GHIM MOH ROAD #02-180
Postcode	270006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8691S
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	NORWAIL SINGH
NRIC/Passport Number	S1338497E
Contact Number	93365218
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	ALVIN LEE KWANG HUAT
------	----------------------

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FB8770B

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Kh

Policyholder's Signature

Date & Time: 20/11/17 17:09.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

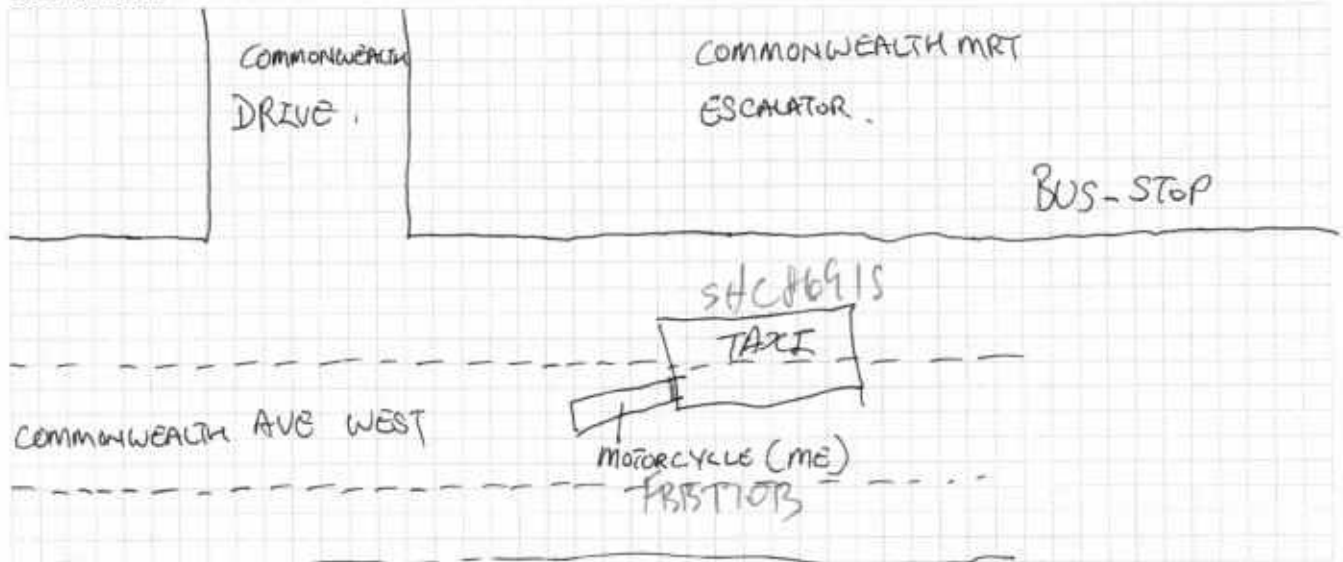
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20/11/2017
Rafli Wahab

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~I WAS TRAVELLING FROM GHEM MAH RD TO~~
 ON 18TH NOV, AT 10:50RS. I WAS TRAVELLING ALONG COMMONWEALTH AVE WEST
 AND I SAW A TAXI TURNIN OUT FROM COMMONWEALTH DRIVE INTO THE MIDDLE
 LANE OF COMMONWEALTH AVE WEST. IN ORDER TO AVOID THE ^{TAXI}~~TAXI~~, I TRIED TO
 LANE CHANGE TO THE LEFT BUT THE TAXI SUDDENLY SIGNALED LEFT AND LANE
 CHANGED. ~~HE~~ I WAS UNABLE TO BRAKE IN TIME AND HIT THE TAXI. HE WAS
 INTENDING TO PICK UP A PASSENGER.

