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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 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.

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.

By the lodgement of this report to the insurers, you aforesaid,	ou hereby consent to the archiving of this report at the centre and to copies of the report being made	available
建筑工作的基础	ACCIDENT STATEMENT	-1575 CP
Date Of Report	05/10/2020 14:38	
Date Of Accident	03/10/2020 14:30	
Exact Location Of Accident	SERVICE ROAD OF QUEEN'S STREET	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	Soil HE
Vehicle Registration Number	SGS8228A	
Insured/Policyholder		
Name Of Registered Owner	LAU KAY KEONG	
NRIC No	SXXXX461Z	
Email Address	VINCENT, LAU@LEGACY.COM.SG	
Mobile Phone No	(LOCAL) +65-90188228	
Alternative Phone No	OTHERS-90188228	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
LANCIES .	ADMINISTRAÇÃO	

Model S400

Exact Purpose for which vehicle was being used at

time of accident

CAR WAS PARKED

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5103864521-02

Cover Note Number

Driver

Name of Driver LAU KAY KEONG NRIC No SXXXX461Z Date Of Birth 07/04/1969 Occupation INDOOR

Date Of Driving Pass

13/07/1987 33 YEARS AND 2 MONTHS

Driving Experience Gender

MALE

Mobile Number

(LOCAL) +65-90188228

Fax Number

Contact Number

OTHERS-90188228

EMail Address

VINCENT.LAU@LEGACY.COM.SG

Address

136 TANJONG RHU ROAD

#04-07

Postcode

436921

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

ny NO OWNER

Vehicle Registration Number of Driver's Own

Vehicle

•

Insurance Company of Driver's Own Vehicle

ì

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

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

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

...

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)

0

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

SLN3551R

Vehicle Make/Model/Colour

AUDI Q2

Details Of Properties

Vehicle Category Name of Driver

QIAO SEN

PRIVATE CAR

NRIC/Passport Number

Contact Number

90111634

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 18

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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.

Policyholder's Signature

Date & Time: 5 19 20 20

Driver's Signature

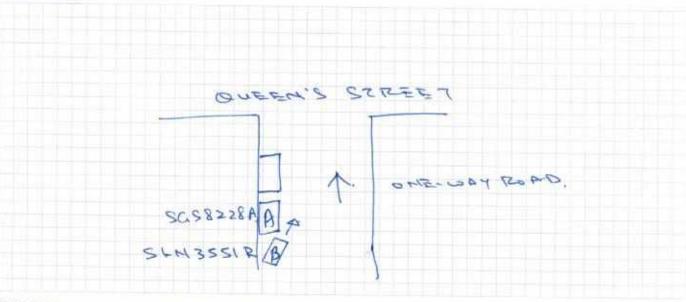
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR SUS 8228 A was parked in a public
perking lot. It was shotionary and not maxima
I sow cor SLM 3551 R DEVEN by OIAOSEN
(mole driver) reversing into the lot behind
my car. He then forwarded and his left
bumper but my coe's right bumper.
He apological and sent me his apology
He applied and sent me his apploper
My con was parted and stationery throughout
It was ported within its lat.
PICS included.
DECLARATION

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

Policyholder's Signature

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

Reporting Centre Personnel's Agnature
Name:
NRIC/FIN No.: Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDE	NT DATE:	K320	(DD/MM/YYY	Y), TIME:(السين	HH:MMJ-	
LOCATIO	ON: SERVI	CERNI	OFF	QUEE	1221	FEET	^ #
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. 9) VEHICLE CATE	GORY: PRIVATE	PCOMMERC	IAL/MOTOR	CYCLE		
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(Including driver) a)	NAME:			· IM	ALE / FEMA	LE)	
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		EMPLOYEE OF					121
		SHIP OF THE D			ONRIA		
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		URED (YES / NO					
7. alR	EPORTED TO PC	DUCE (YES /NO)	5.		* *	₽ ⁰	32
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B. THUS	D PARTY VEHIC	1F	ALL PROPERTY AND A STATE OF THE PARTY OF THE				
the of passenger a)	VEHICLE NUME	ER: SLM 3	221 B	_MODEL:	SUDI CO	2.	
	DRIVER'S NAM		MEZ				
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A LAID OF DATE TO ATTACK	VEHICLE NUMB			MODEL:			
Including driver)	DRIVER'S NAMI		/				
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VIDEO

Claim Handling

Accident MT/1105542

alicy No.	5103864521-02	Vehicle No.	SGS822BA	GST Registra
ertificate No.				
blicyholder Name	LAU KAY KEONG			Palicyhalder †
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
ontact No.(Mobile)	90188228	Contact No.(Office)		Contact No.()
mail Address		Special Remark		eCode
(FIX	No Yes	TCA	No Yes	eCode Reasor
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire
Report Date	05/10/2020 14:49	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/10/2020	Time of Accident hh:mm	14:30	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	SERVICE ROAD OF QUEEN'S STREET			
▼ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
DD Standard Excess	0.00	TP Standard Excess	0.00	
VIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess	0.00	10277700 200 TO TO TO	aver.	
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
	0.00	47		
Coverage			Sum Insured	
Excess Waiver			999999999999	
	tion			
SST Registered	No		GST Registration Date	
SST Registration No.	10000		GST Status Verified	Yes
Modification History				
	Iress	10014-00000-240	Taka wazanyaza gara-	Figurerout
Address 1	136 TANJONG RHU ROAD	Address 2	#04-07 PEBBLE BAY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-07	Related Policy Number	5103864521-02	
TO Driver Info				
Driver Name	LAU KAY KEONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6911461Z	Oriver DGB
Register Date of Driver License	30/07/1987	Driver Age	51	Orlying Exper
Contact No.(Mobile)	90188228	Contact No.(Office)		Contact No.(
Address 1	136 TANJONG RHU ROAD	Address 2	#04-07 PEBBLE BAY	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-07			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SGS8228A	Driver Insure
Declaration	Morror	60.146.00	Mor of Ma	
	0 mg	Any injury?	Yes No	
Declaration Breathalyser or Blood Test	0 mg	Any Injury?	Yes No	
Declaration Breathalyser or Blood Test	0 mg	Any injury?	Yes No	
Declaration Breathalyser or Blood Test Reading?		Any Injury?	Yes No	
Declaration Broathalyser or Blood Test Reading? Modification History		Any injury?	Yes No	
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New		Any Injury?	_ Yes → No	▼ Insured Name
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Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type *		Any injury?	OD-MX	Contact No. (Home)
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile)		Any injury?	OD-MX 90188228	Com.sq Number
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX New Claim Type * Contact No.(Mobile) Email Address Claim Description		Any injury?	OD-MX 90188228 vincent.lau@legacy.	Com.sq Number
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 OD-MX Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop	Insured Liability Not at I	feuit V	OD-MX 90388228 vincent.lau@legacy	Com.sq Name Contact No. (Home) CI Vehicle Number
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Save Submit Attachment Accident No. MT/1105542 Claim No. 001 Last Doc, Received Yes ○ No. Upload Date 05/10/2020 15:02 Path * Category • Confide Choose File No file chosen Clear Please Select 4 NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ¥ Attachment Uploaded By/Date Category Urgency NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 05 Oct 2020 15:02 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02 Photos. Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 Photos 05 Oct 2020 15:02 Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02 Photos Normal NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 Photos 05 Oct 2020 15:02 Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01 Photos Normal NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01 Photos Normal NAC_PAYA_UBI_800G01(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 05 Oct 2020 15:01 Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01 NRIC/ Driving License 57.1 Normal NILLC/ DI NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o SAS Normal 05 Oct 2020 15:01 Uploaded By/Date Folder Date File Name Display in New Window Scan and uploading



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium. The provision of this insurance is subject to:

any Endorsement specified as operative in the Schedule

2. the Conditions and General Exclusions of this Policy, and

the payment of the premium specified in the Schedule.

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

Policy Number

5103864521-02

The Policyholder

: LAU KAY KEONG

136 TANJONG RHU ROAD **#04-07 PEBBLE BAY** SINGAPORE 436921

Period of Insurance

: 02 Oct 2020 To 01 Oct 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

\$\$1,339.13

Interest Insured

Cover Type

drivo PREMIUM

Primary Driver

: LAU KAY KEONG : LOW E LIAN RINA

Named Driver (1) Named Driver (2)

: N/A

Make/Model

: MERCEDES BENZ/S400 HYBRID Capacity

: 3500cc

Registration Number

: SGS8228A

Registration Year

2014

Chassis Number

: WDD2221572A081823

Off-peak Car

: No

Repair at Owner's Preferred Workshop : Yes Excess (Section 1)

: N/A

Insure with COE

Yes

Excess (Section 2)

: N/A

NCD Entitlement

: 50%

Windscreen Excess

: 55100

NCD Protection Loyalty Discount

Yes(Free) : 5%

Additional Excess

: N/A

Unnamed Driver Excess Hire Purchase Company

: Please refer to Terms and Conditions : N/A

Optional Cover

Transport Allowance

: No

Excess Waiver

Yes

Memo A : N/A

Endorsement Operative : M4, M7, M8

Agency

: NLE INSURANCE AGENCIES PTE LTD (00000614580)

Date of issue : 07 Sep 2020 17:24 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you

Signed in Singapore by order of the Board of Directors

Chief Executive