

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 Submission	01/03/2021 17:03 (SGT)
Date of Accident	26/02/2021 15:25 (SGT)
Exact Location of Accident	Jln Anak Bukit, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2086H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LEE JAN LEONG
NRIC No	SXXXX508F
Email Address	jerry_jll@yahoo.com.sg
Mobile Phone No	(Phone) +65-96629050
Alternative Phone No	+65-96629050

VEHICLE PARTICULARS

Manufacturer	Kymco
Model	Downtown
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5097343288-02
Cover Note Number	-

DRIVER

Name of Driver	LEE JAN LEONG
NRIC No	SXXXX508F

Date Of Driving Pass	24/06/1995
Driving experience	25 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96629050
Alt. Phone Number	+65-96629050
Email Address	jerry_jll@yahoo.com.sg
Address	BLK 335A ANCHORVALE CRESCENT #02-94
Address complement	-
Postcode	541335
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	FBK2987H
Vehicle Manufacturer	Harley Davidson
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
NRIC No	SXXXX056C
Contact Number	(Phone) +65-96740952
Address	-
Address complement	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	MOHD NASIR BIN UMARI
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

- I understand, acknowledge, agree and consent that :

(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' law yers/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.

Witnessed by Reporting Centre
Personnel

Sketch Plan

Hand-drawn sketch map of a road intersection on grid paper. The map shows a vertical road labeled "Jln Bukit" and a horizontal road labeled "Jln Jorong Kechil". A traffic light is indicated at the intersection. An accident site is marked with a circle and labeled "Accident here". A car is shown at the intersection, with an arrow pointing to it labeled "Lampok No. 4". Another arrow points to the intersection area labeled "travelling from here". To the right of the map, two vehicle registration numbers are listed: "A) FBK 2987H" and "B) FBK 2987H".

Describe Circumstances of the Accident

On 26/2/2021 @ 3.25pm, the weather was good and visibility clear. There was light traffic on the road.


When my vehicle was travelling along Jln Anai Bulkit towards Sungai Kadut near to Street lamp no. 4, vehicle FBK 2987H was travelling before me. I was slowing down my speed to about 30 km/h and further slowing down when approaching the traffic light turning red. Vehicle FBK 2987H suddenly jammed hard brake and stopped. I was unable to stop in time and hit the said vehicle lightly on it's rear. Vehicle FBK 2987H and it's rider remained stable ~~after~~ after the light hit, unfortunately, I lost my balance and fell off from my bike. Both Riders are safe without any injuries spotted. Both bikes were without passengers.

Vehicle FBK 2987H was spotted with the rear fender and rear light cover damaged. My bike frame cover has ~~been~~ broken as a result.

Declaration

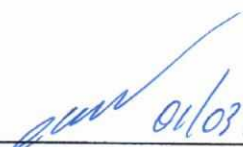
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time


27/2/2021
10.40am.

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

Witnessed by Reporting Centre Personnel


01/03/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 02 / 2021) (DD/MM/YYYY), TIME: (15 : 25) (HH:MM)

LOCATION: Jln Anak Bukit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 2086H
b) INSURANCE COMPANY: INCOME
c) POLICY NUMBER: 5097343288-02
d) POLICY TYPE: ~~COMPREHENSIVE~~ / THIRD PARTY / ~~THIRD PARTY FIRE & THEFT~~
e) MAKE & MODEL: KYMCO DOWNTOWN 350 I
f) TYPE: ~~SALOON / COUPE~~ / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: ~~PRIVATE~~ / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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 JAN LEONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6936508F CONTACT: 96629050
c) ADDRESS: BIK 335A ANCHORVALE CRESCENT #02-94
S 1541335

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (19 / 10 / 1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2004

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

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: FBK 2987H MODEL: HARLEY
b) DRIVER'S NAME: MOHD NASIR BIN UMARI
c) NRIC/FIN/PASSPORT: S1800056C CONTACT: 96740952

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = Jerry - JLL @ Yahoo . Com . Sg

fax =

video =

Claim Handling

Accident MT/1122777

Policy No.	5097343288-02	Vehicle No.	FBK2086H	GST Registration No.	
Certificate No.					
Policyholder Name	LEE JAN LEONG			Policyholder NRIC	S69
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	96629050	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	01/03/2021 16:57	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	26/02/2021	Time of Accident hh:mm	15:25	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	JLN ANAK BUKIT				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess			
OD Standard Excess	0.00	TP Standard Excess	0.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Not
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		

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 757 #11-478	Address 2	YISHUN ST 72	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	760
Unit No.		Related Policy Number	5097343288-02		

OI Driver Info

Driver Name	LEE JAN LEONG	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S6936508F	Driver DOB	19/
Register Date of Driver License	01/01/2000	Driver Age	51	Driving Experience	21
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 757 #11-478	Address 2	YISHUN ST 72	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	760
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.	FBK2086H	Driver Insurer Company	NTL

Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LEE JAN LEONG	Insured NRIC	S69
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	FBK2086H	TP Vehicle Number	FBK
Claim Description	FBK2086H / FBK2987H ON 26 Feb 2021			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	01/03/2021 17:07	Claim Close Date		Date Received	01/0
Report Taken By					
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Accident No.	MT/1122777	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/03/2021 17:09
Path *		Category *	Confidential Urgency *
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO Normal
<input type="button" value="Choose File"/>	No file chosen	<input type="button" value="Clear"/> Please Select	NO Normal
<input type="button" value="Message Read"/>		<input type="button" value="Clear"/> Please Select	NO Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:09	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	Photos	Normal	Photos 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	NRIC/ Driving License	Y Normal	NRIC/ Driving License 2021-3-1
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	SAS	Normal	SAS 2021-3-1

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/> <input type="button" value="Scan and uploading"/>	

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.

Date of Accident

26/02/2021 10:15

Vehicle No.(For Motor)

FBK2086H

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5097343288-02		LEE JAN LEONG	S6936508F	GMC	Third Party	FBK2086H	FBK2086H	07/05/2020	06/05/2021