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OD : (P) Reporting Only	i-Motor W	O (Within: OD 2hr:	, TP 4hrs)		
	i-Photo Up	loaded			
TP Insurer:	Assessment/	Survey Report			
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Preferred Wksp / INC Assign Wksp / QW: (				ax:	
TP Particulars: Veh No: Pc50	łΔ	INC (			
Owner / Driver: (	17		Tel:		- 02
Policy No: ( ) Period	đ: (	)	Cover Type: (		
Confirmed by : (		Date:	Time:		
Insured/Driver Liability: ( %) [Not	e-Est. Status	(WO): N: 0-20	%; P: 21-79%. P: 30-1	00%]	
Year of Registration: ( ) War	rranty: YES (				
Excess: (\$ ) Loading: \$1,000 (	( )/\$2,00	0()			
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number Fax Number Contact Number

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.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	04/01/2020 15:17
Date Of Accident	03/01/2020 18:30
Exact Location Of Accident	WHITLEY RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJJ3382G
Insured/Policyholder	
Name Of Registered Owner	TOMMY YEE WEI JIAN
NRIC No	SXXXX801C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91836229
Alternative Phone No	OFFICE-91836229
Vehicle Particulars	
Manufacturer	тоуота
Model	COROLLA AXIO 1.5X A
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101252434-01
Cover Note Number	
Driver	
Name of Driver	LEE CHIN HENG
NRIC No	SXXXX377B
Date Of Birth	18/08/1963
Occupation	INDOOR
Date Of Driving Pass	05/09/1989
Driving Experience	30 YEARS AND 3 MONTHS
2 0004000	*****

MALE

NOEMAIL

(LOCAL) +65-91836229

OFFICE-91836229

BLK 183C RIVERVALE CRESCENT Address

#05-233

543183 Postcode

Was driver an employee of the Insured's Company NO

FRIEND 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 - HEAD TO REAR

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

1

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### Circumstances of Accident

REFER TO POLICE REPORT - T/20200104/7009.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

PC507A Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

BUS Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 17

Postcode

2

No. Of Passenger (including Driver)	2	
and an increase in the soliton of a gar	DETAILS OF INJURED PERSON 1	
Name	LEE CHIN HENG	
Approximate Age		
Injuries Sustain	BODY	
Injured person in which vehicle?	SJJ3382G	
Were seat belts worn?	YES	
Was this injured conveyed to hospital by ambulance?	NO	
Address		

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No.:

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ETCH PLAN			100	2			1		11-	
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# ACCIDENT STATEMENT

ACCIDENT DATE: ( 03/01/ 2020 (DD/MM/YYYY), TIM	E:(_18 : 30_)(HH:MM)
LOCATION: Along Writey Food before But	
1. DETAILS OF VEHICLE  GIVEHICLE NUMBER: 377 33836.  DJINSURANCE COMPANY: NTUL  CIPOLICY NUMBER: 5101157434	
GIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THE GIMAKE & MODEL: 10/10/10/10 AXIO 10/10/10/10/10/10/10/10/10/10/10/10/10/1	OTORCYCLE / OTHERS)
1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE IF NO, PLEASE STATE (THIRD PARTY CHAIM / REPORTING  2. INSURED / POLICY HOLDER A) NAME: TOMMY YEE WEI JUNN  A) NAME:	(MA)E / FEMALE)
CIADDRESS: 534 Serangeon Norm TVE	(+5 <u>2027)</u> 2 FIG-OIF , H
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  ONAME: Le CHIM HEND  ONAME: SIGNIFICATION OF THE CONTINUE TO S. O.	MALE / FEMALE) NTACT: 91836729 05-233 5(543183)
e)OCCUPATION: (INDOOR / OUTDOOR)  1) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S CO.  IF NO, RELATIONSHIP OF THE DRIVER WITH INSU	NLD.
5. GIWEATHER CONDITION: (CLEAR / RAINING / OTHERS, b)ROAD SURFACE: (DRY / WET / OTHERS	
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION:	
B. THIRD PARTY VEHICLE PC 507 A . MOD	DEL:
b) DRIVER'S NAME:	NTACT:
We of passinger of Driver's NAME:MOD	DEL:
(Including driver)   NRIC/FIN/PASSPORT:CON	ITACT:
(_)	

. email =





1 of 3

Report No. T/20200104/7009

# Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Tir 04/01/20	Date/Time Report Made: 04/01/2020 14:10		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: IN HENG		Address: APT BLK 183C RIVERVALE ( SINGAPORE 543183	CRESCENT #05-233		
ID Type NRIC N	/ ID No.: O / S16103	77B	Contact No.: Home/Office: Mobile: 91836229			
Nationality: SINGAPORE CITIZEN			Email: derricklee1808@gmail.com			
Sex: Male	Age: 56	Date of Birth: 18/08/1963	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupat Self-Em			Driving Licence Information: Class: Date of Expiry:			

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/01/2020 18:30	Type of Location: Straight Road
Location: WHITLEY RO	DAD			
Weather: Clear		Road Surface: Dry	'	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC507A	Lorry				Slightly Damaged	0
SJJ3382G	Car	ТОУОТА	AXIO		Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200104/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

Driver					SAS IN	
Name	LEE CHIN HENG	LEE CHIN HENG				S1610377B
Related Vehicle	SJJ3382G (Car)			SJJ3382G (Car) Contact N		91836229
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	04/01/2020	70;	Date Disc	harge	04/01	1/2020
No. of Days gran	ted Medical Leave	03	Degree of	f Injury	Serio	us

# Brief Details.

ON 03/01/2020, AT ABOUT 18:30HR, I WAS DRIVING MY VEHICLE - SJJ3382G, ALONG WHITLEY ROAD. I WAS STATIONARY WAITING TO MAKE A U-TURN WHEN SUDDENLY VEHICLE NUMBER - PC507A, HIT ONTO MY VEHICLE'S REAR PORTION. I WISH TO STATE THAT I WAS STATIONARY FOR ABOUT 6-7 SECONDS PRIOR TO THE IMPACT.

I THEN SEEK MEDICAL ATTENTION AT UNIHEALTH CLINIC @ BEDOK AND WAS GIVEN 3 DAYS





3 of 3 Report No. T/20200104/7009

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

# CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2020 14:10
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP168

eBaoTech			GeneralClaim								
Hello, NAC_PAYA_UBI_800	0601						• Change	Language	• Chan	ge Password	· Log Ou
My Desktop	Policy Query										
Notice of Loss	Policy N	No.		Date of Accident				3/01/2020			
	Vehicle	No.(For Motor)	S))3382G		Certificate Number		1				
					10	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101252434- 01		TOMMY YEE WEI JIAN	59309801C	GPC	drivo CLASSIC	SJJ3382G	SJJ3382G	09/09/2019	08/09/2020
					Č	Continue					

Polic	cy Information							
olicy No.	5101252434-01	Policyholder Name				\$9309801C		
Certificate No.								
Address	BLK 534 #10-219 SERANGOO	N NORTH AVEN	JE 4 SINGAR	ORE 550534				
Product Name	PRIVATE CAR INSURANCE PI		lan			N		
Policy ssue Date	03/09/2019 Effect Date		09/09/2019 00:00		Expiry Date	08/09/2020 23:59		
Excess Type	Per Accident	All Claims Excess						
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100		
Additional Excess	0	OS Premium	0					
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess	
Agent	KRUISE AUTO PTE. LTD.	Agent Tel.	65471511		GST Flag	Y		
Co- Insurance Flag	No							
Open Policy Info								
Certificate Info								
Policyh	older Mailing Address							
Address 1	ddress 1 BLK 534 #10-219		ss 2	SERANGOON NORTH AVENUE 4		Address 3	SINGAPORE 550534	
Address 4	Addre		ss Type Singapore address			Post Code	550534	
Unit No.	10-219	Relate Numb	ed Policy er	5101252434-01				
) Insure	d Object: SJJ3382G							
	omente							
T Endors	ements							

Claim Handling						
Accident MT/1078528						
Poncy No.	5101252434-01	Vehicle No.	53)3382G	GST Registration No.		
Certificate No.						
Policytiolder Name	TOMMY YEE WEI JIAN			Policyholder NRIC	59309801C	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0	
Contact No.(Mobile)	91836229	Contact No. (Office)	0	Contact No.[Home]	û	
Email Address		Special Remark		eCode	THE V	
KFK	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	THE PARTY OF THE P	
NCD Protection	No	NCD Entitlement(%)	10	Private Hire	Yes	
→ Accident Details	140	ACD ENGOGRACION (NO	10	France Fare		
Report Date	04/01/2020 15:29	Academ Report Within 24 hrs	Yes	Acodent Type	Coksion - Head to Rear	
Date of Accident	03/01/2020	Time of Accident nn:mm	18:30	Country of Accident	Singapore	
Reporting Centre		Orange Force		ICM No.		
Accident Location	WHITLEY RD					
▼ Total Excess Applicable						
Excess Type	Per Accident	Windscreen Excess	100.00			
Ob Standard Excess	2,000.00	TP Standard Excess	1,500.00			
VIED OD Excess	0.00	VIED TP Excess		Driver is Covered?		
Additional Excess	o.					
Total OD Excess Applicable	2000.00	Total TP Excess Applicable				
▽ Benefits						
⇒ GST Registered Informa	ation					
GST Registered	No		GST Registration Date			
GST Registration No.			GST Status Verified	Yes		
Modification History						
→ Policyholder Hailing Ad	dress					
Address 1	BLK 534 #10-219	Address 2	SERANGOON NORTH AVENUE 4	Address 3	SINGAPORE 550534	
Address 4		Address Type	Singapore address	Post Code	550534	
Linit No.	10-219	Related Policy Number	5101252434-01			
OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	LEE CHIN HENG	Driver NRIC	500003778	Oriver DOB	18/08/1963	
Register Date of Driver License	05/09/1989	Driver Age	56	Driving Experience	30	
Contact No.(Mobile)	91836229	Contact No. (Office)	0	Contact No.(Home)	0	
Address 1	BLK 183C	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE 543183	
	BER 1030			Post Code	543183	
Address 4	65.50	Address Type	Singapore address	Post Code	27.11.2	
Unit No.	05-233					
Opes he own a Singapore Registered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company		
Declaration						
Breathalyser or Blood Test. Reading?	0 mg	Any injury?	Yes ○ No			
Modification History						
Pluditization restory						
Claim 001 New						
11040120104		USD RELIGION		Insured NRIC	59309801C	
Claim Type *	00-MX	Insured Name	TOMMY YEE WEI IIAW		59309801C	
Contact No.(Motive)	82887815	Contect No.(Home)		Contact No.(Office)	DOWN AND ADDRESS OF THE PARTY O	
Email Address		DT Vehicle Number	5113382G	TP Vehicle Number	PCS07A	
Claimant Type Claimant Type +	Please Select	Type of Benefit *	Please Select			
Claimant Name *	22	CIAMBAN NRIC *				
Claimant Address						
Claim Description	5313382G / PC507A ON 3 Jan 2020			Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault			
No. Require Finalisation	Yes	Preference Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	04/01/2020 15:31	Claim Close Date		Date Received	04/01/2020 00:00	
		28. H 11/24/25/31/48		112400000000000000000000000000000000000	Te Very Control of the Control of th	
Report Taken By	Jackson					
Print AK letter						
			Save   Submit			
Attachment.			- Control of the Cont			
_ (S) (S) (S) (S) (S)						
Q						
Academ No.	MT/1078528	Claim No.	001			
Last Doc. Received	® Yes ○ No	Upload Date	04/03/2020 15:32			
		\$5000,000H	Category *	Confidential Urgen	cy * Description *	
	Path *	United to	10000000		St. St. Dellactory	
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				V Normal	~	
		Browse	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Treor mail		

