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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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

	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
Section 25 Section 19 December	ETAILS 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
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
	ALLER EFICALANICH LATECIAN COM

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)

**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 93365218

Contact Number

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?

FBB770B

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

#### 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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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.

RM

Policyholder's Signature

Date & Time: 20/11/17 1709.

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN COMMONWEALTH MRT COMMONWEACH DRIVE. ESCALATOR. BUS-STOP SHC86915 COMMONWEACH AVE WEST MOTORCYCLE (ME) PRISTIONS DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I WAS TRAVELLING FROM GHIM MON RD 70 18th NOV, AT LOISHRS. I WAS TRANSCUING ALONG COMMON WEALTH AND WEST AND I SAW A TAXI TURNIN OUT FROM COMMON WEALTH DRIVE INTO THE MIDDLE IN ORDER TO TRIED TO AVOID THE AVE WEST LANG OF COMMON WEALTH LANC CHANGE TUB LEFT BUR THE TAXI SUDDENLY SIGNALLED LEFT AND LANE WAS UNABLE TO BRAKE IN TIME AND HIT THE TAXI. HE WAS I 🚾 CHANGED OF SHIDHOMI PASSENGER . PICK UP A AGREEMENT AND EMPED are OUR MUTUAL MG THE CASG DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature Date & Time: 20 4 17 (If driver is not the policyholder) Date & Time:

laim Handling				
ccident MT/0970476				
Policy No.	5086814883	Vehicle No.	FHB77(IB	GST Registration No.
Pulicyholder Name	LEE KWANG HUAT ALVIN			Palicyhalder NRIC
Froduct Code	MOTORCYCLE INSURANCE	Cover Type	Clumprehensive	Loading
Contact No.(Mobile)	98356147	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
RPK:	© No Yes	TCA	© No Yes	eCode Reason
NCD Protection	No.	NCD Entitlement(%)	20	
	20/11/2017 17:59	Accident Report Within 24 hrs.	Yes	Accident Type
Report Date				Country of Accident S
Date of Accident	18/11/2017	Time of Accident hit:inm	10:15	ICM No.
Reporting Centre		Orange Force		ICH NO.
Accident Location	COMMONWEALTH AVE WEST(OUT	SIDE COMMONWEALTH MRT)		
⇒ Benefits				
♥ Excess				
Own damage Excess	1,000.00	Additional Excess		Windscreen Excess
Unnamed Driver Excess		Outside Singepore OD Excess		
Third Party Excess	0.00	Outside Singapore TP Excess		
GST Registered Informa	tion			
3ST Registered	Ma.		GST Registration Date	
GST Registration No.	1000		GST Status Verified	Yes
Modification History				
and the same of th				
Policyholder Mailing Ad	frees			
Address 1	BLK 6 =02-180	Address 2	GHIM MOH RD	Address 3
	SOUTH TO THE SAME	Address Type	Singapore address	Post Code
Address 4		Related Policy Number	5086814683	
Unit No.		Harates Policy Number	3000014003	
OI Driver Info			NAME AND SOME	
Driver Name	LEE KWANG HUAT, ALVIN	Driver Type	Main Driver	Driver DOB
Unnamed driver Name		Driver NRIC	58423105C	
Register Case of Driver License	28/01/2004	Driver Age	33	Driving Experience
Contact No.(Mobile)	98356147	Contact No.(Office)		Contact No. (Home)
Address I	BLK 6 #02-180	Address 2	GHIM MOH RD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.				
Does he own a Singapore	Ves @ No	Driver Vehicle No.	FBB770B	Oriver Insurer Company
Registered car <sup>3</sup>				
Declaration				
Breathalyser or Blood Test		Environment	Yes S No	
Reading?	0 mg	Any injury?	0.000 11.110	
Modification History				
Claim 001 OD-MD No	Y			
Claim Tyras *	OD-MO .	Insured Name	LEE KWANG HUAT ALVIN	Insured NRIC
Claim Type *	. (5.77)		profession or construction of the construction	Ensured MRIC Contact No. (Office)
Contact No.(Mobile)	OD-MO ▼ 98356147	Contact No.(Home)	64690857	
Contact No.(Mobile) Email Address	98356147	Contact No.(Home) Of Vehicle Number	profession or construction of the construction	Contact No.(Office) TP Vehicle Number
Contact No.(Mobile) Email Address Claim Description	. (3.25.20)	Contact No.(Home) Of Vehicle Number	64698857 FBB770B	Contact No.(Office)
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	98356147	Contact No.(Home) Of Vehicle Number	64690857	Contact No.(Office) TP Vehicle Number
Contact No.(Mobile) Email Address Claim Description	98356147 F887708 / SHC86915 ON 18 Nov	Contect No. (Home) Of Venicle Number v 2017	64690057 FBB770B	Contact No.(Office) TP Vehicle Number
Contact No.(Mobile) Email Address Claim Description Preferred Workshap Clinitacs No.	98356147 FBB7708 / SHC86915 ON 18 Nov 62732203	Contect No.(Home) Of Venicle Number v 2017 Insured Liability *	64690057 FBB7706 Fully at Fault	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	98356147 F887708 / SHC86915 ON 18 Nov 62732203 Yes • 30/11/2017 18:10	Contect No.(Home) Of Venicle Number v 2017 Insured Liability * Freferend Repair Option Claim Close Date	64690057 FBB7706 Fully at Fault	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report
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Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	98356147 F887708 / SHC86915 ON 18 Nov 62732203 Yes • 30/11/2017 18:10	Contect No.(Home) Of Venicle Number v 2017 Insured Liability * Freferend Repair Option Claim Close Date	64699857 FBB770B  Fully at Fault  Preferred Workshop (refer below)	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received
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Contact No. (Mobile) Email Address Claim Description Preferred Workshop Centact No. Require Finalisation Date Registered Report Taken By Point AK letter  Attachment	98356147  F8B7708 / SHC86915 ON 18 Nov 62732203  Yes  J30/11/2017 18:10  ROSLI WAHAB	Contect No.(Home) Of Vehicle Number  v 2017  Insured Liability * Freferered Repair Option Claim Close Date Workshop Repairer	64690057 FBD770B  Fully at Fault  Preferred Workshop (refer below)  Save Submit	Contact No.(Office) TP Vehicle Number  Name of Preferred Workshop  GIA report Date Received

