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Date In: 06/08/2018	14:28 Jeb descrip		. Date & Time Con	npleted	Don	e by
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		7) INC	)/Non-INC(	Fax		100
Owner / Driver: (	10010	JIL. MC	Tel:	)	· \	
Policy No: (	) Period: (					
Confirmed by : (	7	Date:	Cover Type: (		<del>()</del> .	
Insured/Driver Liability: (	%) [Note-Est. Statu			P. 20 100	)	
Year of Registration: (	) Warranty: YES		) P. 21-7950.	F: 80-100	%)	
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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.

Date Of Report   06/08/2018 14-28   Date Of Accident   03/08/2018 21-50   Exact Location Of Accident   CTE (CITY) BEFORE OUTRAM RD EXIT   Country/State of Loss   SINGAPORE		ACCIDENT STATEMENT	
Exact Location Of Accident	Date Of Report	06/08/2018 14:28	Г
Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SDF2286A  SSF2286A  Name Of Registered Owner NRIC No S1402555C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-92293068  Vehicle Particulars  Manufacturer TOYOTA COROLLA AXIO 1.5 X A Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category RINATE CAR Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver Name of Driver NEE YONG CHONG JASON NRIC No S1402555C Date Of Birth 18/07/1960 Occupation Out DOOR Date Of Driving Pass Driving Experience 32 YEARS AND 9 MONTHS Gender MALE Mobile Number Cortel S2 YEARS AND 9 MONTHS Gender MALE Mobile Number Cortel Number	Date Of Accident	03/08/2018 21:50	
Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S1402555C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-92293068 Alternative Phone No OTHERS-92293068 Alternative Phone No OTHERS-92293068  Manufacturer Model COROLLA AXIO 1.5 X A Exact Purpose for which vehicle was being used at are of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken THIRD PARTY Vehicle Category RIVATE CAR Insurance Company Name of Insurance Company Name of Insurance Company Priyer Fleet Policy NO Tower Note Number  Driver Name of Driver	Exact Location Of Accident	CTE ( CITY) BEFORE OUTRAM RD EXIT	
Vehicle Registration Number         SDF2286A           Insured/Policyholder         ILEE YONG CHONG JASON           NRIC No         \$1402555C           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-92293068           Alternative Phone No         OTHERS-92293068           Vehicle Particulars         OTHERS-92293068           Manufacturer         TOYOTA           Model         COROLLA AXIO 1.5 X A           Exact Purpose for which vehicle was being used at time of accident         GOING HOME           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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5033759424-09           Cover Note Number         LEE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS	Country/State of Loss	SINGAPORE	
Insured/Policyholder         LEE YONG CHONG JASON           Name Of Registered Owner         LEE YONG CHONG JASON           NRIC No         \$1402555C           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-92293068           Alternative Phone No         OTHERS-92293068           Vehicle Particulars         TOYOTA           Model         COROLLA AXIO 1.5 X A           Exact Purpose for which vehicle was being used at time of accident         GOING HOME           Are you claiming under your own insurance policy repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5033759424-09           Cover Note Number         Volumber           Driver         LEE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS	D	ETAILS OF OWN VEHICLE	
Name Of Registered Owner         LEE YONG CHONG JASON           NRIC No         \$1402555C           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-92293068           Alternative Phone No         OTHERS-92293068           Vehicle Particulars           Manufacturer         TOYOTA           Model         COROLLA AXIO 1.5 X A           Exact Purpose for which vehicle was being used at lime of accident         GOING HOME           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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPENHENSIVE           Fleet Policy         NO           Policy Number         5033759424-09           Cover Note Number         Cover Note Nord JASON           NRIC No         S1402555C           Date Of Birth         18/07/1980           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number	Vehicle Registration Number	SDF2286A	
NRIC No         \$1402555C           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-92293068           Alternative Phone No         OTHERS-92293068           Vehicle Particulars           Manufacturer         TOYOTA           Model         COROLLA AXIO 1.5 X A           Exact Purpose for which vehicle was being used at time of accident         GOING HOME           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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5033759424-09           Cover Note Number         EE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1965           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068	Insured/Policyholder		
NRIC No         \$1402555C           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-92293068           Alternative Phone No         OTHERS-92293068           Vehicle Particulars         TOYOTA           Model         COROLLA AXIO 1.5 X A           Exact Purpose for which vehicle was being used at time of accident         GOING HOME           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         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5033759424-09           Cover Note Number         LEE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068	Name Of Registered Owner	LEE YONG CHONG JASON	
Mobile Phone No (LOCAL) +65-92293068  Alternative Phone No OTHERS-92293068  Vehicle Particulars  Manufacturer TOYOTA Model COROLLA AXIO 1.5 X A  Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  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 5033759424-09  Cover Note Number  Driver  Name of Driver LEE YONG CHONG JASON NRIC No S1402555C Date Of Birth 18/07/1960 Occupation OUTDOOR Date Of Driving Pass 21/10/1985  Driving Experience 32 YEARS AND 9 MONTHS Gender MALE Mobile Number (LOCAL) +65-92293068	NRIC No	S1402555C	
Alternative Phone No OTHERS-92293068  Vehicle Particulars  Manufacturer Model Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE CAR  Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy Policy Number Over Note Number  Priver Name of Driver Name of Driver NRIC No S1402555C Date Of Birth 18/07/1960 Occupation OutDoor Date Of Driving Pass Driving Experience 32 YEARS AND 9 MONTHS Gender MALE Mobile Number  Fax Number Contact Number  OTHERS-92293068	Email Address	NOEMAIL	
Vehicle Particulars       Manufacturer     TOYOTA       Model     COROLLA AXIO 1.5 X A       Exact Purpose for which vehicle was being used at time of accident     GOING HOME       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     NTUC INCOME INSURANCE CO-OPERATIVE LTD       Type Of Coverage     COMPREHENSIVE       Fleet Policy     NO       Policy Number     5033759424-09       Cover Note Number     5033759424-09       Torver     LEE YONG CHONG JASON       NRIC No     \$1402555C       Date Of Birth     18/07/1960       Occupation     OUTDOOR       Date Of Driving Pass     21/10/1985       Driving Experience     32 YEARS AND 9 MONTHS       Gender     MALE       Mobile Number     (LOCAL) +65-92293068       Contact Number     OTHERS-92293068	Mobile Phone No	(LOCAL) +65-92293068	
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Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  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 Fleet Policy NO  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  NEEE YONG CHONG JASON  NRIC No  S1402555C  Date Of Birth  18/07/1960  Occupation  Date Of Driving Pass  Driving Experience  Gender  MALE  Mobile Number  Contact Number  OTHERS-92293068	Manufacturer	TOYOTA	
time of accident Are you claiming under your own insurance policy for repair to your vehicle?  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  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NEE YONG CHONG JASON  NRIC No  S1402555C  Date Of Birth  18/07/1960  Occupation  OutDoor  Date Of Driving Pass  Driving Experience  32 YEARS AND 9 MONTHS  Gender  MALE  Mobile Number  Contact Number  OTHERS-92293068	Model	COROLLA AXIO 1.5 X A	
for repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  NRIC No  S1402555C  Date Of Birth  18/07/1960  Occupation  Outdoor  Date Of Driving Pass  Driving Experience  32 YEARS AND 9 MONTHS  Gender  MALE  Mobile Number  Contact Number  OTHERS-92293068		GOING HOME	
Vehicle Category  Insurance Company  Name of Insurance Company  NTUC INCOME INSURANCE CO-OPERATIVE LTD  Type Of Coverage  COMPREHENSIVE Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  Name of Driver  NRIC No  S1402555C  Date Of Birth  Occupation  OutDoor  Date Of Driving Pass  Driving Experience  32 YEARS AND 9 MONTHS  Gender  MALE  Mobile Number  Contact Number  OTHERS-92293068		NO	
Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number S033759424-09 Cover Note Number  Driver  Name of Driver Name of Driver NRIC No S1402555C Date Of Birth 18/07/1960 Occupation OUTDOOR Date Of Driving Pass Driving Experience 32 YEARS AND 9 MONTHS Gender MALE Mobile Number Contact Number OTHERS-92293068	If No, Please state action to be taken	THIRD PARTY	
Name of Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5033759424-09           Cover Note Number         Driver           Name of Driver         LEE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Vehicle Category	PRIVATE CAR	
Type Of Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         5033759424-09           Cover Note Number         Driver           Name of Driver         LEE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Insurance Company		
Fleet Policy         NO           Policy Number         5033759424-09           Cover Note Number         Driver           Name of Driver         LEE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Policy Number         5033759424-09           Cover Note Number         Driver           Name of Driver         LEE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Type Of Coverage	COMPREHENSIVE	
Cover Note Number           Driver           Name of Driver         LEE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Fleet Policy	NO	
Driver         LEE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Policy Number	5033759424-09	
Name of Driver         LEE YONG CHONG JASON           NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Cover Note Number		
NRIC No         \$1402555C           Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Driver		þ
Date Of Birth         18/07/1960           Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Name of Driver	LEE YONG CHONG JASON	
Occupation         OUTDOOR           Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	NRIC No	S1402555C	
Date Of Driving Pass         21/10/1985           Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Date Of Birth	18/07/1960	
Driving Experience         32 YEARS AND 9 MONTHS           Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Occupation	OUTDOOR	
Gender         MALE           Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Date Of Driving Pass	21/10/1985	
Mobile Number         (LOCAL) +65-92293068           Fax Number         OTHERS-92293068	Driving Experience	32 YEARS AND 9 MONTHS	
Fax Number Contact Number OTHERS-92293068	Gender	MALE	
Contact Number OTHERS-92293068	Mobile Number	(LOCAL) +65-92293068	
	Fax Number		
EMail Address NOEMAIL	Contact Number	OTHERS-92293068	
	EMail Address	NOEMAIL	

Address BLK 448 BRIGHT HILL DRIVE

#10-143 570448

NO

YES

YES REVERT

NO

YN8907L

Postcode 5704

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

COMMERCIAL VEHICLE

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Page 2 of 23

Vehicle Registration Number

SGG5300G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name LEE YONG CHONG JASON

Approximate Age

Injuries Sustain BOI

Injured person in which vehicle? SDF2286A

Were seat belts worn?
Was this injured conveyed to hospital by

ambulance?

Address

Postcode

YES

### 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:
  - 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:

**Briver's Signature** 

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persionnel's Signature

Name:

NRIC/FIN No .:

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:

Reporting Centre Personnel's Signature

-6(8/2018

Name: NRIC/FIN No.:

STARMS SERVING PROPERTY VI

Claim & wiled sy com. sy

### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 traffic police department for investigation.

# **Accident details**

Date and time of accident	Date: 03/08/18	(DD/MM/YY) Time: 2/-50	(HH:MM)
Exact location of accident	(TE (city) before	ontran Rd exit	

# **Details of vehicle**

Vehicle registration number	SDF 2186A	
Vehicle make and model	oot.	
Type of vehicle	Saloon MPV CRV Van CRV Others:	
Vehicle category	Private ( Commercial  Motorcycle	
Purpose of using at said time	Going home	
Are you claiming under your own insurance company?	Yes No I if no, please select: Third part claim Reporting only I	

## Insurance information

Insurance company	NTUL		
Policy number	503375942409		
Type of policy	Comprehensive	Third party fire & theft	TP only

# Insured / Policy holder

Name	Lee Yong Chong Juson	Male 🗷	Female
NRIC / Fin / Passport number	stroznyk		
Contact	9229 3368		
Address	448 Bright Mill Drive #10-143 Signaport 570 448		

### Driver

# 

Name			Male □	Female
NRIC / Fin / Passport number				
Contact				
Address				
Email address			 	
Date of birth				
Occupation	Indoor 🗆	Outdoor		
Driving date pass				

