

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 liability.
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	29/10/2018 18:00
Date Of Accident	27/10/2018 15:00
Exact Location Of Accident	BLK 418 ANG MO KIO AVENUE 10 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FN3939C
Insured/Policyholder	
Name Of Registered Owner	SEBASTIAN LI JUN NAN
NRIC No	S8946498F
Email Address	LI.SEBASTIAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96193060
Alternative Phone No	OTHERS-96193060

Vehicle Particulars

Manufacturer	HONDA
Model	NSR250R2R
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5051143086-06
Cover Note Number	

Driver

Name of Driver	SEBASTIAN LI JUN NAN
NRIC No	S8946498F
Date Of Birth	11/12/1989
Occupation	INDOOR
Date Of Driving Pass	15/02/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96193060
Fax Number	
Contact Number	OTHERS-96193060
Email Address	LI.SEBASTIAN@HOTMAIL.COM

Address	BLK 419 ANG MO KIO AVENUE 10 #09-1077
Postcode	560419
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SKZ7052L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XU YUOU
NRIC/Passport Number	S9574627F
Contact Number	91017526
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

NATIONAL Assessment Centre Services (with 1/1/2000)

Date In:	Job description	Date & Time Completed	Done by
Ref No:	QAS e-Billing		
Veh No:	E-mail (within 24hrs, A107111)		
D.O.A:	1-Motor Claim Form		
OO / TP / Reporting Only	1-Motor VVO (within 100 days, VVO 11111)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Rep/ Handle Owner/Whse		

Preferred Whse / INC Assign Whse / OWI	Tel:	Fax:
TP Particulars	Yell No:	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	% (Note: B1, S1, W1) N1: 0-25% P1: 21-75% P1: 80-100%	
Year of Registration:	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Reminders:

- () Work-in-Civilian: Customer's information strictly Confidential & strictly NO refer of repeller.
- () Total Loss Case: 1 to e-mail Insurer URGENTLY.
- Drive-In () / Tow-In () / Invoice: YES () / NO () / Towing Co: ()

Removal:	IN () / NO ()	Date Time Completed:	Done by:
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury:

Other Tolls:

Finance Particulars:	Invoice Preparation Checklist:	Bill:	Hand Bill:
Driver/Owner:	1) AA Accident Reporting (330)		
Vehicle No:	2) DA Damage Assessment (3100)	INC (440)	
Assigned Portion:	3) TP Towing Fee	210/12	
	4) FT Follow Through Survey	110	
	5) FT Follow Through Survey (Recovery)	210	
	6) TR Bill of Lading	413	
	7) NTUC Additional Survey	210	
	8) NTUC Additional Survey	210	
	9) NTUC Additional Survey	210	
	10) NTUC Additional Survey	210	
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	100) NTUC Additional Survey	210	

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: 1430h 29 OCT 2018

Driver's Signature

(If driver is not the policyholder)

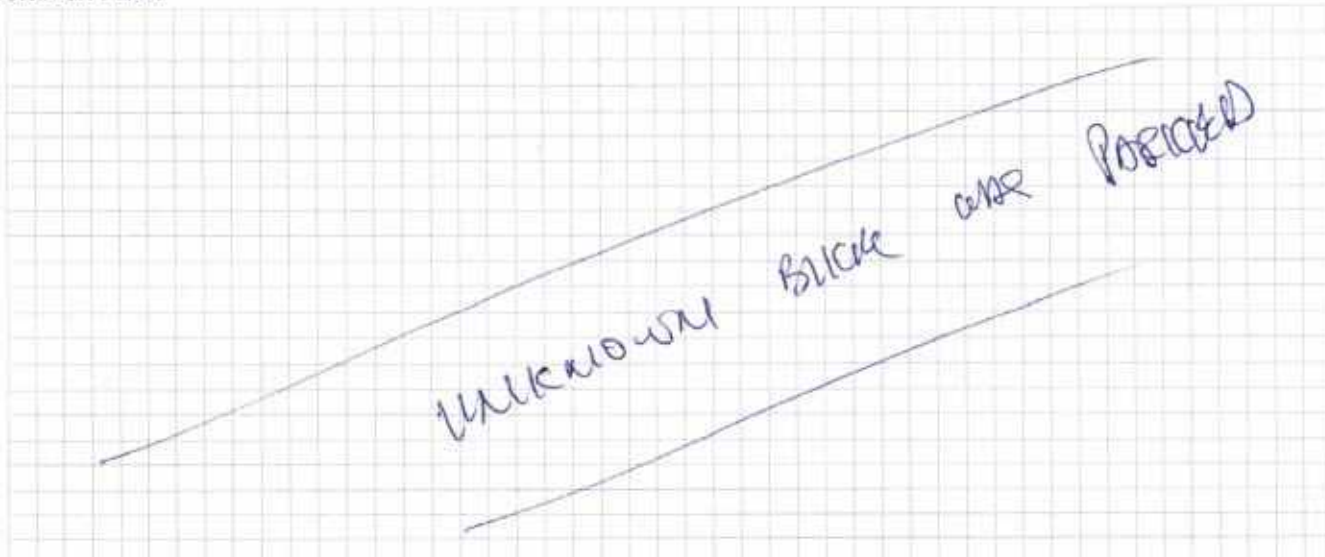
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27 OCT 2018, I was alerted that my motorcycle, FN3939C, had fallen to the ground. I went to the car park to verify the information. When I was there, the motorcycle was in an upright position. Except that there were damages to the motorcycle I began taking photos when Yurou, the driver, asked if I was the owner of the motorcycle. I replied yes. She told me she hit my motorcycle while trying to exit the car park. She said that she did not see my motorcycle. She left a note explaining that she hit my motorcycle and her contact details. I did not personally witness her hitting my motorcycle with her vehicle. We exchanged contacts, IC numbers and she left. I called my insurer, NTC, to inform them of the accident.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 14 30h 29 OCT 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 29/10/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

Claim Handling

Accident MT/1017642

Policy No.	5051143086-06	Vehicle No.	FN3939C	GST Registration No.	
Certificate No.					
Policyholder Name	SEBASTIAN LI JUN NAN	Cover Type	Third Party	Policyholder NRIC	58946438F
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Loading	0
Contact No. (Mobile)	96193060	Special Remark		Contact No. (Home)	
Email Address				eCode	No
KPK	+ No Yes	TCA	+ No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	29/10/2018 18:21	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	27/10/2018	Time of Accident (hh:mm)	15:00	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	BLK 419 ANG MO KIO AVENUE 10 OPEN SPACE CARPARK				
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefit					
GST Registered Information					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	BLK 419 #09-1077	Address 2	ANG MO KIO AVENUE 10	Address 3	TECK GHEE HEARTLANDS
Address 4	SINGAPORE 560419	Address Type	Singapore address	Post Code	560419
Unit No.		Related Policy Number	5051143086-06		
OT Driver Info					
Driver Name	SEBASTIAN LI JUN NAN	Driver Type	Main Driver	Driver DOB	11/12/1989
Unnamed driver Name		Driver NRIC	58946438F	Driving Experience	3
Register Date of Driver License	16/07/2009	Driver Age	26	Contact No. (Home)	
Contact No. (Mobile)	96193060	Contact No. (Office)		Address 3	TECK GHEE HEARTLANDS
Address 1	BLK 419 #09-1077	Address 2	ANG MO KIO AVENUE 10	Post Code	560419
Address 4	SINGAPORE 560419	Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	FN3939C	Driver Insurer Company	NTUC
Declaration					
Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No		

Modification History

Claim 001

New

Claim Type *	OD-MIX	Insured Name	SEBASTIAN LI JUN NAN	Insured NRIC	58946
Contact No. (Mobile)	96193060	Contact No. (Home)	65523441	Contact No. (Office)	
Email Address	sebastian@hotmail.com	OT Vehicle Number	FN3939C	TP Vehicle Number	SKZ70
Claim Description	FN3939C / SKZ7052L ON 27 Oct 2018				
Preferred Workshop	Insured Liability	Not at Fault	GIA report	Received	
Submittal No. Finalisation	Yes	Preferred Workshop, Name unknown			
Date Registered	29/10/2018 18:23	Claim Close Date		Date Received	29/10/
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1017642	Claim No.	001
Last Doc. Received	Yes No	Upload Date	29/10/2018 18:24
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Desc
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
NAC_BUKIT_MERAH_80676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 18:24		Photos	Normal
			Description
			Photos 2018-10-29

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 18:24	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 18:24	Photos	Normal	Photos 2018-10-29
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 18:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 18:23	SAS	Normal	SAS 2018-10-29
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 18:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-29

 Video List

Updated By/Date

Folder Date

File Name

 Source

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 27 / 10 / 2018 (DD/MM/YYYY), TIME: 15 : 00 (HH:MM)

LOCATION: Blk 418 Ang Mo Kio Ave 10 Open Air Carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FN3939 C
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NSR250 PGM-IV
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal use
 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: Sebastian Li Jun Nan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8946498F CONTACT: 9619 3060
 c) ADDRESS: Blk 418 Ang Mo Kio Ave 10 909-1037

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AC ABOUT (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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

- a) VEHICLE NUMBER: JKZ 7052 L MODEL: _____
 b) DRIVER'S NAME: XU YURU
 c) NRIC/FIN/PASSPORT: S9574627F CONTACT: 9101 7526

9. THIRD PARTY VEHICLE

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

email = LI.JEBASTIAN@HOTMAIL.COM

fax =

✓ 1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8946498F



Name

SEBASTIAN LI JUN NAN

李俊南

Race
CHINESE

Date of birth
11-12-1989 Sex
M

Country of birth
SINGAPORE



S8946498F

REPUBLIC OF SINGAPORE DRIVING LICENCE



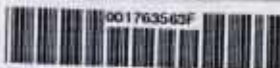
Vehicle Number S8946498F

Name

SEBASTIAN LI JUN NAN

Birth Date 11 Dec 1989

Issue Date 16 Jul 2009



001763563F



3849640

NRIC No. S8946498F



Date of issue
15-12-2004

Address
APT BLK 419 ANG MO KIO AVENUE 10
#09-1077
SINGAPORE 560419

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	16 Jul 2009
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	15 Feb 2011
Class 2	MOTORCYCLES EXCEEDING 400 CC	03 Jul 2012
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	01 Aug 2015

Valid Until

NRIC No.

S / No. 9000250479



1300100 340: S8946498F

428A

Hello, NAC_BUKIT_MERAH_800676

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

Policy Query

Policy No.		Date of Accident	27/10/2018 14:39
Vehicle No.(For Motor)	FN3939C	Certificate Number	

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
☐	5051143086-06		SEBASTIAN LI JUN NAN	S8946498F	GMC	Third Party	FN3939C	FN3939C	27/01/2018	26/01/2019