

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	13/03/2018 16:33
Date Of Accident	04/03/2018 15:50
Exact Location Of Accident	ALONG PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6116R
Insured/Policyholder	
Name Of Registered Owner	TING YONG PING
NRIC No	S2625885E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96873385
Alternative Phone No	OTHERS-96873385

Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE-3.2 V6(A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V16750/VPS/R01
Cover Note Number	

Driver

Name of Driver	TING YONG PING
NRIC No	S2625885E
Date Of Birth	11/06/1966
Occupation	INDOOR
Date Of Driving Pass	09/04/1987
Driving Experience	30 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96873385
Fax Number	
Contact Number	OTHERS-96873385
Email Address	NOEMAIL

Address	31 IPOH LANE #14-03
Postcode	438639
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
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 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	SFZ9997G
Vehicle Make/Model/Colour	MERCEDES BENZ CLA 180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEE CHEN SHI
NRIC/Passport Number	S9317362G
Contact Number	96216797
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Veh A: STB 6116 R

Veh B: SFZ 9997 G

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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:

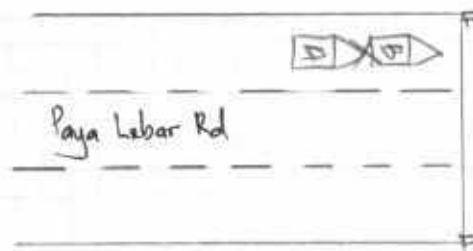
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Veh A: SKB 6116 R

Veh B: SFZ 9997 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Waiting at Traffic Junction awaiting for green light. When Traffic Turn green, Vehicle A which was in front of me move off and I followed. for no reason, Vehicle A suddenly stopped his vehicle full to a halt. I could not stop in time and hit onto his rear.

DECLARATION

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

Policyholder's Signature

Date & Time:

13.08.2018

3.25 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/03/2018

Rosli WATTOB

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 4 March 2018 *Time of Accident: 3.49 pm

*Accident Location: Paya Lebar road (1)

Vehicle Details

*Vehicle Number: SKQ 6116 R *Make & Model: Porsche Cayenne S Hybrid (V6)

Insured / Policyholder

*Owner Name: TING YOUNG DING *NRIC: S 2625 885 E
*Address: 31, Poth Lane #12-03 (S) 438639
*Email: younging.united@hotmail.com *HP: 96873385
*Occupation: Contractor (Indoor / Outdoor) *Tel / H / Other: -

Driver (✓) same as above

*Driver Name: _____ *NRIC: _____
*Address: _____
*Date of Birth: _____ *Driving Pass Date: _____ *HP: _____
*Email: _____ *Gender: Male / Female
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: _____ *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SF 7997 G
Make & Model: CLA 180
Vehicle Category: _____
Name of Driver: Chae Chen Shi
NRIC : S 9317 362 G
HP : 96215797
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2625885E



Name

TING YONG PING

陳揚彬

Race
CHINESE

Date of birth
11-06-1966

Sex

M

Country/Place of birth
MALAYSIA

S2625885E



9437581



NRIC No. S2625885E




Nationality
MALAYSIAN
Date of issue
23-03-2017

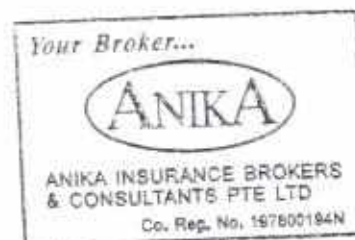
Address

31 IPOH LANE
#14-03
SINGAPORE 438839

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 169)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SI17V16750 /NPS /R01		
Form	MX1		
Date of Issue	16-Nov-2017		
1. Index Mark and Registration No. of Vehicle	SKQ6116R		
2. Chassis number of Vehicle	WP1ZZZ92ZDLA15017		
3. Name of Policyholder	TING YONG PING		
4. Effective date of Commencement of Insurance for the purposes of the Act	26-NOV-2017 00:00		
5. Date of Expiry of Insurance	25-NOV-2018 23:59		
6. Persons or Classes of Persons entitled to drive*	<p>A) The Policyholder.</p> <p>B) Any other person who is driving on the Policyholder's order or with his permission.</p> <p>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.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p>		
7. Limitations as to use*	<p>Use only for social, domestic and pleasure purposes and for the Policyholder's business.</p>		
8. The Policy does not cover:	<p>A) Use for hire or reward.</p> <p>B) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>C) Use for the carriage of goods (other than samples) in connection with any trade or business.</p> <p>D) Use for any purpose in connection with the Motor Trade.</p>		
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.</p>			
<p>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 169) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>			
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <div style="text-align: center;">  Authorised Signature </div>			



For information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Valet Extension
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I - Named Drivers - Singapore: S\$3000 / Outside Singapore: \$6,000.00; Section I - Unnamed Drivers (Between 27 to 65 Years Old With At Least 3 Years Driving Experience) - Singapore: S\$4000 / Outside Singapore: \$8,000.00; Section I - Unnamed Drivers (Between 24 to 26 or 66 to 70 Years Old And With At Least 3 Years Driving Experience) - Singapore: S\$8000 / Outside Singapore: \$16,000.00; Windscreen Excess: \$500.00
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	ANIKAI INSURANCE BROKERS & CONSULTANTS PTE LTD

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 5885E

Vehicle Details

Vehicle No.: SKQ6116R

Vehicle to be Exported: Yes

Intended De-registration Date: 13 Mar 2018

Vehicle Make: PORSCHE

Vehicle Model: CAYENNE S HYBRID (V6)

Primary Colour: Grey

Manufacturing Year: 2012

Engine No.: 107704

Chassis No.: WP1ZZZ92ZDLA15017

Maximum Power Output: 245.0 kW (328 bhp)

Open Market Value: \$102,677.00

Original Registration Date: 26 Nov 2012

First Registration Date: 26 Nov 2012

Transfer Count: 1

Actual ARF Paid: \$61,607.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 25 Nov 2022

PARF Rebate Amount: \$43,124.00

Intended COE Rebate Details

COE Expiry Date: 25 Nov 2022

COE Category: B - Car (1601cc & above)

COE Period(Years): 10

QP Paid: \$94,502.00

COE Rebate Amount: \$44,415.00

Total Rebate Amount: \$87,539.00

The information contained herein is correct as at 13 Mar 2018

OK