





## 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 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
<b>Insured/Policyholder</b>	
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	DRIVING GRAB
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	
Contact Number	OTHERS-88389554
Email Address	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 Vehicle	-
	-
	-
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
Was any body injured in the Accident?	NO
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
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ4851C
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	MAX
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN

### IMPORTANT NOTICE

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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 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:
- (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.
- (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:

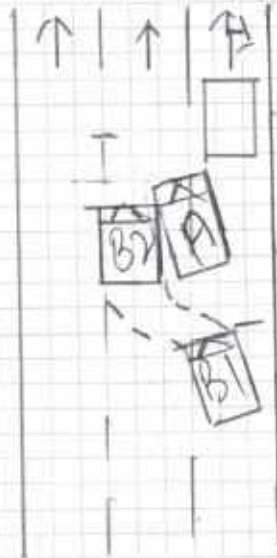
Reporting Centre Personnel's Signature  
Name: *Rishi Gupta*  
NRIC/FIN No.:

# SKETCH PLAN

ALONG NICOLL HIGHWAY TOWARDS CRY

A) SMG 17955

B) SLQ 4851C



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/04/2019 AT ABOUT 18:00 HRS I WAS TRAVELLING ALONG NICOLL TOWARD CRY TRAFFIC WAS AT LANE 1, SO I SIGNAL & LOOK THAT THE LANE WAS CLEAR SO I PULLED OUT. SUDDENLY A CAR SLQ 4851C THAT WAS BEHIND ME ALSO SIGNAL BUT HE DID NOT STOP & BRUSH AGAINST MY FRONT LEFT SIDE OF MY CAR. WE BOTH COULD GET OUT & LOOK AT OUR CAR DAMAGE & WE AGREED WITH PRIVATE SETTLEMENT THAT ALL - HE HIMSELF ADMITTED HIS FAULT & DEC NOT TO CLAIM THRU INSURANCE.

## DECLARATION

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

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.:



## Claim Handling

Accident MT/1041725

Policy No.	5106255408	Vehicle No.	SMQ17955	GST Registration No.	
Certificate No.					
Policyholder Name	JL LIMO			Policyholder NRIC	53371709D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Licensing	0
Contact No.(Mobile)	88389554	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPI	Yes	TCA	Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

## Accident Details

Report Date	25/04/2019 15:38	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	24/04/2019	Time of Accident (hh:mm)	18:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG NICOLL HIGHWAY TOWARDS CITY				

## Excess

Own Damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date		GST status verified	Yes
GST Registration No.					
Modification History	25/04/2019 15:46:26 System changed GST Status verified from No to Yes				

## Policyholder Mailing Address

Address 1	BLK 58 #06-108	Address 2	HAVELOCK ROAD	Address 3	HAVELOCK VIEW
Address 4	SINGAPORE 161056	Address Type	Singapore address	Post Code	161056
Unit No.	05-108	Related Policy Number	5106255408		

## Q1 Driver Info

Driver Name	LAU BOON KENG AIGD (LIU WENQING AIGD)	Driver Type	Main Driver	Driver DOB	03/10/1954
Uninsured driver Name		Driver NRIC	58431447A	Driving Experience	8
Register Date of Driver License	01/06/2010	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	88389554	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes	Driver Vehicle No.	SMQ17955	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes		
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## Modification History

Claim 001 New

Claim Type *	OD-MK	Insured Name	JL LIMO	Insured NRIC	53371709D
Contact No.(Mobile)	88389554	Contact No. (Home)		Contact No. (Office)	NIL
Email Address		Vehicle Number	SMQ17955	TP Vehicle Number	SLQ4851C
Claim Description	SMQ17955 / SLQ4851C ON 24 Apr 2019			Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault	QIA report	Received
Benefit No. Finalisation	Yes	Insured Option	Preferred Workshop, Name unknown	Claim Close Date	25/04/2019 15:47
Date Registered				Date Received	25/04/2019 00:00
Report Taken By	ROSLI WANAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1041725	Claim No.	001
Last Occ. Received	Yes No	Upload Date	25/04/2019 15:48

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Choose File No file chosen	Please Select	NO	Normal	
Message Read				Send Message

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	Photos	Normal	Photos 2019-4-25	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	Photos	Normal	Photos 2019-4-25	
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	Photos	Normal	Photos 2019-4-25	

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	Photos	Normal	Photos 2019-4-25
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	Photos	Normal	Photos 2019-4-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	Photos	Normal	Photos 2019-4-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	Photos	Normal	Photos 2019-4-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	Photos	Normal	Photos 2019-4-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	Photos	Normal	Photos 2019-4-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	SAG	Normal	SAG 2019-4-25
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 25 Apr 2019 15:48	NAC/ Driving License	Normal	NAC/ Driving License 2019-4-25
Video List				
Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	



## ACCIDENT STATEMENT

ACCIDENT DATE: 24/04/2019 (DD/MM/YYYY), TIME: 18:00 (HH:MM)

LOCATION: Nicoll Highway

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SM617951  
b) INSURANCE COMPANY: NTUC income  
c) POLICY NUMBER: S106255408  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Camry 2.4  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Grab  
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: JL Lim (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: LAU BOON KENY, ARGD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S803447-A CONTACT: 8838955X  
c) ADDRESS: R1K 58 HAVLOCK RD #06-168  
C (161058)

\*d) DATE OF BIRTH: 02/10/1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01 Jun 2010

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

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: SLQ 4851C MODEL: Toyota SIENTA  
b) DRIVER'S NAME: MAX  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = Argo-lau@yahoo.com.sg

VIDEO



Immigration & Checkpoints Authority

### ADVISORY ON LOSS OF IC

NAME: LAU BOON KENG, AIGO NRIC: S8431447A

You have reported the loss of your identity card (IC) to IC Unit. If you recover your lost IC within the grace period, you are to bring it to this office 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

Please visit <https://eappointment.ica.gov.sg> or our mobile app, eAPPT@ICA, to make an appointment.

06/05/2019

05/04/2019

NPAHMI

Signature of IC Holder

Date: 23 APR 2019

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8431447A**

Name  
**LAU BOON KENG, AIGO**  
(LIU WENQING, AIGO)

Birth Date **03 Oct 1984**  
Issue Date **18 Aug 2005**

001362573C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles <= 200 CC	18 Aug 2005
Class 2A Motorcycles between 201 CC and 400 CC	27 Feb 2007
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	01 Jun 2010

S / No. 9000125591

S8431447A

NP 428A

Licence No: S8431447A



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

**Certificate Number:** 5106255408

**Cover :** drive CLASSIC

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : <b>SMG17955</b>   |
| Chassis Number  | : MR053BK4007045347 |
| 2. Name of Policyholder   | : JL LIMO           |
| 3. Effective Date of Insurance  | : 18 Dec 2018       |
| 4. Expiry Date of Insurance   | : 17 Dec 2019       |
| 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 headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
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	: 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