**** WE DID OUR MUTUAL PIS AGREEMENT AND ENDED THE CASG.**

DECLARATION

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

BM

Policyholder's Signature
 Date & Time: 20/11/17

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20/11/17

REDA WATERS

Claim Handling

Accident MT/0970476

Policy No.	5086814863	Vehicle No.	FBB770B	GST Registration No.	
Policyholder Name	LEE KWANG HUAT ALVIN			Policyholder NRIC	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Comprehensive	Loading	
Contact No.(Mobile)	98356147	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KPE	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20		
Accident Details					
Report Date	20/11/2017 17:59	Accident Report Within 24 hrs.	Yes	Accident Type	
Date of Accident	18/11/2017	Time of Accident hh:mm	10:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COMMONWEALTH AVE WEST(OUTSIDE COMMONWEALTH MRT)				
Benefits					
Excess					
Own damage Excess	1,000.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
Policyholder Mailing Address					
Address 1	BLK 6 #02-180	Address 2	GHEM MOH RD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5086814863		
OI Driver Info					
Driver Name	LEE KWANG HUAT, ALVIN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S8423105C	Driver DOB	
Register Date of Driver License	28/01/2004	Driver Age	33	Driving Experience	
Contact No.(Mobile)	98356147	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 6 #02-180	Address 2	GHEM MOH RD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.					
Does he own a Singapore Registered car?	Yes <input checked="" type="radio"/> No <input type="radio"/>	Driver Vehicle No.	FBB770B	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input checked="" type="radio"/> No <input type="radio"/>		
Modification History					

Claim 001 OD-MD **New**

Claim Type *	OD-MD	Insured Name	LEE KWANG HUAT ALVIN	Insured NRIC	
Contact No.(Mobile)	98356147	Contact No.(Home)	64690057	Contact No.(Office)	
Email Address		OT Vehicle Number	FBB770B	TP Vehicle Number	
Claim Description	FBB770B / ShCR6915 ON 18 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.	62732203	Insured Liability *	Fully at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received	
Date Registered	20/11/2017 18:10	Claim Close Date		Total Loss but Repaired	
Report Taken By	ROSLE WAHAB	Workshop Repairer			
<input type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0970476	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/11/2017 18:16
Path *		Category *	Confidential Urgent
			Normal

Browse Clear Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	NO	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Or
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 18:16	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 18:14	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 18:13	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 20 Nov 2017 18:13	Photos	Normal	Photos
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IT MERAH)) on 20 Nov 2017 18:09

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Photos

Video List

Uploaded By/Date

Folder Date

File Name



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Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 11 / 2017) (DD/MM/YYYY), TIME: (10 : 15) (HH:MM)

LOCATION: COMMONWEALTH AVE WEST (OUTSIDE COMMONWEALTH MRT)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PBB770B
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5086814883
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 3-1000R
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PTC USAGE
 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: ALVIN LEE KWANG HUAT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8423105E CONTACT: 98356147
 c) ADDRESS: 6 GHEM MOH ROAD #02-180

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER AS ABOVE
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (13 / 08 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 28/01/2004

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHE 8691S MODEL: TAXI
 b) DRIVER'S NAME: NORWAIL SINGH
 c) NRIC/FIN/PASSPORT: S1338497E CONTACT: 93365218

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
()

Email = alvinleekwanghuat@gmail.com

fax = N/A

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8423105C



Name

LEE KWANG HUAT, ALVIN

李 广 发

Race

CHINESE

Date of birth

13-08-1984

Country/Place of birth

SINGAPORE

Sex

M



5424981



NRIC No. S8423105C



Date of issue

16-02-2015

Address

APT BLK 6 GHIM MOH ROAD
#02-180
SINGAPORE 270006



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S8423105C

Name

LEE KWANG HUAT, ALVIN

Birth Date: 13 Aug 1984

Issue Date: 28 Jan 2004



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

- Class 2B Motorcycles \leq 200 CC
- Class 2A Motorcycles between 201 CC and 400 CC
- Class 2 Motorcycles $>$ 400 CC
- Class 2 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractor/vehicles \leq 2500 kg

28 Jan 2004
12 Apr 2005
13 May 2011
06 Jul 2014

S8423105C

S/No. 9000150355



eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5086814683	LEE KWANG HUAT ALVIN	S8423105C	GMC	Comprehensive	FBB770B	FBB770B	09/12/2016	08/12/2017