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Proforred Wksp / INC Assign Wksp / QW: (1 - 11	ext)
TP Particulars Veh No: Su	USC INC		
Owner / Driver: (Tel:	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 truthful and accurate as possible. Any wliful 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 ladgement 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

The first of the f	ACCIDENT STATEMENT
Date Of Report	25/04/2019 15:32
Date Of Accident	24/04/2019 18:00
Exact Location Of Accident	ALONG NICOLL HIGHWAY TOWARDS CITY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG1795S
Insured/Policyholder	
Name Of Registered Owner	JL LIMO
Co Reg No	53371709D
Email Address	AIGO_LAU@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-88389554
Alternative Phone No	OFFICE-88389554
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY-2.4 (A)
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5106255408
Cover Note Number	
Driver	
Name of Driver	LAU BOON KENG, AIGO (LIU WENQING, AIGO)
NRIC No	S8431447A
Date Of Birth	03/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/06/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88389554
Fax Number	S W
Control Number	\$14674564000000000000000000000000000000000

OTHERS-88389554

AIGO_LAU@YAHOO.COM.SG

Address

BLK 58 HAVELOCK ROAD

#06-168

Postcode

161058

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: PASSENGER

GENDER:

: MALE

Passenger 2

NAME:

: PASSENGER

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

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

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

TOYOTA SIENTA

Vehicle Registration Number

SLQ4851C

Vehicle Make/Model/Colour **Details Of Properties**

Vehicle Category

PRIVATE HIRE

Name of Driver

MAX

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 17

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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 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:

- 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
- 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:
 - (i) 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.

JL LIMO 53371709D

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.: RS LI UP HAS

DESCRIBE CIRCUMSTANCES OF THE AC		- Water			
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DECLARATION

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

JL LIMO 53371709D

Policyholder's Signature Date & Time:

Oriver's Signature

J

(If driver is not the policyholder)

Date & Time:

25/24/2019 Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

cident MT/1041729							
firy Mr.	\$106255408	Vetocie No.	5MG17955		SST Registration No.		
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icyholder Name	IL LIMO				Pulicyholder NRIC	533717690	
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se of Accident	24,54,2011	Time of Accident on mm.	19:00		Country of Accident	1-0000000000000000000000000000000000000	
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To Policyholder Mailing Add	Pess						
ódress 1	BCK 58 #06-168	Appress 2	HAVELOCK ROAD		Address 3	HAVELDCK YTEW	
Miress A	SINGAPORE 151056	Address Type	Singapore address		First Code	161030	
nen Nag.	116-160	Released Police Number	5105255408				
▼ OI Driver Infe							
river Name	LAU BOON KENE AIGO (LIU WENGING AIGO)	Detver Type	Main Driver		\$2000 AND	1252 (427.000)	
reamed driver Name		Driver NRIC	98431447a		Driver DOS	03/10/1984	
egister Date of Driver License	01/06/2010	Error Age	34		Driving Expension	. 10	
tertaci. No. (Motivie)	88369554	Contact No.(Diffice)			Contact No.(Home)		
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address 4		Aggress Type	Foreign address		Post Code		
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Email Address					Vehicle SMS17915 Number	Vehicle	SEQUENTE.
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Clam Description				EMG17956 / SLQ4891C	ON 24 Apr 2019	Weinkstreet	-
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100	S (BUKIT MERAN)) un 35 Apr 2019 15:48	Amount	(C)				

Claim Handling(accident reporting Claim Task)

	Uploaded By/Date Politic Date	Pile	Name	P Source	Action
List					
3	NAC_BUKIT_MERAH, 800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	NASC/ Driving License	Normal	MATC/ Envirig Licensis 2019-4-25	
9	NAC_BURIT_MERAN_800676(NATIONAL ASSESSMENT CENTRE BERVIC S (BURIT MERAN)) on 25 Apr 3018 25 AB		Nermal	SAS 2019-4-25	
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r.	MAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	E Protos	Normal	Photos 2019-4-25	
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ACCIDENT STATEMENT

	ACCIDENT DATE: JU 04 2019 (DD	/MM/YYYY), TIME:(18 : 00)(HH:MM)
	LOCATION: NICOLI Highway	
	ECCATION. 14 11 THE TOTAL	
	1. DETAILS OF VEHICLE	0
20	alvehicle NUMBER: SM6 1795	
	b)INSURANCE COMPANY:	YTUC INCOME
	CIPOUCY NUMBER: S106255408	
		THIRD PARTY / THIRD PARTY FIRE &THEFT)
	B)MAKE & MODEL: Toyota Con	mry 2.4
	보다 가게 되었다. 그 하다 하지 않아 있다면 하지 않아 없는 것이 없는 것이 없는 것이 없어 없다면 살아 먹는데 없어요. 나는 사람이 없는데	AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / C	
	h) PURPOSE OF USING AT ACCIDENT	(1. Pro) (1. Pro)
	I) ARE YOU CLAIMING UNDER YOUR	
	IF NO, PLEASE STATE (THIRD PARTY O	CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	
		(MALE / FEMALE)
[- m)	b)NRIC/FIN/PASSPORT: c)ADDRESS:	CONTACT:
(3-11)	C/ADDRESS.	The state of the s
N	* CONTINUE TO 3.d IF DRIVER ALSO F	POLICY HOLDER
*Ho of pas Claduding	Con 43. DRIVER	Oddinolbek
Chadad	1. JOINAME: LAW BOON KENY	MALE / FEMALE)
Cincidang	STANICAL MASSICIAL	KT A CONTACT: P8389 TIX
(2)		LOCK RD # 66-168
17	C (1610 28)	
	*d)DATE OF BIRTH: (01 / (0) 196	
2	e OCCUPATION: (INDOOR / OUTDO	OR)
		010 4 m 2010
	4. WAS DRIVER AN EMPLOYEE OF TH	
	IF NO, RELATIONSHIP OF THE DRI 5. a) WEATHER CONDITION: (CLEAR / RA	
	b)ROAD SURFACE: (DRY / WET / OTH	FRS
8	6. WAS ANYBODY INJURED (YES / NO)	LINO .
	7. a) REPORTED TO POLICE (YES / NO)	×
	IF YES, PLEASE STATE WHICH POLICE	STATION:
TOWNS W	8. THIRD PARTY VEHICLE	Service of the servic
# Ho of passa	inger a) VEHICLE NUMBER: SLQ 481	MODEL: Toxata SIEN
Claduding o	driver) b) DRIVER'S NAME: MAX	
()	c) NRIC/FIN/PASSPORT:	CONTACT:
-	9. THIRD PARTY VEHICLE	
* No of pas	Junger d) VEHICLE NUMBER:	MODEL:
(Including	e) DRIVER'S NAME:	
1	f) NRIC/FIN/PASSPORT:	CONTACT:
1)		
·		1921

email = Argo-lay @ yahro. com. sg.



ADVISORY ON LOSS OF IC

You have reported the loss of your identity card (IC grace period, you are to bring it to this office	to IC Unit. If you recover your lost IC within the by 23 APR 2019
(Mondays to Fridays from 8.00 am to 4.30 pm) for	the refund of your IC replacement fee.
S8431447A (PINK IC)	\$100.00
LAU BOON KENG, AIGO	
	nt.ica.gov.sg or our mobile app, eAPPT@ICA
make an appointment.	
06/05/2019	05/04/2019
	05/04/2019
06/05/2019	05/04/2019
06/05/2019	05/04/2019
06/05/2019	05/04/2019
06/05/2019	05/04/2019
06/05/2019	05/04/2019







Certificate of Insurance

: SMG17955

: 18 Dec 2018

: 17 Dec 2019

: JL LIMO

Cover : drivo CLASSIC

: MR053BK4007045347

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate	Number:	5106255408
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1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

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 or Hirer's business.

This Policy does not cover

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

EXCESS (SECTION 1) : \$\$2,000 EXCESS (SECTION 2) : \$\$1,500 WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS

UNNAMED DRIVER EXCESS : PLEASE REFER OVERLEAF

REPAIR AT OWNER'S PREFERRED WORKSHOP : NO INSURE WITH COE : YES NCD PROTECTION : NO TRANSPORT ALLOWANCE : NO **EXCESS WAIVER** : NO PRIMARY DRIVER

: LAU BOON KENG AIGO (LIU WENQING AIGO) NAMED DRIVER (1)

: N/A NAMED DRIVER (2) : N/A HIRE PURCHASE COMPANY

: AUTOTRUST CREDIT PTE LTD 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

: COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue

: 18 Dec 2018 11:18 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive