

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 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	02/04/2018 20:09
Date Of Accident	02/04/2018 06:50
Exact Location Of Accident	CLEMENTI AVE 3 B/F TURN INTO COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK7568G
Insured/Policyholder	
Name Of Registered Owner	KOH LENG LENG
NRIC No	S7207663Z
Email Address	LEECHEEKENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96853269
Alternative Phone No	OTHERS-96168139
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (A)
Exact Purpose for which vehicle was being used at time of accident	SENDING CHILDREN TO SCHOOL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5051952754-06
Cover Note Number	
Driver	
Name of Driver	LEE CHEE KENG
NRIC No	S7213401Z
Date Of Birth	15/04/1972
Occupation	INDOOR
Date Of Driving Pass	30/01/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96168139
Fax Number	
Contact Number	OTHERS-96853269
EMail Address	LEECHEEKENG@GMAIL.COM

Address:	BLK 461 CLEMENTI AVENUE 3 #19-618
Postcode	120461
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : SON GENDER: : MALE

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?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGB289R
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEH CHIN TEK
NRIC/Passport Number	S7611350E

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Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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.

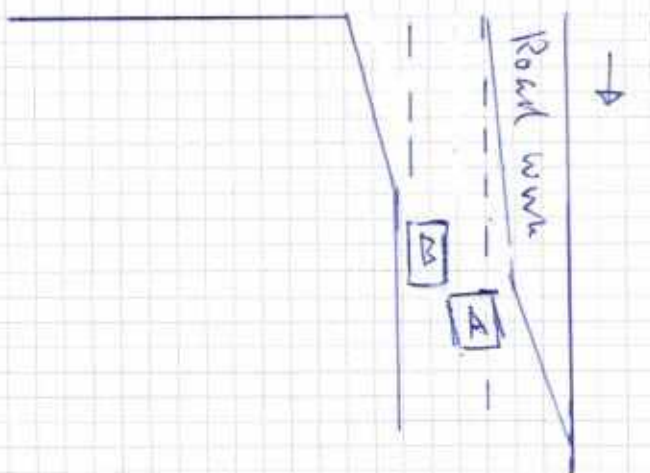

Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

Commonwealth Ave W.



A) SJK9-856G

B) 5GB289R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 April 2018 at about 652AM, I was driving on Clement Ave 3 towards Commonwealth Ave West to send my children to school. There was roadworks ahead of the lane I was in. The traffic light was red. I signalled my intention to merge into the lane on my left. When the traffic light turned green, I moved carefully into the left lane behind the car in front of me. As I moved forward, the vehicle (5GB289R) cut in front of me and stopped suddenly. I applied my stepped on my breaks immediately, but the front left corner of my car has lightly bumped the right rear corner of his vehicle.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 03/04/2018
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

Claim Handling

Accident MT/0988701

Policy No.	S011952754-06	Vehicle No.	SK7568G	GST Registration No.	
Policyholder Name	KOH LENG LENG			Policyholder NRIC	S72076632
Product Code	PRIVATE CAR INSURANCE	Cover Type	OTH CURSIC	Leading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remarks		eCode	No
NRIC	< No Yes	TCA	< No Yes	eCode Keenah	
NCD Protection	No	NCD Entitlement(%)	50	Private Hrs	Not available

Accident Details

Report Date	03/04/2018 11:12	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	02/04/2018	Time of Accident In:mm	06:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CLEMENTI AVE 3				

Benefits

Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	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 401 #13-018	Address 2	CLEMENTI AVENUE 3	Address 3	SINGAPORE 120461
Address 4		Address Type	Singapore address	Post Code	120461
Unit No.		Related Policy Number	S011952754-06		

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?	Yes < No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MX

New

Claim Type *	OD-MX	Insured Name	KOH LENG LENG	Insured NRIC	S72076632
Contact No.(Mobile)	96551298	Contact No.(Home)	68734876	Contact No.(Office)	
Email Address		OI Vehicle Number	SK7568G	TP Vehicle Number	SCB289R
Claim Description	SK7568G / SCB289R ON 2 Apr 2018				
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault	Name of Preferred Workshop	
Reserve Finalisation	YES	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/04/2018 11:39	Claim Close Date		Date Received	03/04/2018 00:00
Report taken by	RUSLI WAHAB	Workshop Reparer		Total Loss but Repaired	

Print A4 letter

Save Submit

Attachment

Accident No.		MT/0988701		Claim No.		002	
Last Doc. Received		* Yes ☐ No ☐		Upload Date:		03/04/2018 16:01	
Path *				Category *		Confidential	
Choose File		No file chosen		Urgency *		Description *	
Choose File		No file chosen		Clear		Please Select	
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Message Read							
				Send Message		Upload	

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Reg. Serv? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 16:01	Photos	Normal	Photos 2018-4-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 16:01	Photos	Normal	Photos 2018-4-3		Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 16:01	Photos	Normal	Photos 2018-4-3		Edit

UKIT MERAH)) on 03 Apr 2018 18:00

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B-UKIT MERAH)) on 03 Apr 2018 18:00	Photos	Normal	Photos 2018-4-3	Edit
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Video List

uploaded By/Date	Folder Date	File Name	Source	Action
Display in New Window Scan and uploading				

ACCIDENT STATEMENT

ACCIDENT DATE: 02/04/2018 (DD/MM/YYYY), TIME: 06.52 (HH:MM)

LOCATION: Clement Ave 3 (before turning into Commonwealth Ave West)

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJK 7568 G
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5051952754-06
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Honda Fit 1.3 G (A)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Sending children to school
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE? NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: Koh Leng Leng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7207663 CONTACT: 9685 3269
 c) ADDRESS: Blk 461 Clement Ave 3 #19-618
S(120461)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
()

DRIVER
 a) NAME: Lee Chee Keng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S72134012 CONTACT: 96168139
 c) ADDRESS: Blk 461 Clement Ave 3 #19-618
S(120461)

d) DATE OF BIRTH: 15/04/72 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: Jan 2013

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

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

No of passenger
(including driver)
(2)

a) VEHICLE NUMBER: SGB289 K MODEL: Subaru
 b) DRIVER'S NAME: Peh Chin Tek
 c) NRIC/FIN/PASSPORT: S7611350 E CONTACT:

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME: CONTACT:
 f) NRIC/FIN/PASSPORT:

Email: leecheekeng@gmail.com

Fax:

V: 030

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7213401Z



LEE CHEE KENG
(LI JIQING)
李集庆
Race
CHINESE
Date of Birth
15-04-1972
Country of Birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7213401Z

LEE CHEE KENG
(LI JIQING)

Birth Date 15 Apr 1972
Issue Date 30 Jan 2013



1830323

NRIC No. S7213401Z



Blood Group Date of issue
O+ 27-03-1994

APT BLK 4B1 CLEMENTI AVENUE 3 #19-818
SINGAPORE 120461

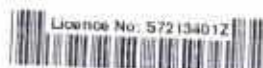
NRIC No: S7213401Z Date: 08/11/2014

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals <= 2500kg 30 Jan 2013

NP 428A



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
☐	5051952754-06	KOH LENG LENG	S7207663Z	GPC	drive CLASSIC	SJK7568G	SJK7568G	02/11/2017	01/11/2018