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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 First Submission 02/08/2024 16:49 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 02/08/2024 03:50 (SGT) Exact Location of Accident 18 Teow Hock Ave, Singapore 545704 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGR88U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NG WEI XIANG STANLEY NRIC No SXXXX150B Fmail Address STANVARDOR18@YAHOO.COM Mobile Phone No (Phone) +65-90086567 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Sharan Variant SHARAN 2.0 TSI 7N24MY 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1984 Vehicle Fuel Petrol First Regisration Date 16/10/2019 Chassis no WVWZZZ7NZKV018963

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNW00136682303

16/10/2019 00:00 (SGT)

DRIVER

Effective Date/Time of Ownership

Name of Driver NG WEI XIANG STANLEY NRIC No SXXXX150B Date Of Birth 16/08/1983 Occupation Indoor Driving Pass Date 19/09/2002 Driving License Pass Class Driving License Validity Valid Driving experience 21 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-90086567 Alt. Phone Number Email Address STANVARDOR18@YAHOO.COM Address 18 TEOW HOCK AVENUE Address complement Postcode 545704 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? 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 Collided into Parked Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO THE ATTACHED POLICE REPORT. ATTACHMENT(S) Are accident photos available for attachment? Yes

No

Was there any video captured by Car Camera?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX3187X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Government
Name of Driver	-
Contact Number	_
Address	-
Address complement	_
Postcode	_
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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.

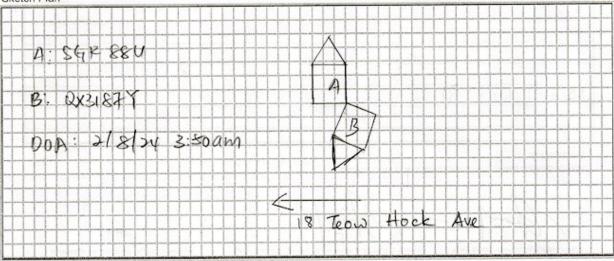
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date

& Tin

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



1

ribe	Circumstan	ce of the	Accident						
	Refer	to	the	attached	police	re	port.	g es ed hairo la	Section.
				Total Sales				Lettl b promis	COR DESCRIPTION
-							7/0 Will Talesco		SCHOOL ST
									Contraction of
_									
				7	4.3.2	-		-	
					Navi se			Position.	
					- 140				
									7-4
		1		12.4				Am Island	
							esternia y conserva		Step 14
								- manufactured	pri posta
									solbin.
					1 1100				in the in
	E. Control		3-11-7		PART OF A STREET				
	7								
			-						
	361						N.		13
		-95					777		100
						11		- Hala	and the
									net
					1011	Ш			
								E44-1.1	99
-						-		LI KRI	HISE .
	100								

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

SERVICE

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2





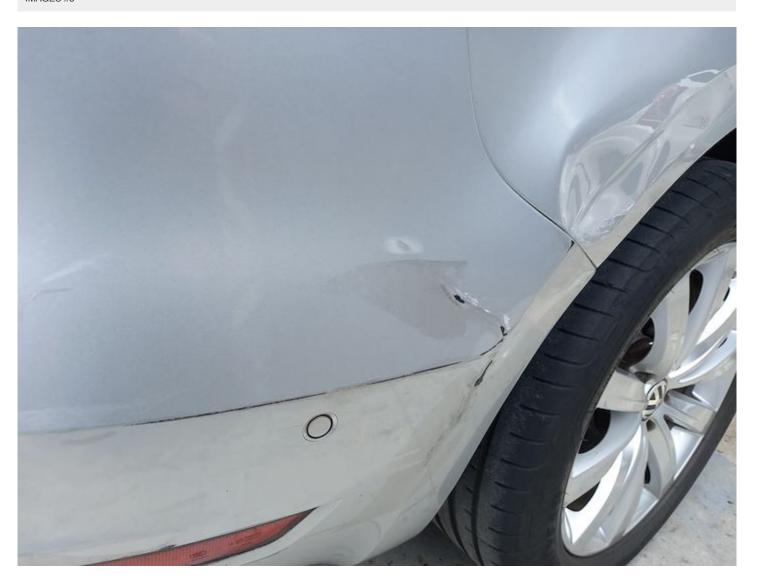


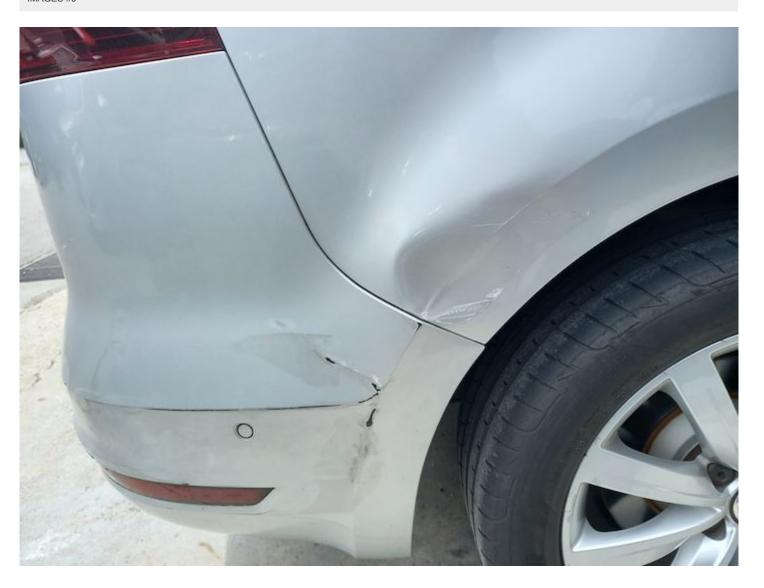








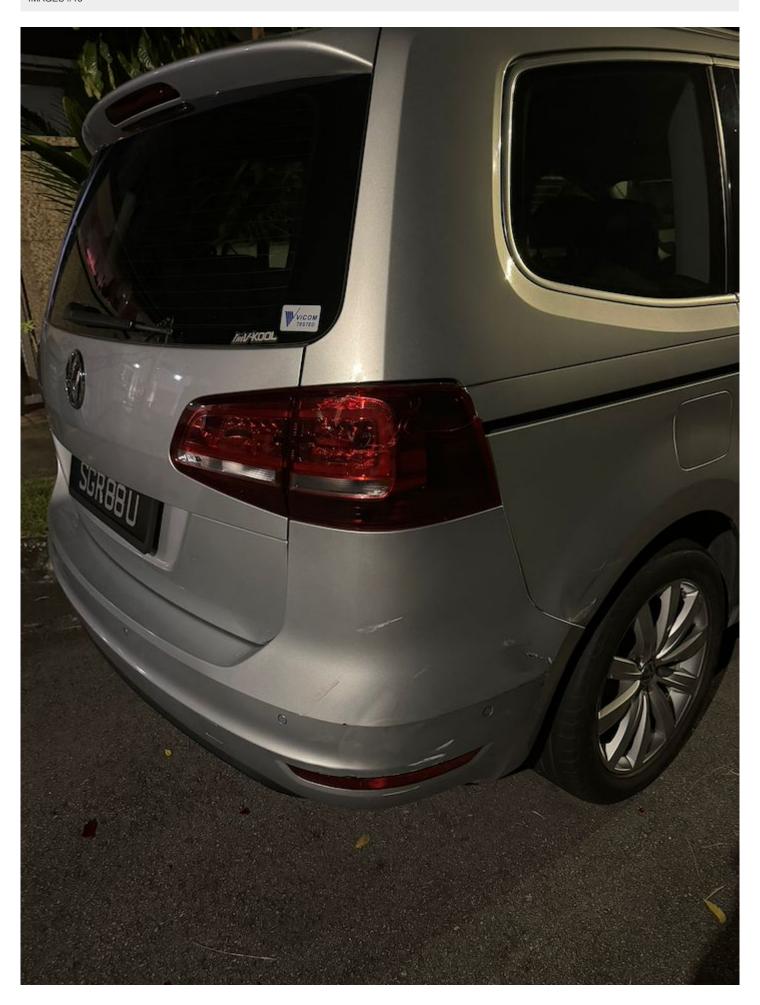


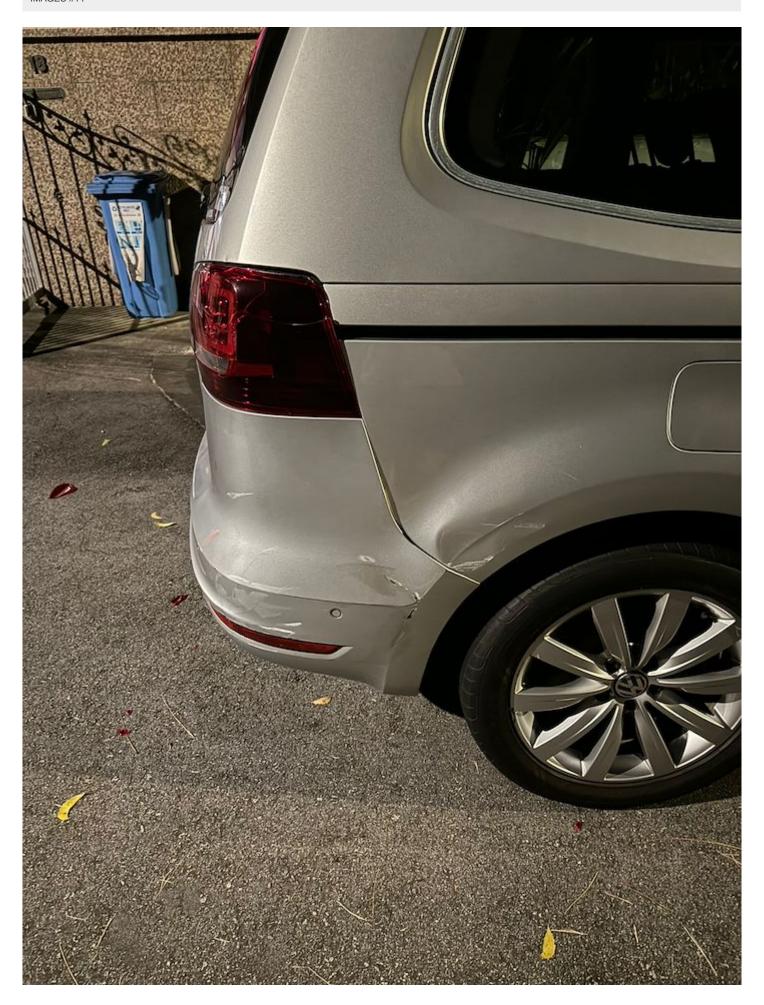




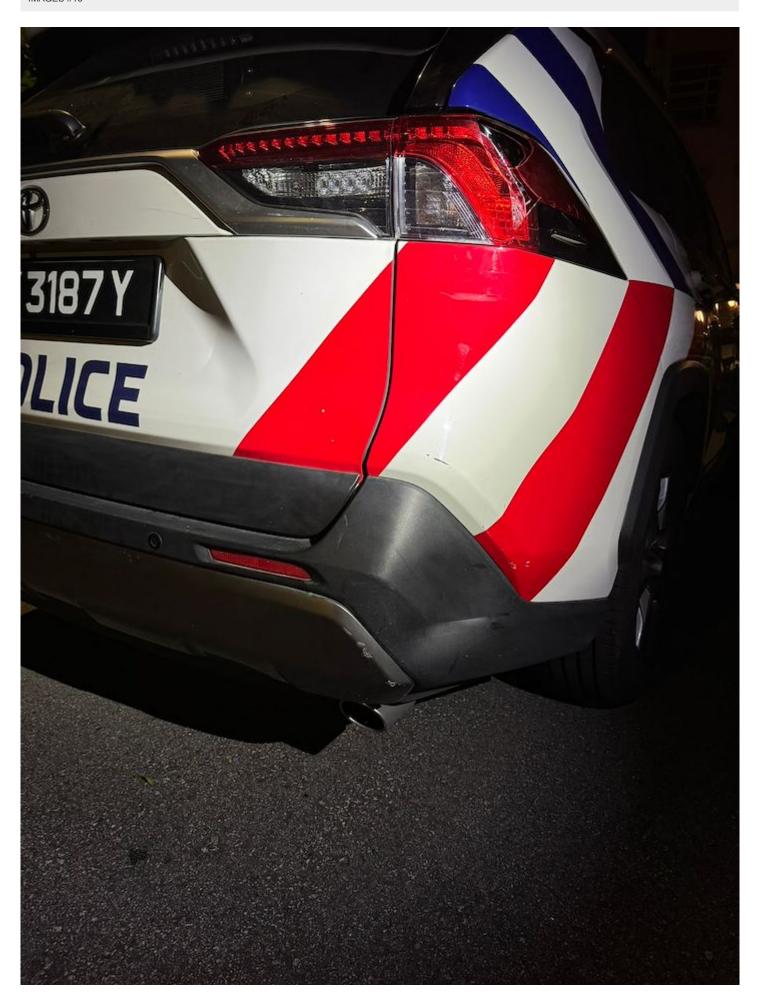
















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240802/7006

REPORT OF A TRAFFIC ACCIDENT

02/08/2024 05:06		ide:	Vide Report No.: Station Diary No. F/20240802/0043			
Informan	t's Particular	'S				
	Informant: XIANG, STA	NLEY	Address: 18 TEOW HOCK AVENUE S	INGAPORE 545704		
ID Type / NRIC NC	ID No.: / S8328150	08	Contact No.: Home/Office:	Mobile: 90086567		
Nationality: SINGAPORE CITIZEN		N	Email: stanvardor18@yahoo.com			
Sex: Male	Age: 40	Date of Birth: 16/08/1983	Type of Informant: Vehicle Owner			
Race: Chinese		3.5	Language: English			
Occupati Intellectu	on: al property r	nanager	Driving Licence Information: Class:	Date of Expiry:		

General Information	of the Accident			
Type of Accident:	Non-Injury Police Vehicle	Drink Drive No	Date/Time of Accid 02/08/2024 03:50	dent: Type of Location: Outside my house
Location:				
TEOW HOCK AVE	NUE	Road Surface;		
Clear		Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Ag	ainst - Others			Anyone conveyed by ambulance: No

Details of Ve	hicle Involved	i				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGR88U	Car	VOLKSWAGON	Sharan	Silver	Slightly Damaged	0

Details of Vel	hicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SGR88U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW00136682 303	16/10/2023	15/10/2024





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240802/7006

CONTINUATION OF REPORT

Details of Person	Details of Person Involved					
Any Pedestrian In	volved: No					
No. of Pedestrians	Use of Ped	Use of Pedestrian Crossing: NA				
Vehicle Owner	A CONTRACTOR OF THE PARTY OF TH	PARTICIPANT NA		222300 B.S		
Name	NG WEI XIANG, STAN	NG WEI XIANG, STANLEY		ID No		S8328150B
Related Vehicle	NIL			Contact No.		90086567
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch	narge	NIL	1
No. of Days grante	ed Medical Leave (MC)	NIL	Degree of	Degree of Injury NIL		

Brief Details.

I received a phone call at about 0350hrs from a Police Officer from Hougang NPC that they have accidentally reversed into the rear right of my vehicle (Silver, Volkswagen Sharan, SGR88U). The Police vehicle that was involved in the accident is QX3187Y. The Police Officer had made a report to Traffic Police and they had came down to take statement from the police officer involved. I have also handover my micro SD card that was retrieved from my vehicle.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20240802/7006

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/08/2024 05:06
Officer In Charge Of Case: TP / DDGVT / NOR FAIZAL BIN YAHYA Contact No.: 65476198	Classification Of Case:

NP168

	SINGAPORE	POLICE FORCE DGEMENT SLIP
	HNO: F/20240802/0043	DGEME.V. GEN
Ref: Repo	SUT 2 A	zri Tusli
1,	(Recipient's Name, Contac	ct No. / NRIC or Passport No. / Rank and No.)
of		olice Station / NPC / NPP)
hereby ack	nowledge receipt of the below mentione	
	2860 Sondisk Milio 50 Cass Co	
2	PF Accident Claim Section	
3	Service to be	
4	SINGAPORE POLICE FORCE	CASE CARD
5	Report Number: F/20240802 / 004	13.
6	Involving vehicles: I SA CAR A	POLICE CAX.
8	On 01/08/24 at about 0338	
9	With reference to the above, you are advised to lodge a traff Police E-Services website (https://eservices.police.gov.ag) v	To accident report online via the within 24 hours. NP3198(2019)
/		
from <u>583</u>	281566, Ng Wei Xiang, Stonke (Name, NRIC or Trow Hack Avenue, 554576 (Address/F	9 , 900 8 6567 Passport No. / Rank and No.)
of	(Address / F	Police Station / NPC / NPP)
on02	108/ M at _	(Time)
	(Date)	(100) (100) (100)
Witnessed by	y / * Handed over by:	Received by:
(* Delete if appli	a A	18
1	Jun 1	
0020 017	(Signature)	SUIL ALA 751;
	OB, Ng Wei King r Passport No. / Rank and No.)	(Name, Contact No. / NRIC or Passport No. / Rank 8
(Name, NHIC 0		
Other Remark	ks: 10 Glazali: 6547 6	7.4 (
1 P 3 2 A 1 B		