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expend the

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 10/09/2019 15:44

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 <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

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
CONTRACTOR OF THE PROPERTY OF	ACCIDENT STATEMENT
Date Of Report	10/09/2019 15:26
Date Of Accident	03/03/2019 10:20
Exact Location Of Accident	LEBUHRAYA SENAI
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFA2330H
Insured/Policyholder	
Name Of Registered Owner	INM CONSTRUCTION PTE LTD
Co Reg No	201023236C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81123175
Alternative Phone No	OFFICE-81123175
Vehicle Particulars	
Manufacturer	BMW
Model	
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086580962-02
Cover Note Number	
Driver	
Name of Driver	SUN MO LEE
NRIC No	S2628253E
Data Of Birth	26/02/4060

 Name of Driver
 SUN MO LEE

 NRIC No
 \$2628253E

 Date Of Birth
 26/03/1950

 Occupation
 INDOOR

 Date Of Driving Pass
 22/11/1994

 Driving Experience
 24 YEARS AND 3 MONTHS

 Gender
 MALE

 Mobile Number
 (LOCAL) +65-81123175

 Fax Number

Contact Number OFFICE-81123175

EMail Address NOEMAIL

BLK 75 MARINE DRIVE Address

#02-21

Postcode 440075

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Foreign Vehicle Registration Number BNV7789 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

YES

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

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

YES NO

5

YES

Number of Passengers (Including Driver)

Passenger 1 NAME: : OH HEE SU

> GENDER: : MALE

Passenger 2 NAME: : LEE YOU JIK

> GENDER: : MALE

Passenger 3 NAME: : LEE BOK SOON

> GENDER: : FEMALE

Passenger 4 NAME: : OH ANGELLA

> GENDER: : FEMALE

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

SERI ALAM, JB Police Station Name

Police Station Address ROAD: JOHORE BAHRU, POSTCODE: 0, COUNTRY: MALAYSIA

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number BNV7789

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 SUN MO LEE

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SFA2330H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address Postcode

DETAILS OF INJURED PERSON 2

YES

YES

NO

Name OH HEE SU

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SFA2330H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name LEE YOU JIK

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SFA2330H

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 4

Name LEE BOK SOON

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SFA2330H

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

rosicode		
	DETAILS OF INJURED PERSON 5	
Name	OH ANGELLA	
Approximate Age		
Injuries Sustain	BODY	
Injured person in which vehicle?	SFA2330H	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	YES	
Address		
Postcode		

SKETCH PLAN

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.
- 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:

REG. NO: 2010232360

Driver's Signature/

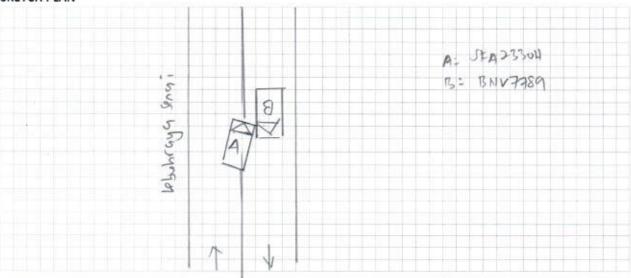
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Legil To	apiteruni,

DECLARATION 1/0.

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

REG. NO: 201023236C

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, WHILE I OVERTAKING THE FRONT VEHICLE AND ACCIDENTALLY HIT VEHICLE B FRONT RIGHT PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: / / / / (DD/MM/YYYY), TIME:(12: W.)(HH:MM)
LOCATION: Lebahraya Senat	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: JPAYSSOH	<u> </u>
DINSURANCE COMPANY: NTJU	CONTROL OF THE PARTY OF THE PAR
C)POLICY NUMBER: 508658 096000.	
d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR e)MAKE & MODEL:	IY / THIRD PARTY FIRE &THEFT)
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY	/ MOTORCYCLE / OTHERS
9/ VEHICLE CATEGORY: (PRIVATE / COMMERCIA	AL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME	crufe use.
I) ARE YOU CLAIMING UNDER YOUR OWN INSUR	ANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REI	PORTING ONLY
2. INSURED / POLICY HOLDER	
A)NAME: Inm construction Pte Lid.	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT: 201073276C	_CONTACT: 81123175
c)ADDRESS:	
* CONTINUE TO A LIE BEIL	
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOL	DER
Dr 151112 Car 202 102	
(Including driver) DINRIC/FIN/PASSPORT: 5 76 28 X3E.	(MALB / FEMALE)
	CONTACT: 8 1123 75
DOH. MARE SU (not conveyed)	(4)00/11
D LE MON TILE COS CODATE OF BIRTH: (16 / 7 / 1950) (DD/M	M (YYYY)
Jile (not e)OCOUPATION: (INDOOR / OUTDOOR)	My (111)
) Lee Bok Son CMMHARS OF DRIVING EXPRERIENCE: 20 11/19	g V
4. WAS DRIVER AN EMPLOYEE OF THE INCLINE	COMPANYS OFFER
MENTINO, RELATIONSHIP OF THE DRIVER WITH	INSURED:
J L THE CONDITION (CLEAR) KAINING / OI	HERS
(conveyed) b)ROAD SURFACE: (DRY / WET / OTHERS	1 54
6. WAS ANYBODY INJURED (YES /AG) CONVEYED.	
7. a) REPORTED TO POLICE (YES / NO)	71
IF YES, PLEASE STATE WHICH POLICE STATION:_	JONO C.
8. THIRD PARTY VEHICLE	
Who of passenger a) VEHICLE NUMBER: BNV 7789.	MODEL:
9. THIRD PARTY VEHICLE	_CONTACT:
di Venicie	
No of passinger d) VEHICLE NUMBER:	MODEL:
(Induding driver) f) DRIVER'S NAME:	
1 INICHINAL WASPORT	CONTACT:

email = juzjaine a yahoo.com.sg

VIDEO =



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai

: TRAFIK SERI ALAM

Pegawai Penyiasat

: R97701

Daerah

: SERI ALAM

No Repot Bersangkut : TRAFIK SERI

Kontinjen

JOHOR

ALAM/002503/19

No Repot

: TRAFIK SERI ALAM/002535/19

Tarikh

03/03/2019

Waktu

2158 PM

Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot

Nama: MOHD ZAKI IQBAL BIN HANAPI

No Personel: R161902

Pangkat: L/KPL

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera: ---

No Paspot: ---

Bahasa Asal : ---

Alamat: ---

Butir-butir Pengadu

Nama: SUN MO LEE

No K/P (Baru): ---

No Polis/Tentera: ---

No Paspot: M33575735

No Sijil Beranak : ---

Jantina: Lelaki

Tarikh Lahir: 26/03/1950

Umur: 68 tahun 11 bulan

Keturunan: Korea

Warganegara: Korea

Pekerjaan: -

Alamat Tempat Tinggal: APT BLK 75 MARINE DRIVE #02-21 SINGAPORE, 440075

Alamat Ibu/Bapa: ---Alamat Pejabat : ---

No Tel (Rumah): ---

No Tel (Pejabat): ---

No Tel (HP): 81123175

Emel: ---

Pengadu Menyatakan:-

PADA 03/03/2019 JAM L/KURANG 1020 HRS SEMASA SAYA MEMANDU M/KAR NO PENDAFTARAN SFA2330H DALAM PERJALANAN DARI SINGAPORE KE DESARU, SEMASA SAYA MELALUI KM 46.1 LEBUHRAYA SENAI DESARU TIBA TIBA M/KAR SAYA TELAH HILANG KAWALAN LALU MASUK KE LALUAN BERTENTANGAN LALU BERLANGGAR DENGAN SEBUAH M/KAR NO PENDAFTARAN AHV2960 YANG DATANG DARI ARAH HADAPAN DAN TELAH TERLAJAK DAN TERLANGGAR TEMBOK BATU. DALAM KEMALANGAN TERSEBUT SAYA MENGALAMI KECEDERAAN PATAH KAKI KANAN,LUKA DAN LEBAM TANGAN KANAN, MANAKALA M/KAR SAYA MENGALAMI KEROSAKAN DI BAHAGIAN BUMPER DEPAN,BONET DEPAN,LAMPU DEPAN KIRI KANAN,ARM RIM TAYAR DEPAN KIRI KANAN,MUDGUARD DEPAN KIRI KANAN, PINTU KANAN DEPAN BELAKANG,CERMIN BESAR DEPAN, AIRBAG KIRI KANAN,AIRBAG BUMBUNG,KUISYEN KIRI KANAN DAN LAIN LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada):

Tandatangan Penerima Repot:

Tarikh @ Masa Cetak ID Pencetak/

R161902 I 3/03/2019 10:13:55 PM

SAHKAN BENAR

N SIVIL)

PERBICARAAN TIDAK BOLEH DIGUNAKAN UN

PEJ. SALINA

(HANYA L

TRAFIK SER SALINAN Y

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Hello, NAC_PAYA_UBI_80	0601					-	• Change	Language	• Chang	e Password	· Log Out
My Desktop	Policy	Query									
Notice of Loss	Policy No. Date of Accident 03/03/2019 1	0:20									
	Vehicle No	(For Motor)	SFA2	330H		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 50	86580962- 02		INM CONSTRUCTION PTE: LTD	201023236C	GPC	drivo CLASSIC	SFA2330H	SFA2330H	11/01/2019	30/06/2019
						Continue					

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Policy No.	5086580962-02	Vehicle No.	SFA2330H		GST Registration I	No.	201023236C
Certificate No.							
Policyholder Name	INM CONSTRUCTION PTE. LTD				Policyholder NR3C		201023236C
Product Code Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	drive CLASS	IC	Loading	9	0
Email Address	NIL	Contact No.(Office)			Contact No.(Home	0	
KFK	® No ⊜ Yes	Special Remark			eCode		No. V
NCD Protection	No No		® No ○Yes		eCode Reason		
S Accident Details	NO.	NCD Entitlement(%)	20		Private Hire		No
Report Date	19/08/2019 14:00	Accident Report Within 24 hrs	Yes		112510214212N750		Marian Roselland Colombian Col
Date of Accident	03/03/2019				Accident Type		Collision - Head to Rear
Reporting Centre	03/03/2014	Time of Accident hitemm	10:20		Country of Acciden	nt.	Outside Singapore
Accident Location	CERTAINANT CENTURE DECINE	Orange Force			JCM No.		
♥ Excess	LEBUHRAYA SENAI DESARU						
Own damage Excess	600.00						Transfer of the second of the
Unnamed Driver Excess	600.00	Additional Excess	0	60000	Windscreen Excess	62	100.00
	1992	Outside Singapore OD Excess		600.00			
Third Party Excess Benefits	0.00	Outside Singapore TP Excess		0.00			
♥ GST Registered Informa	ation						
ST Registered	Yes		GST R	egistration Date	04/03/20	119	
ST Registration No.	201023236C			tatus Verified	Yes		
fodification History	19/08/2019 14:02:30 Sy 19/08/2019 14:02:30 Sy	stem changed GST Registration No. fr stem changed GST Registration Data stem changed GST Status Verified fro	from 01/01/201	232360 5 to 04/03/2013			
♥ Policyholder Mailing Ad							
Address 1	119 #01-01 NEYTHAL ROAD	Address 2	SINGAPORE	528605	Address 3		
Address 4		Address Type	Singapore ad	dress	Post Code		628605
Unit No.		Related Policy Number	5112011163				
♥ OI Driver Info		Zanti (Crasti					
Driver Name		Oriver Type					
Innamed driver Name		Driver NR3C			Driver DOS		
Register Date of Driver License		Driver Age			Driving Experience		
Contact No. (Mobile)		Contact No.(Office)			Contact No. (Home	>	
Address 1 Address 4		Address 2	Francisco coddonos		Address 3		
Joit No.		Address Type	Foreign addre	55	Past Code		
Does he own a Singapore	○ Yes No	Driver Vehicle No.			Driver Insurer Com		
1.00							
Claim 002 New	ОО-ИХ	Insured Name	INM CONSTR	UCTION PTE. LTD	Insured NRIC		201023236C
Claim 7002 New Claim Type * Contact No.(Mobile)	OD-MX	Insured Name Contact No.(Home)	INM CONSTR	UCTION PTE. LTD	Insured NRIC Contact No. (Office)	(i)	201023236C
Claim Type * Contact No.(Mobile) Contact Address	Inmprocess@gmail.com		INM CONSTRI	UCTION PTE. LTD			
Claim Type * Contact No. (Mobile) Imail Address Joinant Type Claimant Type *	Inmprocess@gmail.com	Contact No. (Home) Of Vehicle Number Type of Benefit *			Contact No.(Office)		NIL
Claim Type * Contact No. (Mobile) mail Address Jornant Type Claimant Type * Jornant Name *	Inmprocess@gmail.com	Contact No.(Home) Of Vehicle Number	SFA2330H		Contact No.(Office)		NIL
Claim Type * Contact No. (Mobile) Imail Address Domant Type Claimant Type * Daimant Name *	Inmprocess@gmail.com Please Select ≥≥	Contact No. (Home) Of Vehicle Number Type of Benefit *	SFA2330H		Contact No. (Office) TP Vehicle Number		NIL
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