

## 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 ability.
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 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	29/08/2017 16:59
Date Of Accident	08/05/2017 11:55
Exact Location Of Accident	STILL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP7484B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU TSZ WING (LIU ZIRONG)
NRIC No	S7577258J
Email Address	ANDEE_LAU@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96938387
Alternative Phone No	OTHERS-96938387

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	PVT USE
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 CAR

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3011061700
Cover Note Number	1/2/17-31/1/18

### Driver

Name of Driver	LAU TSZ WING (LIU ZIRONG)
NRIC No	S7577258J
Date Of Birth	27/06/1975
Occupation	INDOOR
Date Of Driving Pass	26/03/1999
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96938387
Fax Number	
Contact Number	OTHERS-96938387
EEmail Address	ANDEE_LAU@YAHOO.COM.SG

Address	BLK 250 BT BATOK EAST AVENUE 5 #04-160
Postcode	650250
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	1

#### 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

TRAFFIC LIGHT WAS GREEN. I ASSUMED SKX510M MOVE THUS I FOLLOW TO MOVE AND HIT ONTO ITS REAR.

#### 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	SKX510M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MS NG
NRIC/Passport Number	
Contact Number	94383004
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	


## Sketch Plan


### SKETCH PLAN

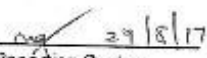
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

VEHICLE NO.: SKP 7434R  
INSURER : China Taiping  
DOA : 8/5/17 11:53am

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel YS

Sketch Plan

P.T.O.

### Sketch Plan #2

**Note:** Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own policy. Please check your policy for more information.

( ) Claim Own Policy ( ) Claim TP ( ) Claim OD/TP at other workshop (✓) Reporting Only

Describe Circumstances of the Accident

Sketch Plan

Changi Rd

Jin Eunos

A: SKA 7484B

B: SKX 510M

Ms Ng 94383004

3411 Rd

↓

Insurer - China Taiping  
Vehicle No - SKP 7784B  
DOA - 3/5/17 11:55 am @ Still Road

Traffic light was green. I assumed SKX 510M move thus I follow to move and hit onto its rear.

### 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 YS 29/8/17

IC & LIC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO S7577258J



Name  
LAU TSZ WING  
(LIU ZIRONG)  
刘梓荣

Race  
CHINESE

Date of birth  
27-06-1975

Sex  
M

Country of birth  
HONG KONG





REPUBLIC OF SINGAPORE DRIVING LICENCE



Display Number S7577258J

Name  
LAU TSZ WING  
(LIU ZIRONG)

Birth Date 27 Jun 1975

Issue Date 13 Mar 2003



3877412



NRIC No S7577258J

96938387

Date of issue  
27-12-2005

NRIC No S7577258J Date 15/08/2015

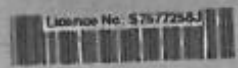
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
28 Mar 1999

NP 429A

Licence No: S7577258J



## CLAIM NOTIFICATION



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
Tel: 6389 6111 Fax: 6222 1033  
Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)  
Co. Reg. No. 200208384E

Our Reference: **SNM17D04902C00**

Date: **22 AUGUST 2017**



**LAU TSZ WING  
BLK 250 BUKIT BATOK EAST AVENUE 5  
#04-160 BUKIT BATOK EAST VIEW  
SINGAPORE 650250**

Dear Sir/Madam

**RE: ACCIDENT INVOLVING YOUR VEHICLE NOS. SKP7484B & SKX510M ON 08 MAY 2017  
POLICY: DMPCSN3011061700**

We refer to the above-mentioned accident.

Please be informed that you or your driver has not filed an accident report within 24 hours as per Motor Claims Framework.

We would urge you to comply with the condition to file your accident report with your vehicle (whether damaged or not) to us **IMMEDIATELY** through our designated Accident Reporting Centres, which are also our authorised workshops. You may log onto our website **[www.sg.cntaiping.com](http://www.sg.cntaiping.com)** for location of the respective centres/workshops.

Please take note that your **NO CLAIM DISCOUNT** will be penalized upon renewal of your policy if you fail to comply with this condition.

Regards

This is an auto-generated letter from the Motor Division of Claims Department.

CC: (AN0498A)  
NEO & COMPANY INSURANCE AGENCY PTE LTD  
22 SIN MING LANE  
#06-71  
MIDVIEW CITY  
SINGAPORE 573969

Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



SCENE



SCENE





SCENE

