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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.
- 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 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.

- 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

	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
A CONTRACTOR OF THE STATE OF TH	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ6116R
Insured/Policyholder	
Name Of Registered Owner	TING YONG PING
NRIC No	\$2625885E
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
West Control of the C	The Market Control of the Control of

 Name of Driver
 TING YONG PING

 NRIC No.
 \$2625885E

 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 code 438639

Was driver an employee of the Insured's Company NO

was driver an employee of the insured's Company INC

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

OWNER

0 000 1.0000 N WAS 1010/NGS

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)

NO

soliciting/offering accident claims assistance.

.,.

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: SEB 6116 R

VehB: SFZ 9997 G

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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 malling 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.
- 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 Persponel's Signature
Name:
NRIC/FIN No. 1 C.S.d. 1 h M. H. A.

SKETCH PLAN

Veh A: SKB 6116 R Veh B: SFZ 9997 G

> DXD Paya Labor Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Waiting of	Traffic Junction	awaiting &	for green light. When
0			was infront of me
more of	and I follow	it. for no	reason, Vehicle A
1	- 14 Ha	Tal.	a held I could not
Stop in	time and h	onto hi	I Veer.

DECLARATION

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

Policyholder's Signature

Date & Time: 13.08.2018
3.15 DM

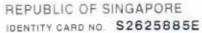
Driver's Signature (If driver is not the policyholder) Date & Time:

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

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 1 averch *Date of Accident: *Accident Location: PA *Vehicle Number: SKO 6116 R * Make & Model: Insured / Policyholder 5 *Owner Name: *Address: TWAI (Indoor / Outdoor) * Tel /H /Other: *Occupation: Driver (same as above *Driver Name: *Address: *Date of Birth: *Driving Pass Date: *Gender: Male / Female *Email: (Indoor / Outdoor) * Tel /H /Other: *Occupation: *Driver an employee: Yes / No (*If no, what is relationship with the policyholder :_____ Passengers Details (Male/Female) * P/Name: (Male/Female) * P/Name: (Male/Female) * P/Name: _____(Male/Female) * P/Name: Insurance Company *Coverage: C / TPFT / TPO * Policy No: _____ *Insurer: Detail of other vehicle / Property 2 Detail of other vehicle / Property Vehicle No.: Vehicle No.: Make & Model: Make & Model: Vehicle Category: _____ Vehicle Category: Name of Driver: (Name of Driver: NRIC NRIC HP No. of Passengers (Including Driver): 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: *Any video cam: Yes No *Weather conditions: Pear / Raining / others: ______ *Road Surface: DOZ / Wet / others: NRIC: HP: *Witness: Yes / 86 (Name: _____ *Summon against whom: *Accident reported to police: Yes No *No. of passengers (include driver): ___ *Injured party: Yes Mo *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No -I/Name: -I/Name: *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No









TING YONG PING

陳揚彬

Hace CHINESE Date of nieth

11-05-1955 Country/Place of birth MALAYSIA

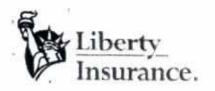
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

MALAYSIAN 23-03-2017

31 IPOH LANE #14-03 SINGAPORE 438839





Liberty Insurance Pte Ltd

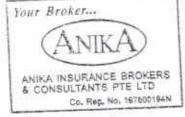
Registration no. 199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertyinsurance.com.sg.

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) 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 /VPS /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		
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			



A) The Policyholder.

rinve*

B) Any other person who is driving on the Policyholder's order or with his permission.

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.

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 demage.

7.Limitations as to use*.

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

8. The Policy does not cover

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

I/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 189) and Part I/V of the Road Transport Act, 1987 (Maleysia).

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE

Comprehensive, Unlimited Windscreen, Valet Extension

SUM INSURED (S\$):

MARKET VALUE AT THE TIME OF LOSS

EXCESS (S\$)

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 \$\$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 Oriving Experience) -Singapore \$58,000 / Outside Singapore \$15,000.00

Windscreen Excess \$500.00

FINANCE COMPANY:

DBS BANK LTD

PRODUCER NAME

ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID:	5885 E	
Vehicle Details		
Vehicle No.:	SKQ6116R	
Vehicle to be Exported:	Yes	
ntended 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