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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

ALCOHOLD DESCRIPTION	ACCIDENT STATEMENT
Date Of Report	10/12/2018 15:55
Date Of Accident	08/12/2018 11:05
Exact Location Of Accident	2ND LINK E (MALAYSIA SIDE)TWDS MALAYSIA CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM7452X
Insured/Policyholder	
Name Of Registered Owner	LIONG HUI YUN SHIRLEY
NRIC No	S9009865I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81510004
Alternative Phone No	OTHERS-81510004
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5105654112
Cover Note Number	
Driver	
Name of Driver	SIM CHUAN KIM (SHEN QUANJIN)
NRIC No	S8938032D
Date Of Birth	26/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81510004
Fax Number	
Contact Number	OTHERS-81510004

NOEMAIL

BLK 217 PETIR ROAD Address

#12-399

Postcode 670217

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO.

NO

2

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)

Passenger 1

NAME:

: NIL

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20181209/2003

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBJ3933L

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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)

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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN		Second Li (Malar	ink Expression (side) -	lowards at point.
	1 A 88		A - 5 B	JM7452X FBJ3933L
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		/	
		- NA	2	
		Ceron	200	
	10 /2	0/8/30		
0/5	10, 2			
DECLARATION I/We declare the foregoing part	iculars are true in every respect.		\	L. la v
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policy Date & Time:	holder) Nam	orting Centre Personnel e: /FIN No.:	- 10 (N 2018 Signature





Report No. J/20181209/2003

POLICE REPORT (NP299)

Police Station Of Origin Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Date/Time Report Made 09/12/2018 00:37	Vide Report No.		Station Diary No.	
Name Of Informant SIM CHUAN KIM	APT BL	Address APT BLK 217 PETIR ROAD #12-399		
ID Type / ID No. NRIC NO / S8938032D	670217 Contact No. Home/Office Mobile 81510004			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Courier Service	Sex Male	1000		Race Chinese
Institution/School Name	Male 29 26/10/1989 Chinese Language English			Omnosc
Date/Time Of Incident 08/12/2018 11:05	Location Of Incident Second Link Expressway (Malaysia) MALAYSIA			

Brief details.

On 8th December 2018, at about 1106hrs, I was driving at the center lane of a 3 lane road of Second Link Expressway (Malaysia side) towards Malaysia Checkpoint. At that point of time, it was a slow moving heavy traffic. Later, I felt an impact from the rear right side and soon after, spotted a motorbike riding pass. I have camera installed in my vehicle, bearing SJM7452X, Mitsubishi Lancer. Upon viewing the camera footage, it captures a Singapore registered motorbike, bearing FBJ3933L, filtering the lane from the rear. As the motorbike was filtering and riding pass my vehicle at the right side, it captured the

Signature Of Officer Recording The Report:	Signature Of Informant:
J / Sr Staff Sgt MOHAMMAD SUFIAN BIN WAHID	- Ju
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2018 00:37
Officer In-Charge Of Case: J / Jurong West N.P.C / SI KUAN JIAN MING, JEREMY Contact No.: 67910000	Classification Of Case:
Authentication Stamp	J [







Report No. J/20181209/2003

POLICE REPORT (NP299)

CONTINUATION OF REPORT

motorbike left side box grazed the rear right side of my vehicle. Due to that, my vehicle suffers several minor scratches. I am lodging this report for my insurance claim purpose.

Signature Of Officer Recording The Report: J / Sr Staff Sgt MOHAMMAD SUFIAN BIN WAHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2018 00:37
Officer In-Charge Of Case: J / Jurong West N.P.C / SI KUAN JIAN MING, JEREMY Contact No.: 67910000	Classification Of Case:
Authentication Stamp	

SN 117

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8938032D





SIM CHUAN KIM (SHEN QUÁNJIN)

沈



CHINESE

Date of north 26-10-1989

Country/Place of birt SINGAPORE M





5858433



NRIC No. S8938032D

Date of issue 08-01-2018

Address

APT BLK 217 PETIR ROAD #12-399 SINGAPORE 670217 Cir. Class 28 Metarcycles =< 200 CC St. Class 28 Metarcycles =< 200 CC St. Class 28 Metarcycles =< 200 CC St. Class 24 Metarcycles =< 200 CC St. Class 24 Metarcycles between 201 CC and 400 CC St. Class 3 Metarcycles between 201 CC and 400 CC St. Class 3 Metarcycles between 201 CC and 400 CC St. Class 3 Metarcycles in St. Class 3 Metarcycles in

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My Desktop	Poli	cy Query									9
Notice of Loss	Policy !	No.				Date	of Accident		08/12/2018	11:05	
	Vehicle	No.(Far Mator)	S3M74	152X		Cert	ificate Numbe	er			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5105654112		LIONG HUI YUN SHIRLEY	S9009865I	GPC	drivo CLASSIC	SJM7452X	SJM7452X	24/11/2018	23/11/2019
				YUN SHIRLEY	1	Continue	1		3JP1/432X	24/11/2018	25/11/

Policy Information

Sequenc	e Date of Endorsement	Endorse	ement Type E	Endorsement Status	Endorsement Content
▼ Endors	ements				
Insure	d Object: SJM7452X				
Init No.	05-34	Related Policy Number	5105654112		
ddress 4		Address Type	Singapore address	Post Code	461042
ddress 1	BLK 42 #05-34	Address 2	CHAI CHEE STREET	Address 3	SINGAPORE 461042
Policyh	older Mailing Address				
Certificate Info					
Policy Info					
Flag Open					
Co- insurance	No				
\gent	WAH HONG INSURANCE AGENC	Agent Tel.	68927287	GST Flag	Υ
Singapore OD Excess	600	Outside Singapore TP Excess	0		
Excess Outside	0	Premium	0		
Excess Additional	8	Excess		Excess	777
Third Party	0	Own damage	600	Windscreen	100
Policy Issue Date	23/11/2018	Effective Date	24/11/2018 00:00	Expiry Date	23/11/2019 23:59
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Address	38 TOH GUAN ROAD EAST ENTER	RPRISE HUB S	SINGAPORE 608581		
Certificate No.					
Policy No.	5105654112	Policyholder Name	LIONG HUI YUN SHIR	RLEY Policyholder NRIC	S9009865I

Continue Cancel

Claim Handling(accident reporting Claim Task 001 OD-MX) Claim Handling Accident MT/1023406 Policy No. 5105654112 Vehicle No. SJM7452X GST Registration No Certificate No. Policyholder Name LIONG HUI YUN SHIRLEY Policyholder NRIC Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading Contact No.(Mobile) 81510004 Contact No.(Office) 0 Contact No.(Home) Email Address Special Remark eCode - No Yes TCA No Yes eCode Reason NCD Protection NCD Entitlement(%) 0 Private Hire Accident Details Report Date 11/12/2018 13:45 Accident Report Within 24 hrs Yes Accident Type Date of Accident 08/12/2018 Time of Accident hh:mm 11:05 Country of Accident Reporting Centre Orange Force ICM No. Accident Location 2ND LINK E (MALAYSIA SIDE)TWDS MALAYSIA CHECKPOINT Own damage Excess 600.00 Additional Excess 0 Windscreen Excess Unnamed Driver Excess 500.00 Outside Singapore OD Excess 600.00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 GST Registered Information GST Registered N6 GST Registration Date GST Registration No. GST Status Verified Yes Modification History Policyholder Mailing Address Address 1 BLK 42 #05-34 Address 2 CHAI CHEE STREET Address 3 Address 4 Address Type Singapore address Post Code Unit No. 05-34 Related Policy Number 5105654112 OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name SIM CHUAN KIM (SHEN QUANJI Driver NRIC S8938032D Driver DOB Register Date of Driver License 26/08/2013 Driver Age 29 Driving Experience Contact No.(Mobile) 81510004 Contact No.(Office) 0 Contact No.(Home) Address 1 BLK 217 a Address 2 PETIR ROAD Address 3 Address 4 Address Type Singapore address Post Code Unit No. Does he own a Singapore Registered car? Yes . No Driver Vehicle No. Driver Insurer Com Breathalyser or Blood Test 0 mg Any injury? Yes (e) No Reading? Modification History Claim 001 OD-MX New Claim Type * Insured Name OD-MX LIONG Contact Contact No.(Mobile) No. NIL (Home) OI Vehicle Email Address SJM745 Numbe Claim Description SJM7452X / FBJ3933L ON 8 Dec 2018 Preferred Preference Liability Not at Fault

GIA

Received

.

11/12/2018 14:15

Please Select

Contact No. Yes

Date Registered

Report Taken By

Print AK letter

Claim

Close Date

Repairer

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