

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	27/11/2017 16:48
Date Of Accident	24/11/2017 16:30
Exact Location Of Accident	39 CAMBRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1609Z
Insured/Policyholder	
Name Of Registered Owner	LEE BAHARRUDIN
NRIC No	S1323455H
Email Address	SAUFIRRUDIN.LEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98353549
Alternative Phone No	OTHERS-98353549

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5035097810-08
Cover Note Number	

Driver

Name of Driver	LEE SAUFIRRUDIN BIN LEE BAHARRUDIN
NRIC No	S8813761B
Date Of Birth	29/04/1988
Occupation	INDOOR
Date Of Driving Pass	06/02/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98353549
Fax Number	
Contact Number	OTHERS-98353549
Email Address	SAUFIRRUDIN.LEE@GMAIL.COM

Address	BLK 636C SENJA ROAD #03-337
Postcode	673636
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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	SLS2090J
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Name of Driver	STEVEN GUNA
NRIC/Passport Number	S1612220C
Contact Number	90085353
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

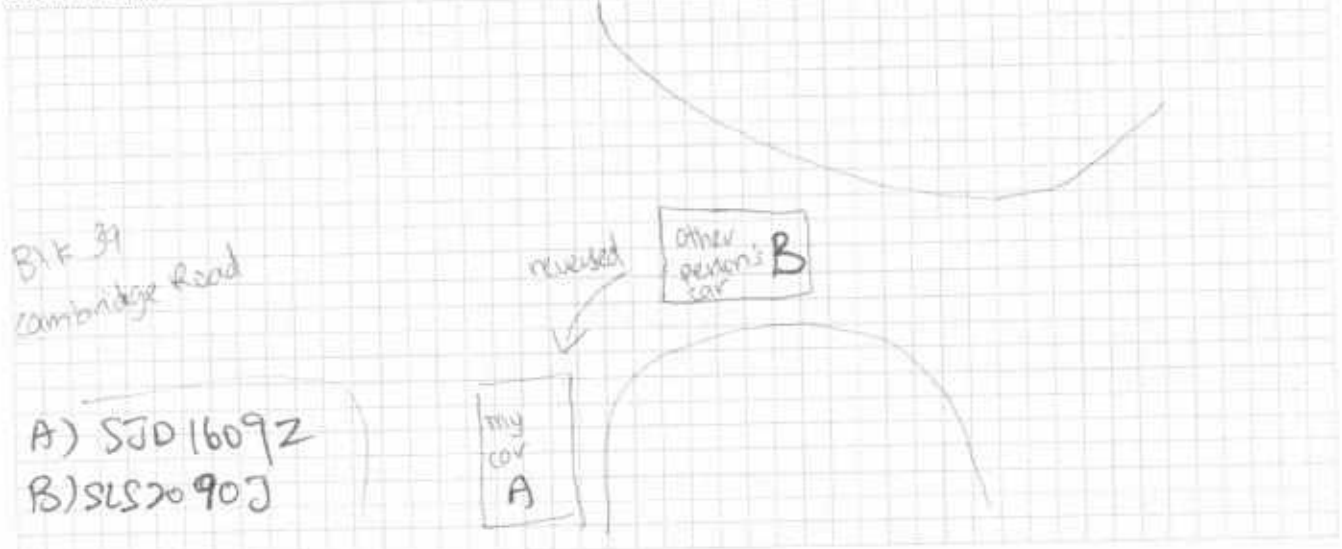
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/11/2017 1:13 PM

Reporting Centre Personnel's Signature
Name: Rosdi Watar
NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was a one way road, the other party car was turning into the covered shelter ~~for~~ drop off point. He realized the entrance at the drop off point was covered by another vehicle and the other vehicle driver told him to reverse, therefore he just reversed without checking his rear. Thus Mr Steven Yuna reversed and hitting the front bumper of my car. He wanted to initially settle personally which he later change his mind and decided to claim through insurance. There was a witness who had seen the whole incident during the accident.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/11/17 13:58 hrs

Reporting Centre Personnel's Signature
Name: Rosli Wajid
NRIC/FIN No.:

Claim Handling

Accident MT/0971345

Policy No.	5035097810-08	Vehicle No.	SJD1609Z	GST Registration No.	
Policyholder Name	LEE BAHARRUDIN			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	86353549	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	30		

Accident Details

Report Date	27/11/2017 17:38	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	24/11/2017	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	39 CAMBRIDGE ROAD				

Benefits

Excess

Own Damage Excess	500.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 636C #03-337	Address 2	SENJA ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5035097810-08		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	LEE SAUFIRUDIN BIN LEE BAH	Driver NRIC	58813761E	Driver DOB	
Register Date of Driver License	06/02/2007	Driver Age	29	Driving Experience	
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 636C #03-337	Address 2	SENJA ROAD	Address 3	
Address 4	SINGAPORE 673636	Address Type	Foreign address	Post Code	
Unit No.	03-337				
Does he own a Singapore Registered car?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SJD1609Z	Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LEE BAHARRUDIN	Insured NRIC	
Contact No.(Mobile)	82189667	Contact No.(Home)	86836877	Contact No.(Office)	
Email Address	baharrudin.lee@gmail.com	Q1 Vehicle Number	SJD1609Z	TP Vehicle Number	
Claim Description	SJD1609Z / SL920901 ON 24 Nov 2017				Name of Preferred Workshop
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GJA report	
Date Registered	27/11/2017 17:41	Claim Close Date		Date Received	
Report Taken By	ROSALI WAHAB				

☐ Print AK letter











Save Submit

Attachment

Accident No.	MT/0971345	Claim No.	001
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	27/11/2017 17:42
Path *		Category *	Confidential Urgency
		Browse... Clear	Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	File	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	File	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	File	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	File	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	File	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 17:42	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 17:42	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 17:42	Photos	Normal	Photos
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 17:41	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 17:41	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 17:41	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 17:41	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 17:41	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 27 Nov 2017 17:41	NRIC/ Driving License	Normal	NRIC/ Driving

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 11 / 17 (DD/MM/YYYY), TIME: 16 : 30 (HH:MM)

LOCATION: 39 Cambridge Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 16092
 b) INSURANCE COMPANY: NTUC Income
 c) POLICY NUMBER: 5035097810-08
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA / STREAM
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal
 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: LEE SAHARUDIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J1828455H CONTACT: 98353549
 c) ADDRESS: BK 636C Senja Rd, #03-337, PORE 63636

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE SAHARUDIN BIN LEE SAHARUDIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J3E157412 CONTACT: 98353549
 c) ADDRESS: BK 636C Senja Rd, #03-337, PORE 63636

* d) DATE OF BIRTH: 29 / 04 / 1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 06/03/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / (NO))
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: son
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS RAINING)
 b) ROAD SURFACE: (DRY / WET / OTHERS WET)
 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: SL920903 MODEL: Toyota Corolla
 b) DRIVER'S NAME: Steven Guna
 c) NRIC/FIN/PASSPORT: S1612220C CONTACT: 90065253

9. THIRD PARTY VEHICLE

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

MO TNG WEE LI

HPNO: 98222574

Email: saufudin.lee@gmail.com

Fax: _____

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8813761B



Name
LEE SAUFIRUDIN BIN LEE
BAHARRUDIN

Race
MALAY

Date of Birth 29-04-1988 Sex M

Country of Birth
SINGAPORE

S8813761B

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8813761B

LEE SAUFIRUDIN BIN LEE
BAHARRUDIN

Birth Date: 29 Apr 1988
Issue Date: 06 Feb 2007



3305594

NRIC No. S8813761B



Blood Group: Date of issue
29-04-2003

APT BLK 636C SENJA ROAD #03-337
SINGAPORE 673636

NRIC No. S8813761B
SINGAPORE DIVISION

Date: 18/11/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3: Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 06 Feb 2007



NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5035097810-08

Cover : drive CLASSIC

1. Index mark and Registration Number of Vehicle : **SJD1609Z**
Chassis Number : JHMRN684085202234
2. Name of Policyholder : LEE BAHARRUDIN
3. Effective Date of Insurance : 12 Mar 2017
4. Expiry Date of Insurance : 11 Mar 2018
5. Persons or Classes of Persons entitled to drive#
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other 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#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

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

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES (FREE)
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE BAHARRUDIN
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : XU WENYA (00000426066)
Date of Issue : 27 Feb 2017 21:45 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive