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SN0821310004 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 01/03/2021 17:03 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (01/03/2021 17:03 (SGT))



SINGAPORE ACCIDENT STATEMENT

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
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate
- 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

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category

Employment

No - Reporting only Motorcycle

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage ThirdParty Fleet Policy Policy Number 5097343288-02 Cover Note Number

DRIVER

Name of Driver NRIC No

LEE JAN LEONG 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	a.
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?	140
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
Soliciting decident statute decisions	
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
ii yes, against whom:	
OLDOUMOTANOES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
PLEASE REFER TO SRETCHTEAN	
ATTACHMENT(S)	
ATTACHWENT(0)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
was there any additionated:	110
DETAILS OF OTHE	R VEHICLE PROPERTY 1
Vehicle Registration Number	FBK2987H
Vehicle Manufacturer	Harley Davidson
We at 1995 and 1997	Tidiley Davidson
Vehicle Model	**
Vehicle Colour	(a
Vehicle Colour	Motorovolo
Vehicle Category	Motorcycle
Name of Driver	-
NRIC No	SXXXX056C (Phone) +65 96740952
Contact Number	(Phone) +65-96740952

Contact Number
Address

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

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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.
- 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' law yers/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
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

2021

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

Witnessed by Reporting Centre

Personnel

Sketch Plan

Describe Circumstances of the Accident

On 26/2/2021 @ 3.25pm, the weather was good
and vicibility clear Thank 1000 light dalla
and visibility clear. There was light traffic on the
road.
When my reticle was travelling along I'm Analc
Bulcif towards Sungei Kadut near to Street lamp
no. // Vahida tak saat i
no. 4, rehicle FBK 2987 H was travelling before
Me. I was Sloping down my sneed to a fait
me. I was slowing down my speed to about
30 km/h and farther Clowing down when appraching
of the state of th
the traffic light turning red. Vehicle FBK 2987H
Protection of the second second
Suddenly Jammed hard broke and stopped. I was
unable to Stop in time and hit the said vehicle
lightly on it's rear. Vehicle FBK 2987 H and it's
rider remained stable fifter after the light bit,
Undaction adales I had no halo is a life of
einfortunately, I lost my balance and fell off from
my bike . Both Riders are safe without any injunes
sife and sife and many injunes
Spotled. Both biles were without passengers.
Vehicle FBK 2987 H was spotted with the rear fender
and rear light Cover damaged. My bike frame cover
has towhen as a result.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 37/2/2021

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (26, 02, 2021) (DD/MM/YYYY), TIME: (15.25) (HH:MM)
· LOCATION: JEN ANOK BUKIT
a) VEHICLE NUMBER: FBK 208614
b)INSURANCE COMPANY: INCOME
C)POLICY NUMBER: 5097343288-02
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD BARTY FIRE AT LIFE
MAKE & MODEL: 111100 DOWN 350 J
f)TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME: MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (XEX NO.)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
A)NAME: LEE JAN LEONES
DINKIC/FIN/FASSPORI. Sp. 1363 VJ E
CIADDRESS: BIK 335A ANCHORVALE CRESCENT # 02-94
* CONTINUE TO 3 d IE DRIVED ALSO DOLLAR
of passanger Driver
MALE / FEMALE)
C) C)ADDRESS: CONTACT:
*d)DATE OF BIRTH: (19, 10, 1969)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR)
f)YEARS OF DRIVING EXPRERIENCE: 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
DIROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YESTNO) 7. a)REPORTED TO POLICE (YESTNO)
IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE
- Including whiter b) DRIVER'S NAME MOHO NASIR RIN UMART
() NRIC/FIN/PASSPORT: > 1800056 C CONTACT: 967110952
7. IT IND. PART VEHICLE
blo of passanger d) VEHICLE NUMBER:MODEL:
Induding driver) f) NRIC/FIN/PASSPORT:CONTACT:
· · · · · · · · · · · · · · · · · · ·
: Cimail = jerry-jll@ Yahoo. com. sg
fax = .
VIDEO =

Claim Handling Accident MT/1122777

cident M1/1122///					
olicy No.	5097343288-02	Vehicle No.	FBK2086H	GST Registration No.	
ertificate No.					
ii.	LEE JAN LEONG			Policyholder NRIC	S69
	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
ontact No.(Mobile)	96629050	Contact No.(Office)		Contact No.(Home)	-
nail Address		Special Remark		eCode	No
FK	No Yes	TCA	No Yes	eCode Reason	
	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details		and the second second	55%	TO MAY WAR	14 900
eport Date	01/03/2021 16:57	Accident Report Within 24 hrs	Yes	Accident Type	Colli
ate of Accident	26/02/2021	Time of Accident hh:mm	15:25	Country of Accident	Sing
eporting Centre		Orange Force		ICM No.	
ccident Location	JLN ANAK BUKIT				
▼ Total Excess Applicable					
xcess Type	Per Accident	Windscreen Excess			
D Standard Excess	0.00	TP Standard Excess	0.00		
IED OD Excess		YIED TP Excess	0.00	Driver is Covered?	Not
	0.00	TIED IF Excess	0.00	Dilver is covered:	1101
dditional Excess	0.00	Total TR Evenes Applicable	0.00		
otal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00		
			GST Registration Date		
ST Registered ST Registration No.	No		GST Status Verified	Yes	
lodification History				(1.00)	
▼ Policyholder Mailing Add	dress				
Address 1	BLK 757 #11-478	Address 2	YISHUN ST 72	Address 3	SI
Address 4		Address Type	Singapore address	Post Code	76
Jnit No.		Related Policy Number	5097343288-02		
Oriver Name	LEE JAN LEONG	Driver Type	Main Driver		
Jnnamed 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	SI
Address 4		Address Type	Singapore address	Post Code	76
I TE NO					
Unit No.					
Does he own a Singapore	Yes No	Driver Vehicle No.	FBK2086H	Driver Insurer Company	NT
Does he own a Singapore	Yes No	Driver Vehicle No.	FBK2086H	Driver Insurer Company	NT
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	FBK2086H	Driver Insurer Company	NT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test		Spanish 1000-000 above	350000344500 a	Driver Insurer Company	ги
Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	Yes No	Driver Vehicle No. Any injury?	FBK2086H Yes No	Driver Insurer Company	NT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test		Spanish 1000-000 above	350000344500 a	Driver Insurer Company	NT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test		Spanish 1000-000 above	350000344500 a	Driver Insurer Company	NT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History		Spanish 1000-000 above	350000344500 a	Driver Insurer Company	NT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?		Spanish 1000-000 above	350000344500 a	Driver Insurer Company	NT
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New	0 mg	Any injury?	Yes No		
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New		Any injury? Insured Name	350000344500 a	Insured NRIC	
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type *	0 mg	Any injury? Insured Name Contact No.(Home)	Yes No	Insured NRIC Contact No.(Office)	Se
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History	0 mg	Any injury? Insured Name	Yes No	Insured NRIC Contact No.(Office) TP Vehicle Number	Se
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Codification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	0 mg	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	Yes No	Insured NRIC Contact No.(Office)	Se
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	Yes No	Insured NRIC Contact No.(Office) TP Vehicle Number	Se
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	Yes No LEE JAN LEONG FBK2086H	Insured NRIC Contact No.(Office) TP Vehicle Number	Sc
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	OD-MX V FBK2086H / FBK2987H ON 26 Fe	Insured Name Contact No.(Home) OI Vehicle Number	Yes ⊚ No LEE JAN LEONG FBK2086H Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	S66
Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	OD-MX FBK2086H / FBK2987H ON 26 Fe	Insured Name Contact No.(Home) OI Vehicle Number 2b 2021 Insured Liability * Preferered Repair Option	Yes ⊚ No LEE JAN LEONG FBK2086H Fully at Fault	Insured NRIC Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	S6

Save Submit

Attachment

Accident No. Last Doc. Received

MT/1122777 ● Yes ○ No

Path *

Claim No.

Upload Date

01/03/2021 17:09

Choose File No file chosen Choose File No file chosen

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Choose File No file chosen Choose File No file chosen

	Category *		Confid	ential	Urgency	*
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Clear	Please Select	~	NO	~	Normal	
Clear	Please Select	~	NO	~	Normal	,
Clear	Please Select	~	NO	~	Normal	,
Clear	Please Select	~	NO	~	Normal	_,
Clear	Please Select	~	NO	~	Normal	

Attachment

Uploaded By/Date	Category	9	Urgency	Description
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:09	Photos	*	Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos		Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos		Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos		Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos		Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos		Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:08	Photos		Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	Photos		Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	Photos		Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	Photos		Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	Photos		Normal	Photos 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	NRIC/ Driving License	Υ	Normal	NRIC/ Driving License 2021-3-1
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE S ERVICES (BUKIT MERAH)) on 01 Mar 2021 17:07	SAS		Normal	SAS 2021-3-1

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Uploaded By/Date

Folder Date

File Name

9

Source

Display in New Window Scan and uploading

'eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

Policy Query

Change Language

Change Password

Log Out

My Desktop Notice of Loss

Policy No. Vehicle No.(For Motor)

FBK2086H

Date of Accident

Certificate Number

26/02/2021 10:15

Search

Policy No. Select 5097343288-02 0

Certificate Number

Policyholder Name Policyholder NRIC LEE JAN LEONG S6936508F

Product Cover Type

Vehicle No.

Insured Object Commence

Expiry Date

Date GMC Third Party FBK2086H FBK2086H 07/05/2020 06/05/2021

Continue