Email Mutiated

Page 1

# General information of the accident

Was driver an employee of	Yes No 🗆
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes 🖒 No 🗆
Weather condition	Clear Raining Others:
Road surface	Dry
No of passenger	(Inclusive of driver
Passenger 1	
Name	lee Yong Chong Juson (Driver)
Gender	Male 🗹 Female 🗆
Passenger 2	
Name	
Gender	Male - Female -
Passenger 3	
Name	
Gender	Male  Female
Passenger 4	
Name	
Gender	Male Female
Passenger 5	
Name	
Gender	Male  Female
Passenger 6	
Name	
Gender	Male - Female -
Other information	
Was anybody injured?	Yes No D
Was other vehicle damaged?	Yes D No D
Details of police action	
Reported to police?	Yes  No If yes, please state which police station.

### Witness 1 Name Witness 2 Name Injured person 1 Name Lee You Chonn noin Body Injuries sustained SDF 2286 A Which vehicle person in? Were seat belts worn? Yes Z No a Was injured conveyed to Yes 🗆 No P hospital by ambulance? Injured person 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes No 🗆 Was injured conveyed to Yes 🗆 No 🗆 hospital by ambulance? Injured person 3 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗩 No 🗆 Was injured conveyed to Yes 🗆 No a hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes No 🗆 Was injured conveyed to Yes 🗆 No 🗆 hospital by ambulance?

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1402555C

LEE YONG CHONG JASON

CHINESE 18-07-1960

SINGAPORE







Blood Group Date of Issue A+ 18-08-1991

APT BLK 448 BRIGHT HILL DRIVE MID-143 SMGAPORE 570448

NAIC No: \$1402555C

Date: 13-05-1998 No: 2498772

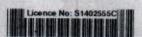
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

26 Mar 1984 21 Oct 1985

NP 428A



<b>eBao</b> Tech										Genera	Claim
Hello, NAC_PAYA_UBI_80	0601						Change	e Languag	e + Chan	ge Password	) Log Out
My Desktop	Polic	cy Query									
Notice of Loss	Policy N	10.				Date	of Accident		03/08/2018 2	21:50	
	Vehicle	No.(For Motor)	SDF22	86A		Cert	ificate Number	8 (			
Se						Search	]				
	Select	Policy No.	Certificate Number	Policyholder Name	Palicyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5033759424- 09		CHONG JASON	S1402555C	GPC	drivo CLASSIC	SDF2286/	SDF2286A	17/01/2018	16/01/2019
					]	Continue					

Policy No.	5033759424-09	Policyholder Name	LEE YONG CHONG JASON	Policyholder NRIC	S1402555C
Certificate No.		North C		IVRIC	
Address	BLK 448 #10-143 BRIGHT HILI	DRIVE SINGA	PORE 570448		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/12/2017	Effective Date	17/01/2018 00:00	Expiry Date	16/01/2019 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	PHUA KAH KENG, THOMAS	Agent Tel.	67524751	GST Flag	Y
Co- insurance Flag Open	No				
Policy Info Certificate					
Info					
Policyh	older Mailing Address				
Address 1	BLK 448 #10-143	Address 2	BRIGHT HILL DRIVE	Address 3	SINGAPORE 570448
Address 4		Address Type	Singapore address	Post Code	570448
Unit No.		Related Policy Number	5033759424-09		
<b>♪</b> Insured	d Object: SDF2286A				
☑ Endors	ements				
Sequenc	e Date of Endorsement	Endorse	ment Type Endorse	ment Status	Endorsement Content
1	17/01/2018 00:00	Basic Inform Endorsemen		Take Effective	orangeeye0514 -To less \$100 on renewal premium for Orange Eye discount.

Marchane	Claim nanding					
Certificate No. Prolity-holder Name   LET YONG CHONG MSDN	Accident MT/1006111	This constitute of the constit		more specific a		
Procession Numer   Common	Policy No.	5033759424-09	Vehicle No.	SDF2286A	GST Registration No.	
Pecial-Cicie	Certificate No.					
Contact No (Meditor)   Ma	Policyholder Name				Policyholder NRIC	\$140
Special Brownian   Special Br		PRIVATE CAR INSURANCE		drivo CLASSIC	Loading	0
March   Marc	Contact No (Mobile)	NA,	Contact No.(Office)		Contact No.(Home)	-
NCD Interference   Yes	Email Address		Special Remark		eCode	No N
Report Detail   Report Detail	KFK	● No ○ Yes	TCA	® No ○ Yes	eCode Reason	
Region Date	NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not a
Date of Accident	Accident Details					
Page	Report Date	06/08/2018 14:47	Accident Report Within 24 hrs	Yes	Accident Type	Unkn
ALONG CTE TOWARDS SIE  *** Benefits  *** Excess  *** Dan damage Excess  *** One Control Process	Date of Accident	03/08/2018	Time of Accident hh:mm	09:50	Country of Accident	Singa
### Second	Reporting Centre		Orange Force		JCM No.	
State	Accident Location	ALONG CTE TOWARDS SLE				
Description	□ Benefits					
Dutaide Singapore OD Excess   6.00.00   Cutside Singapore OD Excess   6.00.00   Cutside Singapore Texcess	♥ Excess					
Direct	Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.0
GST Registration Date GST Registration No. Modification Instancy  ***PORCytholder Mailing Address**  ***PORCytholder Mail	Unhamed Driver Excess	0,00	Outside Singapore OD Excess	600.00		
GST Registration Date GST Status Verified  Yes  Address 2  Address 2  Address 3  Address 3  Address 4  Address 4  Address 7 pe  Singapore Address  Post Code  Unit No.  Priver Name  Driver Nagic  Contact No.(Office)  Address 3  Address 2  Address 3  Address 3  Address 3  Address 3  Address 4  Address 7  Address 3  Address 3  Address 4  Address 7  Address 3  Address 4  Address 3  Address 4  Address 4  Address 4  Address 4  Address 4  Address 4  Address 6  Address 7  Address 6  Address 6  Address 7  Address 7  Address 8  Post Code  Driver Insurer Company  Address 7  Address 8  Address 7  Address 8  Address 7  Address 8  Address 7  Address 8  Address 7  Address 9  A	Third Party Excess	0.00	Outside Singapore TP Excess	0,00		
SST Ratus Verified   Yes   West Notification Instance   ST Status Verified   Yes   West Notification Instance   ST Status Verified   Yes   West Notification Instance   ST Status Verified   Yes   West Notification Instance   ST	GST Registered Inform	ation				
### Policyholder Mailing Address ### Address 1	GST Registered	No		GST Registration Date		
Address 1 BLK 448 #10-14) Address 7pe Singapore address Post Code Unit No. Priver Info  Priver Name United driver Name United driver Name United driver Name Northandress 1 Address 2 Address 3 Address 3 Address 4 Address 7pp Foreign address Driver Name Driver Name Northandress Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company Modification History  Claim 092 0D-MX Next  Claim Type *  DD-MX Insured Name  LEE YONG CHONG IASON Driver Name OFFEREND Name Driver Name OFFEREND Name Driver Name OFFEREND Name Unit No. Insured Name Driver Name Driver Name Driver Name Driver Name Name of Preferred Workshop Name unknown Y Driver Name Name of Preferred Workshop Name unknown Y Driver Name Dr				GST Status Verified	Yes	
