

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 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	01/03/2018 17:06
Date Of Accident	14/02/2018 23:00
Exact Location Of Accident	ALONG BRADDELL ROAD AND THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE3971J
Insured/Policyholder	
Name Of Registered Owner	DEREK LIEW KOK WAH
NRIC No	S1615943C
Email Address	DENALCATRAZ@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96881661
Alternative Phone No	OFFICE-96881661

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	DMPCSN3021841704
Cover Note Number	

Driver

Name of Driver	DEREK LIEW KOK WAH
NRIC No	S1615943C
Date Of Birth	03/02/1963
Occupation	INDOOR
Date Of Driving Pass	31/08/1984
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96881661
Fax Number	
Contact Number	OFFICE-96881661
Email Address	DENALCATRAZ@YAHOO.COM.SG

Address	BLK 858 WOODLANDS ST 83 #03-216 SINGAPORE
Postcode	730858
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	SJK1162H
	-
	-
Insurance Company of Driver's Own Vehicle	LONPAC INSURANCE BHD
	-
	-

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
Number of vehicles 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)	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

PLEASE REFER TO THE DOCUMENT ATTACHED. *Policyholder unable to provide enough information, therefore he cannot lodge the report. Policyholder provide enough information to us on 5/3/2018 and lodge report by today.

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	GBG1950R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

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.
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. 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.

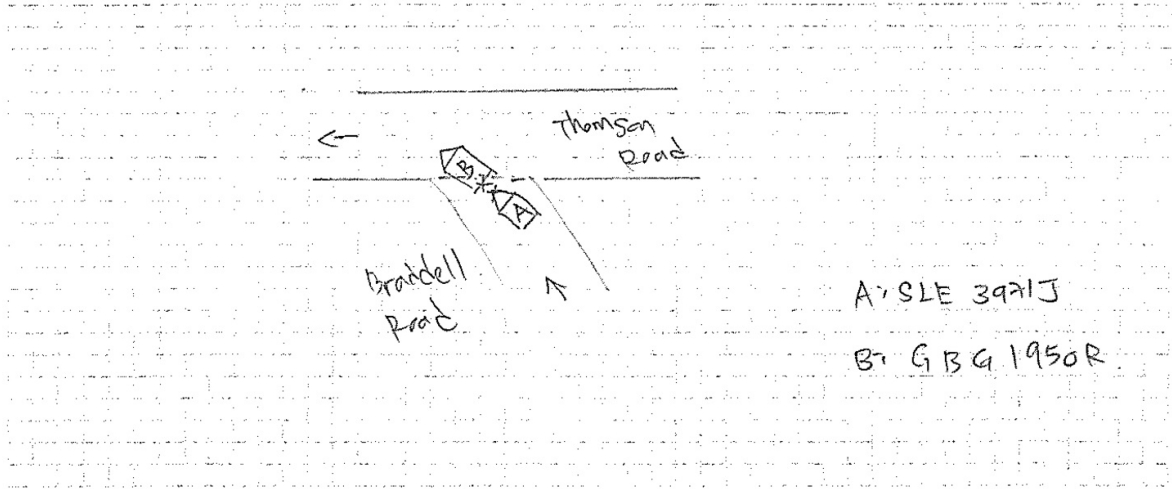
Policyholder's Signature
Date & Time: 13/18

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

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

Accident Sketch Plan Pg. 1

SKETCH PLAN

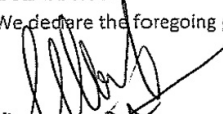
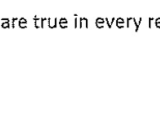



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the mentioned date and time, I was driving along Braddell Road towards Thomson Road. My car and the front vehicle stopped before turn into the Thomson road because we were waiting the traffic clear. When the traffic was cleared, the front car started to turn into Thomson road and I also moved forward. Suddenly the front vehicle jammed brake and I not able stop at the time and hit on the rear portion of the front vehicle.


DECLARATION

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

 Policyholder's Signature Date & Time: 1/3/18	 Driver's Signature (If driver is not the policyholder) Date & Time:	 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
--	--	---

DRIVER NRIC AND LICENCE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1615943C



Name
DEREK LIEW KOK WAH


廖国华

Race
CHINESE


Date of Birth
03-02-1963

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: S1615943C


Name
DEREK LIEW KOK WAH

Birth Date: 03 Feb 1963


Issue Date: 02 Aug 2003



312248



NRIC No. S1615943C



Blood Group
A+

Date of issue
25-01-2000


BIK 059 M001A00 S 03
#03-216 96909567

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 Aug 1984

NP 428A

Licence No: S1615943C



CERTIFICATE OF INSURANCE Pg. 1



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
Co. Reg. No. 200208384E

ORIGINAL

THE SCHEDULE

Agency	AN0412A	Class of Policy	MOTOR PRIVATE CAR	Policy Number DMPCSN3021841704
Account	AN0412A	Issued on 16/03/2017 in SINGAPORE	Replacing Policy no.	DMPCSN3021841603
Client	6003187	Acceptance Date	03/03/2017		

Period of Insurance from 16/04/2017 to 15/04/2018 , both dates inclusive

Insured's Name.... MR DEREK LIEW KOK WAH
Address. BLK 858 WOODLANDS ST 83
#03-216
SINGAPORE 730858

Business/Occupn... MANAGER
Financial interest DBS BANK LTD AS HP OWNER

Premium	Base Annual Premium.....	S\$2,634.50		
	Less 20% Loyalty Discount.....	S\$526.90-		
	Less 20% Autosafe Scheme.....	S\$421.52-		
	No Claim Discount50.00%	S\$843.04-		
	Promotion Discount.....	S\$100.00-		
	Total Annual Premium	S\$743.04	Premium Due	S\$743.04
			Premium GST	S\$52.01
			Total Due	S\$795.05

Risk No. 001 MOTOR PRIVATE CAR
YEAR OF REGISTRATION : 25.09.2008.

1. Registration	SLE3971J	Make/Model ..	mitsubishi	LANCER EX 1.5 MIVEC GLS
Type of Cover	Comprehensive	No. of seats	5	Body Type SALOON
Engine No. ..	4A910106242	Capacity cc's	1499	Yr of Manuf/Regn 2008/2008
Chassis No...	JMYSRCY2A9U000207			

Certificate Ref. MX1F

Sum Insured..Market value at the time of loss
Named Drivers Ex Sect. I S\$500.00
Additional Ex Other than Named Drivers:
Ex Sect. I - Age <= 25..... S\$3,000.00
Ex Sect. I - Age >= 26..... S\$500.00
* Age as at date of accident
EX ON WINDSCREEN S\$100.00
Named Drivers THE INSURED

The following clauses and endorsements apply to this policy

Subject to Endts. 2, 25, 57, 72, N & W(unltd).

AUTOSAFE SCHEME (W)

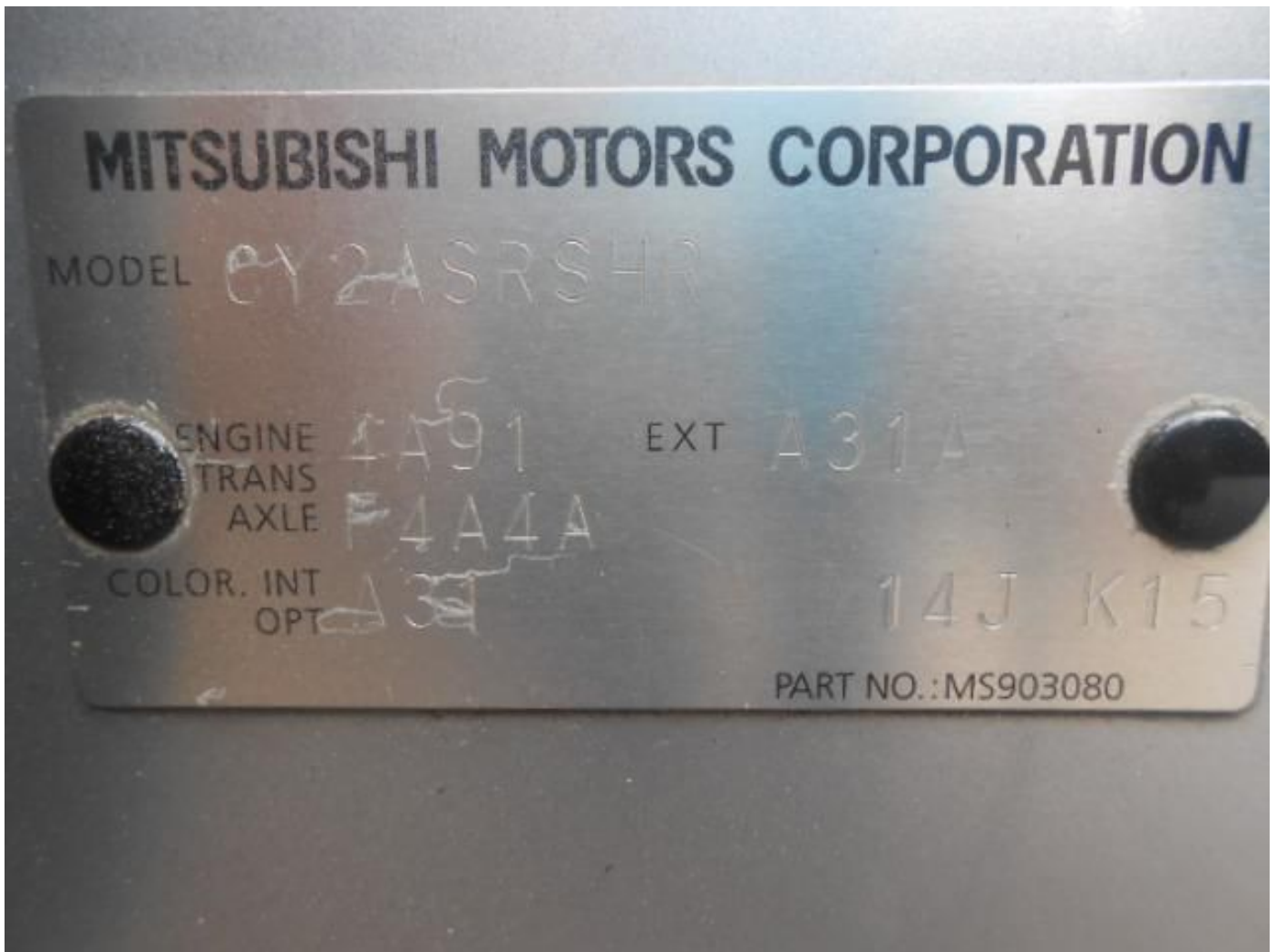
In consideration of a premium discount given, the insured, in the event of any accident/windscreen damage, must send his/their vehicle to the Company's authorised workshop for repairs if he/they wish to seek indemnity under Section I of this Policy.

Subject otherwise to the terms, conditions and exceptions of this policy.

Waiver of Windscreen Excess Clause (repair at Glass-Fix Pte Ltd)

It is hereby declared and agreed that in the event of a windscreen claim, an excess of \$100.00 will

Continued on page 2



Accident Photo



Accident Photo



Accident Photo

