

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	08/04/2019 19:55
Date Of Accident	08/04/2019 09:45
Exact Location Of Accident	ECP TOWARDS CITY NEAR FORD ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMF554H
Insured/Policyholder	
Name Of Registered Owner	LEE LIAT YEONG
NRIC No	S1345170B
Email Address	XIONG1001GE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90693556
Alternative Phone No	OTHERS-90693556
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	508
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	5107207728
Cover Note Number	
Driver	
Name of Driver	LEE LIAT YEONG
NRIC No	S1345170B
Date Of Birth	02/01/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/04/1981
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90693556
Fax Number	
Contact Number	OTHERS-90693556
EMail Address	XIONG1001GE@GMAIL.COM

Address	BLK 31 HOLLAND CLOSE #10-223
Postcode	270031
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : PASSENGER 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM1019Z
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

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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:

11:30 am

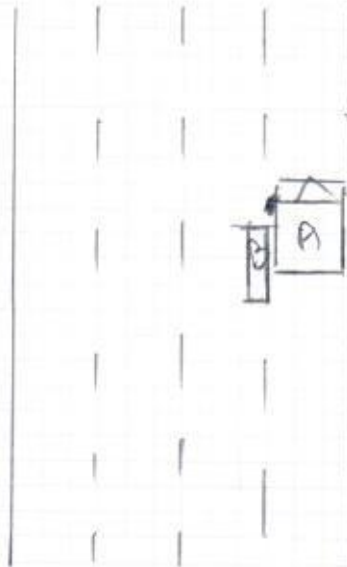
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

A) SMF 554 H

B) FBM 1019Z



ECP Towards City
X/1000 FORD ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was driving along ECP towards city along lane one, a motorcycle FBM 1019Z rode behind me and suddenly hit and damage my left side mirror. No one was injured but rider refused to exchange particulars and at that moment I was having a passenger in my car.

DECLARATION

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

Policyholder's Signature
Date & Time

11:30 am

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

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

Claim Handling

Accident MT/1039320

Policy No.	3107207728	Vehicle No.	SMF554H	GST Registration No.	
Certificate No.					
Policyholder Name	LEE LIAT YEONG			Policyholder NRIC	S13451708
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	90993556	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	08/04/2019 20:03	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	08/04/2019	Time of Accident hh:mm	09:45	Country of Accident	Singapore
Reporting Centre		Orange Force		ICN No.	
Accident Location	ECF TOWARDS CITY NEAR FORD ROAD				

Total Excess Applicable

Excess Type	Per ACCIDENT	Windscreen Excess	100.00		
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not Applicable
Additional Excess	0.00				
Total OD Excess Applicable	2,000.00	Total TP Excess Applicable	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					

Policyholder Mailing Address

Address 1	BLK 31 #10-223	Address 2	HOLLAND CLOSE	Address 3	SINGAPORE 270031
Address 4		Address Type	Singapore address	Post Code	270031
Unit No.	10-223	Related Policy Number	3107207728		

OI Driver Info

Driver Name	LEE LIAT YEONG	Driver Type	Main Driver	Driver DOB	02/03/1950
Unnamed driver Name		Driver NRIC	S13451708	Driving Experience	37
Register Date of Driver License	27/04/1981	Driver Age	60	Contact No.(Home)	
Contact No.(Mobile)	90993556	Contact No.(Office)		Address 3	SINGAPORE 270031
Address 1	BLK 31 #10-223	Address 2	HOLLAND CLOSE	Post Code	270031
Address 4		Address Type	Singapore address		
Unit No.	10-223				
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.	SMF554H	Driver Insurer Company	NTUC

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes = No		

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	LEE LIAT YEONG	Insured NRIC	S13451708
Contact No.(Mobile)	93834550	Contact No.(Home)	67799092	Contact No.(Office)	
Email Address		Vehicle Number	SMF554H	TP Vehicle Number	FBM1019Z
Claim Description	SMF554H / FBM1019Z ON 8 Apr 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault		
Estimate No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered				Claim Close Date	08/04/2019 20:05
Report Taken By				Date Received	08/04/2019 00:00

Print AK letter

Save Submit

Attachment

Accident No.	MT/1039320	Claim No.	001		
Last Doc. Received	* Yes No	Upload Date	08/04/2019 20:09		
Path *					
Choose File	No file chosen	Category *	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Choose File	No file chosen	Clear	Please Select	NO	Normal
Message Read					
Attachment List					Send Message
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 20:09		NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-B	
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 20:09		SAS	Normal	SAS 2019-4-B	



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 20:09	Photos	Normal	Photos 2019-4-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 20:09	Photos	Normal	Photos 2019-4-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 20:05	Photos	Normal	Photos 2019-4-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 20:05	Photos	Normal	Photos 2019-4-8
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 20:05	Photos	Normal	Photos 2019-4-8
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 08 Apr 2019 20:05	Photos	Normal	Photos 2019-4-8

Uploaded By/Date

Folder Date

File Name



Source

Action

Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: 08/04/2019 (DD/MM/YYYY), TIME: 09:45 (HH:MM)
 LOCATION: ECP Towards City Near Ford Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMF 554 H
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5107207728
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: PEUGEOT 508
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
 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: LEE HAT YEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S13401703 CONTACT: 90693556
 c) ADDRESS: BLK 31 HOLLAND CLOSE
#10-223 S270031

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: As ABOVE (MALE / FEMALE)
 e) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 f) ADDRESS: _____

* d) DATE OF BIRTH: 02/01/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27 APR 1981

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: FBM 1019 Z MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

NALE

* No of passenger
 (Including driver)
(2)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

email = Xiong1001ge@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1345170B



Name

LEE LIAT YEONG

李烈雄

Race

CHINESE

Date of birth

02-01-1959

Country/Place of birth

SINGAPORE

Sex

M



NRIC No S1345170B

6137636

Date of issue

04-03-2019

Address

APT BLK 31 HOLLAND CLOSE
#10-223
SINGAPORE 270031

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1345170B

Name

LEE LIAT YEONG

Birth Date 02 Jan 1959

Issue Date 02 Apr 2003

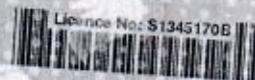


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PASS DATE
06 Oct 1982
27 Apr 1981

NP 426A



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5107207728

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SMF554H |
| Chassis Number | : VF38D9HD8EL017518 |
| 2. Name of Policyholder | : LEE LIAT YEONG |
| 3. Effective Date of Insurance | : 25 Jan 2019 |
| 4. Expiry Date of Insurance | : 07 Mar 2020 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
- Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#
- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
(b) Use for the carriage of goods (other than samples) in connection with any trade or business.
(c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: NO
NAMED DRIVER (1)	: LEE LIAT YEONG
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: HONG LEONG FINANCE LIMITED
	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : S & M ALLIANCE PTE LTD (00000614373)
Date of Issue : 23 Jan 2019 17:47 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorised Officer



Chief Executive

Countersigned By: