





## 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 Actual 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 Submission	08/09/2022 14:58 (SGT)
Reported by	Both
Date of Accident	07/09/2022 09:00 (SGT)
Exact Location of Accident	Loyang Ave, Singapore
Additional Location Information	EXIT 2 (TOWARDS TPE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2257S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIAO XUELIAN
NRIC No	SXXXX872G
Email Address	dingli_christina@yahoo.com.sg
Mobile Phone No	(Phone) +65-88098886
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Nx200t
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

### INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00173402100

### DRIVER

Name of Driver	LIAO XUELIAN
NRIC No	SXXXX872G
Date Of Birth	28/02/1981
Occupation	Indoor

Date Of Driving Pass	21/07/2006
Driving experience	16 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88098886
Alt. Phone Number	-
Email Address	dingli_christina@yahoo.com.sg
Address	BLK 458 PASIR RIS DRIVE 4 #08-295
Address complement	-
Postcode	510458
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY6047R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Private car



## 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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

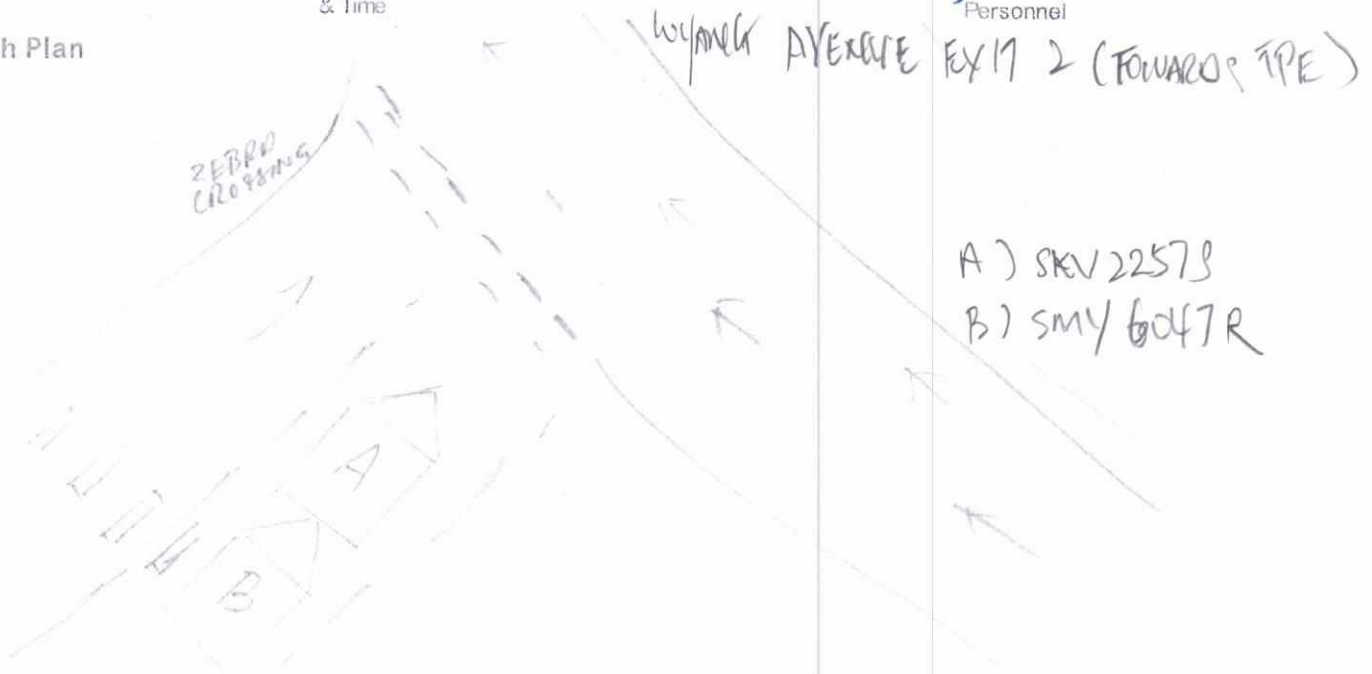
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date &  
Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was driving along  
LOYANG AVE EXIT 2 (TOWARDS EXPRESSWAY TPE) at a slip road  
There incoming vehicle right my right and I stop.  
Within a second vehicle B (SMY6047R) collided onto my  
rear portion. I alight and check the situation and we exchange  
particular and left the since.

Vehicle A: SKV 2257S

Vehicle B: SMY 6047R.

Declaration

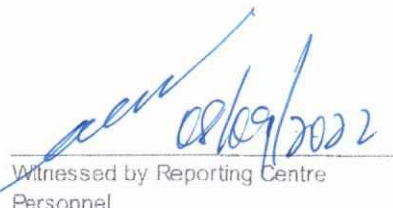
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



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



Witnessed by Reporting Centre  
Personnel



Date of accident: 07.09.2022 Time: 0900hrs  
Location of accident: LOYANG AVE EXIT 2 (TOWARDS EXPRESSWAY TPE)

### Details of Own Vehicle

Vehicle Number: SKV 22378

Insurer: CHINA TAIPING

Policy No: DMPCSNW00178402100

#### Policyholder

Name: LIAO XUEHAN

Contact no.: 88098886

#### Driver

Name: LIAO XUEHAN

Contact no.: 88098886

Email: dingli-christina@yahoo.com.sg

Address: BLK 458 PASIR RIS DRIVE 4 #08-295 (510458)

Driving pass date: 21.07.2006

Relationship with Policyholder: OWNER

Make/Model: LEXUS NX200T 199

Passenger (incl. Driver): 1 + 1 (female)

Policy Type: C/ TPFT/ TPD

NRIC/FIN no.: S8175872G

NRIC/FIN no.: S8175872G

D.O.B: 28.02.1981

Occupation: INDOOR

### General Information

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom:

Injuries: Yes/ No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt (Y/N)	Conveyed to hospital (Y/N)

### Details of Third party

Vehicle B

Vehicle C

Vehicle no.: SMY6047R

Driver name:

NRIC/ FIN no.:

Contact no.:

Insurance Co.:

Remarks:  
(Make/Model, Passenger,  
property Info & etc)

### Detail of Witness

Witness 1

Witness 2

Name:

Contact no.:

### Claim Type & Acknowledgement

Claim Type: Own Damage/Third Party/ Reporting Only

Workshop:

Policyholder/2

driver

Signature:

Motor Private Car

MX1E

N SN

AN0687A

Cov. Type:C

**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.

DMPCSNW00178402100

Engine No.: 8ARW109147

Cha. No.: JTJBARBZX02038892

1. Index Mark and Registration  
Number of Vehicle

SKV2257S

AUTOSAFE  
=====

2. Name of Policy Holder

LIAO XUELIAN

3. Effective date of the Commencement of  
Insurance for the purposes of the Regulations,  
Ordinance or Enactment14/09/2021  
(00:00:00)Named Drivers Ex Sect. I S\$1,500.00  
Additional Ex Other than Named Drivers:

Ex Sect. I - Age &lt;= 25 S\$3,000.00

Ex Sect. I - Age &gt;= 26 S\$500.00

\* Age as at date of accident

EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

13/09/2022

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(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.

6. Limitations as to use.\*

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

The policy does not cover use for hire or reward tuition driving test racing pace-making, reliability trial, speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

Excess whichever is applicable for losses occurring outside Singapore (Constructive Total Loss/Theft) will be doubled. One time

Waiver of Excess for the first S\$1,000 will apply to the Insured and Named Drivers in the event of Own Damage Claim at our

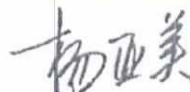
Authorised Workshops for each Policy Year.

\* 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 IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: CREDENCEL INSURANCE AGENCY  
Authorised Officer

Authorised Signatory



> Back to OneMotoring

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**SKV2257S**

Make / Model  
**TOYOTA / LEXUS NX200T LUXURY S/R**

Vehicle Type :  
**P11 - Passenger Station Wagon/Jeep/Land Rover**

Vehicle Attachment 1 :  
**With Sun Roof**

Vehicle Scheme :  
**Normal**

Chassis No. :  
**JTJBARBZX02038892**

Propellant :  
**Petrol**

Engine No. :  
**8ARW109147**

Motor No. :  
-

Engine Capacity :  
**1998 cc**

Power Rating :  
-

Maximum Power Output :

**175.0 kW (234 bhp)**

Maximum Laden Weight :

**2350 kg**

Unladen Weight :

**1755 kg**

Year Of Manufacture :

**2015**

Original Registration Date :

**04 Sep 2015**

Lifespan Expiry Date :

-

COE Category :

**B - Car above 1600cc or 97kW (130bhp)**

Quota Premium :

**\$62,140.00**

COE Expiry Date :

**03 Sep 2025**

Road Tax Expiry Date :

**03 Sep 2022**

PARF Eligibility Expiry Date :

**03 Sep 2025**

Inspection Due Date :

**03 Sep 2024**

Intended Transfer Date :

**21 Sep 2022**

CO2 Emission :

**184.00 (g/km)**

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :