

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	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

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
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?	NO
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
Driving Experience	33 YEARS AND 2 MONTHS
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	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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

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)	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	PRIVATE CAR
Name of Driver	QIAO SEN
NRIC/Passport Number	
Contact Number	90111634
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time: 5/10/2020
11 AM.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

05/10/2020
[Signature]
[Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR SGS8228A was parked in a public parking lot. It was stationary and not moving. I saw car SLN3551R driven by QIAO SEN (male driver) reversing into the lot behind my car. He then forwarded and his left bumper hit my car's right bumper.

He apologized and sent me his apology via whatsapp for his fault.

My car was parked and stationary throughout. It was parked within the lot.

PICS included.

DECLARATION

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

Policyholder's Signature

Date & Time:

5/10/2020

11 AM.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

05/10/2020

ROSA WONG

ACCIDENT STATEMENT

ACCIDENT DATE: (03/10/2020) (DD/MM/YYYY), TIME: (1430 PM) (HH:MM)

LOCATION: SERVICE ROAD OFF QUEEN'S STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGS 8228 A
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5103864521-02
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERCEDES S CLASS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARKED IN PARKING LOT
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: LAU KAY KEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 69114612 CONTACT: 9018 8228
 c) ADDRESS: 136 LG RHY RD #04-07 PEARLE BAY LOBBY A SINGAPORE 436921

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 69114612 CONTACT: 9018 8228
 c) ADDRESS: AS ABOVE

* d) DATE OF BIRTH: (07/04/1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13 JULY 1987

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLN 3551 R MODEL: AUDI Q2
 b) DRIVER'S NAME: QIAO SEN
 c) NRIC/FIN/PASSPORT: - CONTACT: 9011 1634

9. THIRD PARTY VEHICLE

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

Email = vincent.lau@legacy.com.sg
 VIDEO

Claim Handling

Accident MT/1105542

Policy No.	5103864521-02	Vehicle No.	SGS8228A	GST Registr
Certificate No.				
Policyholder Name	LAU KAY KEONG			Policyholder 1
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading
Contact No.(Mobile)	90188228	Contact No.(Office)		Contact No.(I
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire

Accident Details

Report Date	05/10/2020 14:45	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	
OD Standard Excess	0.00	TP Standard Excess	0.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Cov
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	

Benefits

Coverage	Sum Insured
Excess Waiver	99999999.99

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

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	

OI Driver Info

Driver Name	LAU KAY KEONG	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S6911461Z	Driver DOB
Register Date of Driver License	30/07/1987	Driver Age	51	Driving Exper
Contact No.(Mobile)	90188228	Contact No.(Office)		Contact No.(I
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?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SGS8228A	Driver Insure

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	
Contact No.(Mobile)	90188228	Contact No. (Home)	
Email Address	vincent.lau@legacy.com.sg	OI Vehicle Number	
Claim Description	SGS8228A / SLN3551R ON 3 Oct 2020		
Preferred Workshop	Insured Liability	Not at Fault	
Repair No. Finalisation	Preferred Repair Option	Preferred Workshop, Name unknown	
Date Registered	05/10/2020 14:51	GIA report	Received
Report Taken By	RQSL1 WAHAB	Claim Close Date	
		Workshop Repairer	

[Print AK letter](#)

Save Submit

Submit

Attachment

Accident No.	MT/1105542
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No

Claim No.	001
Upload Date	05/10/2020 15:02

Path •

Choose File No file chosen

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Wendy's World

Clear

Category *	Confid.
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Please Select

Clear

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Please Select  NO

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Please Select

Close

Please Select NO

 Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02	Photos		Normal	P
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02	Photos		Normal	P
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:02	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	Photos		Normal	P
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 05 Oct 2020 15:01	SAS		Normal	

▼ Video List

Uploaded By/Date	Folder Date	File Name
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☐ 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:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. 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.
GST Reg No. M90372806G

3/20

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) : S\$1,339.13

Interest Insured

Cover Type	: drive PREMIUM	
Primary Driver	: LAU KAY KEONG	
Named Driver (1)	: LOW E LIAN RINA	
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	Insure with COE : Yes
Excess (Section 1)	: N/A	NCD Entitlement : 50%
Excess (Section 2)	: N/A	NCD Protection : Yes(Free)
Windscreen Excess	: S\$100	Loyalty Discount : 5%
Additional Excess	: N/A	
Unnamed Driver Excess	: Please refer to Terms and Conditions	
Hire Purchase Company	: 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 may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive