

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	02/01/2018 17:03
Date Of Accident	21/12/2017 20:50
Exact Location Of Accident	PIE EXIT TOWARDS TOH TUCK AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFD32R
Insured/Policyholder	
Name Of Registered Owner	LEE SOON HUAT FRANCIS
NRIC No	S1365037C
Email Address	QUINCYLEEJONES@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91186868
Alternative Phone No	OTHERS-82010600

Vehicle Particulars

Manufacturer	PORSCHE
Model	911-CARRERA
Exact Purpose for which vehicle was being used at time of accident	GOING FOR A MOVIE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096313222
Cover Note Number	

Driver

Name of Driver	QUINCY LEE JONES
NRIC No	S9533227G
Date Of Birth	10/09/1995
Occupation	INDOOR
Date Of Driving Pass	20/06/2014
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91186868
Fax Number	
Contact Number	OTHERS-82010600
Email Address	QUINCYLEEJONES@HOTMAIL.COM

Address	221 QUEENSWAY #12-02
Postcode	276750
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	SLK38S
Vehicle Make/Model/Colour	MASERATI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TECK KIM KOH
NRIC/Passport Number	S6932261A
Contact Number	90040437
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

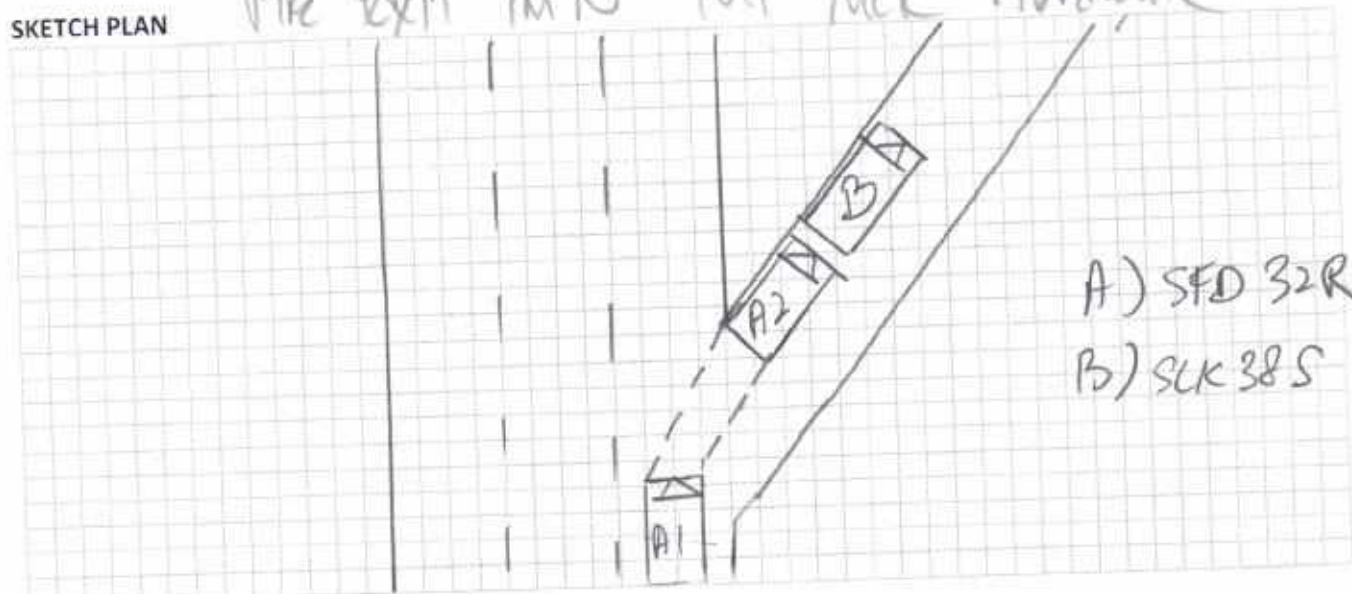
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/01/18

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

SKETCH PLAN

Pike Exit into Toh Tuck Avenue



A) SFD 32R

B) SLK 38S


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

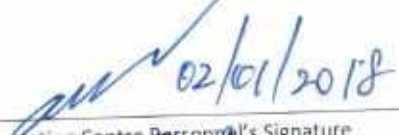
I was exiting the PLE to TOH TUCK AVE, there was a sharp right turn and I was slowing down due to nature of the turn. While turning I did not see any car in front of me till after the bend. At this time I stepped the brake ^{very} hard however it was not enough to slow down the car. My car went into car B and that is how the crash happened.

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: 02/01/18


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

Claim Handling

Accident MT/0975566

Policy No.	5096313222	Vehicle No.	SFD32R	GST Registration No.	
Policyholder Name	LEE SOON HUAT FRANCIS			Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	Prestige Third Party, Fire & Theft	Loading	
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available

Accident Details

Report Date	29/12/2017 09:16	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	21/12/2017	Time of Accident hh:mm	21:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE EXIT SLIP ROAD AT BUKIT BATOK AVENUE 3				

Benefits

Excess

Own damage Excess	0.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
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	37 JALAN PEMIMPIN	Address 2	#02-16 MAPEX	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5096313222		

OI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New

Claim Type *	OD-MX	Insured Name	LEE SOON HUAT FRANCIS	Insured NRIC	
Contact No.(Mobile)	91196868	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SFD32R	TP Vehicle Number	
Claim Description	SFD32R / SLK385 ON 21-Dec 2017				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	02/01/2018 18:12	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/0975566	Claim No.	002		
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	02/01/2018 18:14		
	Path *	Category *	Confidential	Urgency	
	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Normal"/>	
	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Normal"/>	
	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Normal"/>	
	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select	<input type="button" value="Normal"/>	

Figure 10.10

Attachment

 [Video List](#)

Scen and upcasting

ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 12 / 17 (DD/MM/YYYY), TIME: 21 : 50 (HH:MM)
LOCATION: TOT TUCK PIE EX27

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SFD 32 R
b) INSURANCE COMPANY: NTUC INCOME
c) POLICY NUMBER: 50 96 313 222
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY (THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Porsche 911 (997)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Going for a movie
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: Francis LEE SOON HUAT (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1365037C CONTACT: 9118 6868
c) ADDRESS: 221 Queensway, #12-02

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No. of passenger
(including driver)
(1)

DRIVER
a) NAME: Quincy Lee Jones (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S95332276 CONTACT: 82010600 / 9118 6868
c) ADDRESS: 221 Queensway, #12-02

* d) DATE OF BIRTH: 10 / 09 / 1995 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
f) DATE OF DRIVING LICENSE: 20/06/14

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

5. a) WEATHER CONDITION: CLEAR RAINING / OTHERS
b) ROAD SURFACE: DRY WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No. of passenger
(including driver)
(1)

a) VEHICLE NUMBER: SLK 38S MODEL: Maserati
b) DRIVER'S NAME: JECK KIM KOH
c) NRIC/FIN/PASSPORT: S6932261A CONTACT: 90040437

9. THIRD PARTY VEHICLE

No. of passenger
(including driver)
()

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

email = quincyleejones@hotmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9533227G



Name
QUINCY LEE JONES

Race
CHINESE

Date of birth
10-09-1995

Country of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9533227G

Name
QUINCY LEE JONES

Birth Date: 10 Sep 1995

Issue Date: 20 Jun 2014




002317366K



4810209



NRIC No: S9533227G



Date of issue
15-11-2012

Address
221 QUEENSWAY
#12-02
SINGAPORE 276750

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 20 Jun 2014

NP 428A

Licence No: S9533227G



eBaoTech

General Claim

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="21/12/2017 15:46"/>						
Vehicle No. (For Motor)	<input type="text" value="SFD32R"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096313222	LEE SOON HUAT FRANCIS	S1365037C	GPC	Prestige Third Party, Fire & Theft	SFD32R	SFD32R	05/12/2017	04/12/2018
<input type="button" value="Continue"/>									

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMAY18000807 Vehicle Registration No: SFD 32 R
Name (as shown in NRIC): Quincy Lam Jonas NRIC/FIN/Passport No: S9533227 G
☒ Vehicle Driver / ☐ Vehicle Owner (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 87010600
Email Address: _____
Date of Accident: 21/12/2017 Time of Accident: 20:50
Place of Accident: Pik Pexin Towards 10th Tick Ave
Insurance Company: N74C

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① DRIVER NAME AS ABOVE
- ② EMAIL ADDRESS: QUINCYLAMJONAS@NORMARC.COM

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kishu G...
NRIC/FIN No.: _____
Date: 03/01/2018