Address 1 Address 4 Address 7 Address 7 Address 9 Driver Info  Driver Info  Driver Info  Driver Name Unnamed driver Name Unnamed driver Name Driver RAIC Driver RAIC Driver RAIC Driver Age Driver Age Driver Age Contact No.(Mobile) Address 1 Address 2 Address 2 Address 3 Address 1 Address 1 Address 1 Address 1 Address 7 Address Address A Unit No.  Dees he ewn a Singapore Register Date of New Vers No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company  Risk  Claim Type *  Contact No.(Mobile)  22293068  Contact No.(Home)  Address 1 Address 4  Insured Name  LEE YONG CHONG JASON Insured NRIC Contact No.(Mobile)  22293068  Contact No.(Home) Spring Address Driver Vehicle Number  Claim Description Spring Address Driver Vehicle Number  Driver Vehicle Number  Driver Vehicle Number  LEE YONG CHONG JASON Insured NRIC Contact No.(Mobile)  Preferred Workshop, Name unknown V Preferr	Modification History					
Address 1 Address 4 Address 7 Address 7 Address 9 Driver Info  Driver Info  Driver Info  Driver Name Unnamed driver Name Unnamed driver Name Driver RAIC Driver RAIC Driver RAIC Driver Age Driver Age Driver Age Contact No.(Mobile) Address 1 Address 2 Address 2 Address 3 Address 1 Address 1 Address 1 Address 1 Address 7 Address Address A Unit No.  Dees he ewn a Singapore Register Date of New Vers No Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Vehicle No. Driver Insurer Company  Risk  Claim Type *  Contact No.(Mobile)  22293068  Contact No.(Home)  Address 1 Address 4  Insured Name  LEE YONG CHONG JASON Insured NRIC Contact No.(Mobile)  22293068  Contact No.(Home) Spring Address Driver Vehicle Number  Claim Description Spring Address Driver Vehicle Number  Driver Vehicle Number  Driver Vehicle Number  LEE YONG CHONG JASON Insured NRIC Contact No.(Mobile)  Preferred Workshop, Name unknown V Preferr	■ Policyholder Mailing Ar	ddress				
Address Type Singapore address Post Code  Unit No. Related Policy Number 5033759424-0-99  Driver Info  Driver Mame Driver Mane  Contact No. (Mobile) Driver Singuistro Date of Driver Date Date No. Driver Date Date Date Date Date Date Date Date	- Tank		Address 3	ROUGHT HILL DRIVE	Address 3	CINC
Unit No.  Priver Name  Driver Name  Driver Name  Driver Name  Driver NRIC  Driver Age  Driver Age  Contact No.(Molore)  Contact No.(Office)  Contact No.(Office)  Contact No.(Office)  Contact No.(Office)  Address 3  Address 4  Address 7  Address 7  Address 3  Address 3  Address 4  Address 1  Address 5  Address 6  Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  Modification History  Claim D92 OD-MX  Name  Claim Type *  Contact No.(Molore)  Sp293068  Contact No.(Molore)  Sp300		3LK 110 110 119				5704
Driver Info  Driver Name  Unnamed driver Name  Unnamed driver Name  Driver NRIC  Driver Age  Contact No.(Mobile)  Contact No.(Office)  Contact No.(Office)  Contact No.(Office)  Contact No.(Office)  Contact No.(Office)  Address 2  Address 3  Address 3  Address 4  Address Type  Foreign address  Driver Insurer Company  Modification History  Claim 092 OD-MX  Name  Claim 17pe *  Contact No.(Home)  Sp223065  Contact No.(Home					Post Code	3704
Driver Name Unnamed driver Name Driver NRIC Contact No. (Mobile) Contact No. (Office) Address 2 Address 3 Address 4 Address 4 Address 7 Post Ode Unit No. Does he own a Singapore Registered Car?  Ves * No Driver Vehicle No. Driver Vehicle No. Driver Insurer Company  Modification History  Claim Type *  Claim 1002 OD-MX NRIX  Claim Type *  OD-MX Insured Name LEE YONG CHONG IASON Insured NRIC Contact No. (Mobile) 92293069 Contact No. (Home) 64593860 Contact No. (Office) Try Vehicle Number Name of Preferred Workshop Preferred Workshop Contact No. Require Finalisation Yes Preferred Repair Option Date Registered 97/08/2018 09:42 Claim Claim Clase Date Workshop Repairer  Save Submit  Attachment			Nemted Forey Hamber	3033733424-03		
Unit No.  Claim Type *  Claim Type *  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Contact No.(Mobile)  Address 1  Address 3  Address 4  Address 1  Address 5  Address 5  Address 6  Address 7  Address 7  Poreign address  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Driver Vehicle No.  Claim 102 OD-MX  Naw  Insured Name  Contact No.(Mobile)  92293058  Contact No.(Mobile)  Poreign address  Contact No.(Mobile)  Address 1  Insured Name  EE YONG CHONG JASON  Insured NRIC  Contact No.(Mobile)  EASS/3860  Contact No.(Mobile)  Poreign address  Contact No.(Mobile)  92293058  Contact No.(Mobile)  Poreign address  Driver Javance Company  No.(Mobile)  Driver	Driver Name		Driver Type			
Contact No. (Mobile) Address 1 Address 2 Address 3 Address 4 Address 5 Proteign address Post Code  Unit No.  Deas he own a Singapore Registered car?  Claim 1 Pye *  Claim 1 Pye *  Contact No. (Mobile) 92293068 Contact No. (Home) 64593860 Contact No. (Mobile) 92293068 Contact No. (Home) 64593860 Contact No. (Mobile) 92293068 Contact No. (Home) 64593860 Contact No. (Office) Insured Name Claim Description Preferred Workshop Contact No.  Regular Pinalisation Yes Preferred Workshop Contact No.  Regular Pinalisation Yes Preferred Repair Option Preferred Workshop, Name unknown  GIA report Date Registered 07/08/2018 09-42 Claim Close Date  Address Save Submit  Attachment  Save Submit					Driver DOB	
Contact No.(Mobile)  Address 1  Address 2  Address 3  Address 3  Address 4  Address 7 Poreign address  Post Code  Post Code  Priver Insurer Company  Modification History  Claim 002 OD-MX  Naw  Claim Type *  Contact No.(Mobile)  92293068  Contact No.(Home)  Address Priver Insured Name  EE YONG CHONG JASON  Insured NRIC  Contact No.(Mobile)  92293068  Contact No.(Home)  5DF2286A  TP Vehicle Number  Claim Description  SpF2286A / YN8907L ON 3 Aug 2018  Preferred Workshop Contact No.  Require Finalisation  Yes  Preferred Workshop Contact No.  Require Finalisation  Yes  Preferred Repair Option  Preferred Workshop, Name unknown  GIA report  Date Registered  07/08/2018 09-42  Claim Close Date  Save Submit  Attachment	Register Date of Driver License		Driver Age		Driving Experience	
Address 4  Address Type Foreign address Post Code  Unit No.  Does he own a Singapore Registered car?  Claim 002 OD-MX  New  Claim 1ype *  OD-MX  Insured Name  LEE YONG CHONG IASON Insured NRIC Contact No. (Mobile) 92293068  Contact No. (Mobile) 92293068  Contact No. (Home) OI Vehicle Number  SDF2286A  TP Vehicle Number  Name of Preferred Workshop Perferred Workshop Contact No. Require Finalisation Yes  Preferred Repair Option Require Finalisation Preferred Workshop, Name unknown  Attachment  Attachment  Attachment  Attachment  Address Type Foreign address Post Code  Post Code  Driver Vehicle No.  Driver Jinsured NRIC  Contact No. (Home) A593860  Contact No. (Office) TP Vehicle Number Name of Preferred Workshop Name of Preferred Workshop Regular Fault  Perferred Workshop, Name unknown  GIA report No.  Report 7aken By Print AK letter  Attachment  Attachment	Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Unit No.  Des he own a Singapore Registered Car?  Ves * No  Driver Vehicle No.  Driver Vehicle No.  Driver Insurer Company  Modification History  Claim 002 OD-MX  New  Claim Type *  OD-MX  V  Insured Name  EE YONG CHONG IASON Insured NRIC  Contact No. (Mobile) 92293068  Contact No. (Home) 92293068  Contact No. (Home) 92293068  OI Vehicle Number  Driver Insurer Company  Insured NRIC  Contact No. (Home) 92293068  Touchick No. (Home) 92293068  Touchick Number  Claim Centrollon Soft 2286A / YN8907L ON 3 Aug 2018  Name of Preferred Workshop  Preferred Workshop Contact No.  Insured Registered O7/08/2018 09:42  Claim Close Date  Date Registered O7/08/2018 09:42  Claim Close Date  Attachment  Attachment	Address 1		Address 2		Address 3	
Does he own a Singapore Registered car?    Ves   No   No.   Driver Vehicle No.   Driver Insurer Company	Address 4		Address Type	Foreign address	Post Code	
Modification History  Claim 002 OD-MX New  Claim 5ype * OD-MX New  Claim 5ype * OD-MX New  Insured Name LEE YONG CHONG JASON Insured NRIC  Contact No. (Mobile) 92293068 Contact No. (Home) 64593860 Contact No. (Office)  Email Address OI Vehicle Number SDF2286A TP Vehicle Number  Claim Description SDF2286A / YN8907L DN 3 Aug 2018  Preferred Workshop Contact No.  Require Pinalisation Ves Preferred Repair Option Preferred Workshop, Name unknown V G1A report  Date Registered O7/08/2018 09:42 Claim Close Date Date Received  Attachment  Attachment  Save Submit	Unit No.					
Claim Type * OD-MX		○ Yes ● No	Driver Vehicle No.		Driver Insurer Company	
Claim Type * OD-MX	negateres sac					
Claim Type * OD-MX	Market State					
Claim Type * OD-MX	Modification History					
Contact No. (Mobile) 92293068 Contact No. (Home) 64593860 Contact No. (Office) TP Vehicle Number  Claim Description SDF2286A / YN8907L ON 3 Aug 2018 Preferred Workshop Contact No. Require Finalisation Ves Preferred Repair Option Preferred Workshop, Name unknown GJA report Date Registered 07/08/2038 09:42 Claim Close Date Report Taken By Print AK letter  Save Submit  Attachment	Claim 002 OD-MX Nex	~				
Contact No. (Mobile) 92293068 Contact No. (Home) 64593860 Contact No. (Office) TP Vehicle Number  Claim Description SDF2286A / YN8907L ON 3 Aug 2018 Preferred Workshop Contact No. Require Finalisation Ves Preferred Repair Option Preferred Workshop, Name unknown GJA report Date Registered 07/08/2038 09:42 Claim Close Date Report Taken By Print AK letter  Save Submit  Attachment		_				
Contact No. (Mobile) 92293068 Contact No. (Home) 64593860 Contact No. (Office) TP Vehicle Number  Claim Description SDF2286A / YN8907L ON 3 Aug 2018 Preferred Workshop Contact No. Require Finalisation Ves Preferred Repair Option Preferred Workshop, Name unknown GJA report Date Registered 07/08/2038 09:42 Claim Close Date Report Taken By Print AK letter  Save Submit  Attachment	Claim Type *	Inn-wy O	Insured Name	THE YORK CHONG TARON	Insured NOV	ELAD
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Claim Description   SDF2286A / YN8907L ON 3 Aug 2018   Name of Preferred Workshop Preferred Workshop Contact No.   Insured Liability * Partially at Fault   Save   Save   Submit   Preferred Workshop   Name of Preferred W		92293008				Fating
Preferred Workshop Contact No.  Require Finalisation  Date Registered  07/08/2018 09:42  Claim Close Date  Report Taken By  Print AK letter  Insured Liability * Partially at Fault  Preferred Workshop, Name unknown  Date Received  Total Loss but Repaired  Save Submit  Attachment		SDE22864 / YM8907I ON 3 Aug 2018	Of vehicle number	DDF2280A		YN89
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Date Registered 07/08/2018 09:42 Claim Close Date Date Received  Report Taken By KRISHNASAMY Workshop Repairer Total Loss but Repaired  Print AK letter  Save Submit	No.					
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Save Submit Submit	Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
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