

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

**\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.**

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 11/12/21 (dd/mm/yy) Time of Accident: 14:50 (24-HR-FORMAT)

Vehicle No.: SMC 9425 D Vehicle Make & Model / Engine (cc): Kia Forte K3 Private Hire: (Y/N) (N)

Exact location of Accident: Slip road towards Tampines Ave 10 from TPE

Policyholder's Name / IC No.: Lee Meng Guan Bernie S8714135G

Driver's Name / IC No.: Lee Meng Guan Bernie S8714135G (As Above) ☒

Driver's Contact No.: \_\_\_\_\_ Company Contact No / Owner Contact No: 84480989

Driver's Address: Blk 612A Tampines North Drive #15-242

Owner Email address: bernie-lee@live.com.sg Insurance Company: NTUC

Driver Email address: \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: Owner

**What do you wish to claim? (Please TICK one only)**

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle  
Was being used at time of accident?**

**Occupation (nature of job)** ☒ Indoor/ ☐ Outdoor

☒ Private use / ☐ Work purpose

**\*No. of Passengers (Including Driver):** 02

**\*Passanger Name:** Isabelle Ong

**Gender:** Female

**\*Passanger Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Weather condition & Road conditions? (On the day of accident)**

☐ Clear & Dry / ☒ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No

**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

**Police Report filed:** ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: SKB 1218 S

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

**\*Independent Witness (If Any):** \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

## SKETCH PLAN

### 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. 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' 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.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan

A: SMC9425D  
B: SKD1218S

### Describe Circumstances of the Accident

On the above stated date & time, I was stationary waiting for my turn to exit the slip road when all of a sudden I felt a huge impact on the rear. I wish to state that I kept within my lane.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8714135G**  
Name: **LEE MENG GUAN BERNIE**

Birth Date: **19 May 1987**  
Issue Date: **18 Sep 2019**

002978275H



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8714135G**

Name  
**LEE MENG GUAN BERNIE**

李 明 源

Race  
**CHINESE**

Date of birth  
**19-05-1987**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**

S8714135G



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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	21 Aug 2006
Class 2A	Motorcycles between 201 cc and 400 cc	06 Nov 2007
Class 2	Motorcycles > 400 cc	20 Jan 2009
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	05 Jan 2012

NP 428A



5816275

NRIC No. **S8714135G**

Date of issue  
**21-10-2017**

APT BLK 612A TAMPINES NORTH DRIVE 1 #15-242  
SINGAPORE 521612

NRIC No: **S8714135G** Date: **08/09/2020**



## 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)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5102674489-03

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SMC9425D**  
 Chassis Number : KNAFZ411MF5523668
2. Name of Policyholder : LEE MENG GUAN, BERNIE
3. Effective Date of Insurance : 14 Oct 2021
4. Expiry Date of Insurance : 13 Oct 2022
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 business or profession.

**This Policy does not cover**

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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
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	: YES (FREE)
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: LEE MENG GUAN BERNIE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: 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 : VOUCH INSURTECH PTE. LTD. (00000615378)  
 Date of Issue : 13 Oct 2021 09:44 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



**Chief Executive**