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## ACCIDENT STATEMENT

ACCIDENT	DATE: ( 18 / 16 / 2017 10	D/MM/YYYY), TIMI	:(10 - ;13	[MM:HH][
LOCATION	COMMONWEALTH AVE WE	ST (OUTSIDE	COMMON WERE	TH MRT)
a)\	TAILS OF VEHICLE VEHICLE NUMBER: FBRAC	) (		\$ · · · · ·
d)( e)()T	POLICY NUMBER: 5086814 POLICY TYPE: COMPREHENSIX MAKE & MODEL: 5mw 3- YPE: (SALOON / COUPE / MPV / VEHICLE CATEGORY; (PRIVATE /	EY THIRD PARTY / T - 1000 RR /V AN / LORRY / (M / COMMERCIAL / (	OTORCYCLE	Y OTHERS)
A, () 18	PURPOSE OF USING AT ACCIDE RE YOU CLAIMING UNDER YOU NO, PLEASE STATE (THIRD PAR	UP OWN INSURANT	CE (YES/NO)	
A)	SURED / POLICY HOLDER NAME: AWIN LEE KWAN NRIO FIN/PASSPORT: SB4231 ADDRESS: G GHIM MOH R	77.0	ONTACT:	) FEMALE! 98356/47
· C	CONTINUE TO 3.4 IF DRIVER AL			/ FEMALE)
(Including driver) 6)	NAME: NRIC/FIN/PASSPORT: ADDRESS:		ONTACT:	
* e)	DATE OF BIRTH: ( 13 / 08 ) OCCUPATION: (INDOOR) OU DATE OF DRIVING LICKLICK	28(o) 2004	0	YES (NO)
IF	AS DRIVER AN EMPLOYEE OF THE WEATHER CONDITIONS (CLEA	RAINING / OTH	ACCIONATION OF THE PERSON OF T	
6. W	ROAD SURFACE: (DRY) WET / AS ANYBODY INJURED (YES) REPORTED TO POLICE (YES) IF YES, PLEASE STATE WHICH PO	NO)		
B. The blackmar c	FIRD PARTY VEHICLE SI VEHICLE NUMBER: SHC 8		MODELI	TAXI
(Industing driver), b	DRIVER'S NAME: NORWED NRIC/FIN/PASSPORT: S 13	38497E	CONTACT:_	93365218
	H) VEHICLE NUMBER:		MODEL!CONTACT!!	1
C	I BRIGHTON CO.			

email = alvinleekwanghvat @gmail.com.

fax = NZL.

V1080

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8423105C





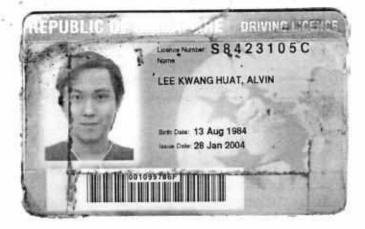
LEE KWANG HUAT, ALVIN



CHINESE 13-08-1984

Country/Place of birth SINGAPORE





5424981



S8423105C

16-02-2015

APT BLK 5 GHIM MOH ROAD #02-180 SINGAPORE 270006

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING Class 23 Manurcycles = 700 CC
Class 24 Monocycles between 201 CC and 460 CC
Class 2 Monocycles > 400 CC
Class 3 Monoc cars = 7000 kg with = 7 passengers, exclusive of the giriver; and natur traction/relocies = 2500 kg 28 Jun 2004 12 Apr 2005 13 May 2011 05 Jul 2013 5/No. 9000150 55

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