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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/03/2020 12:18
Date Of Accident	08/03/2020 18:30
Exact Location Of Accident	MALAYSIAN IMMIGRATION TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG1147M
Insured/Policyholder	
Name Of Registered Owner	WANG WENG PENG
NRIC No	SXXXX433A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96176926
Alternative Phone No	OFFICE-96176926
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	THIRD PARTY
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	DMPCSN18385719011
Cover Note Number	
Driver	
	WANG WENG DENG

Name of Driver WANG WENG PENG

NRIC No SXXXX433A

Date Of Birth 27/09/1958

Occupation OUTDOOR

Date Of Driving Pass 23/10/1978

Driving Experience 41 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96176926

Fax Number

Contact Number OFFICE-96176926

EMail Address NOEMAIL

Address 24 JALAN SENANG

Postcode 418313

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME: : FRIEND

GENDER: : MALE

Passenger 2 NAME: : FRIEND

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2448999 - **FAX NO**: 62446558

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

On 8th March 2020 at about 1830hrs, I was driving my vehicle bearing registration number SMG1147M on the centre lane. My vehicle was moving slowly as traffic was heavy and congested. Out of sudden, I feel an impact and realised another vehicle bearing registration number SKX6321C had hit the right rear of my vehicle. I stopped my vehicle after the collision and I noticed the other party had reversed his vehicle. Both parties alighted from our vehicles and tried to settle privately. The other party refused to give his particulars however he informed he will provide me with his hand phone number. The driver then keyed his hand phone number +6096830588 on my phone and I tried to call and there were ringing tone. As there were heavy traffic, we decided to drive our vehicles forward to the meeting point within the checkpoint to settle the matter. However, upon reaching the meet up point, he was nowhere to be seen and I was unable to get him through. Upon reaching Singapore,' I tried to call him again however to no avail. I have an in car camera that might have captured the incident. Up till date, I am unable to reach him. There are scratches and dents on the right rear of my vehicle.

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 SKX6321C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96830588

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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 :
 - 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;
 - 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.

Policyholdek's Signature

Date & Time:

03/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

Singapore Singapore	
	DOA: 08/03/2020
	A: SMG1147M
1 FB	B: SKX (321C
Malaysian Custom	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	

Please	Vefer	to	the	attached	police	report:	T/20200309/20X
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			5-11-35-3				

DECLARATION

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

Policyholder's Signature

CARMC SwitchPlant orm, V3.

Date & Time:

Driver's signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Bedok South N.P.C

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

1 of 3 Report No. T/20200309/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2020 11:03			Vide Report No.:	Station Diary No.: 15		
Informa	nt's Partic	ulars				
Name of Informant: WANG WENG PENG			Address: 24 JALAN SENANG SINGAPORE 418313			
ID Type / ID No.: NRIC NO / S1311433A			Contact No.: Home/Office:	Mobile: 96176926		
National SINGAP	ity: PORE CITIZ	EN	Email:			
Sex: Male	Age: 61	Date of Birth: 27/09/1958	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupation: PART TIME DRIVER			Driving Licence Inform Class:	ation: Date of Expiry:		

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/03/2020 18:30	Type of Location Straight Road
Location: Along Road 1 CAUSEWAY before Malay	sian Immigration			
The state of the s		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:

Details of Ve	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SKX6321C	Car				Slightly Damaged	4
SMG1147M	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Red	Slightly Damaged	2

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMG1147M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSN18385719 011	01/12/2019	30/11/2020

POLICE REPORT





T/20200309/2024

2 of 3 Report No. T/20200309/2024

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No	No. of Contract of				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			sing: NA
Driver						
Name	WANG WENG PENG			ID No		S1311433A
Related Vehicle	SMG1147M (Car)			Conta	ct No.	96176926
Hospital/Clinic	NIL			Class Drivin Licens Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

Brief Details.

On 8th March 2020 at about 1830hrs, I was driving my vehicle bearing registration number SMG1147M on the centre lane. My vehicle was moving slowly as traffic was heavy and congested.

Out of sudden, I feel an impact and realised another vehicle bearing registration number SKX6321C had hit the right rear of my vehicle. I stopped my vehicle after the collision and I noticed the other party had reversed his vehicle. Both parties alighted from our vehicles and tried to settle privately. The other party refused to give his particulars however he informed he will provide me with his handphone number. The driver then keyed his handphone number +6096830588 on my phone and I tried to call and there were ringing tone.

As there were heavy traffic, we decided to drive our vehicles forward to the meeting point within the checkpoint to settle the matter. However, upon reaching the meet up point, he was nowhere to be seen and I was unable to get him through. Upon reaching Singapore, I tried to call him again however to no avail.

I have an in car camera that might have captured the incident. Up till date, I am unable to reach him. There are scratches and dents on the right rear of my vehicle.

POLICE REPORT





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 3 of 3 Report No. T/20200309/2024

CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 NORFARHANA BINTE BAHARUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/03/2020 11:03
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168 SIGNAT	URE



中国太平保险 (新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Motor Private Car

R SN

AN0205A

Cov. Type:C

CERTIFICATE OF INSURANCE

nor Vehicles (Third-Party Risks and Compensation) Act (Chapter 19ti). Motor Vehicles (Third-Party Risks and Compensation) Rules, 1963. Road Transport Act, 1987 (Malaysia). Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia).

CERTIFICATE No.

DMPCSN18385719011

Engine No.: G4FGJU275910 Cha. No. KMHD641CMJU765409

Index Mark and Registration

SMG1147M

Number of Vehicle

2. Name of Policy Holder

WANG WENG PENG

Effective date of the Commencement of Insurance for the outposes of the Regulations, Ordinance or Enactment.

Named Drivers Ex Sect. I S\$500.00

Additional Ex Other than Named Drivers.

Ex Sect. 1 - Age == 25 5\$3,000.00 Ex Sect. I - Age >= 26 5\$500.00

" Age as at date of accident

EX ON WINDSCREEN

4. Date of Expry of insurance

30/11/2020

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

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

The policy does not cover use for hire or reward button 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)

One time Warrer of Excess for the first \$\$500 will apply to the insured and Named Drivers in the event of Own Damage Claim at our Authorised Workshops for each Policy Year.

HIRE PURCHASE CO. MAYBANK AS HP OWNER

*Limitations rendered enoperative 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 (BINGAPORE) PTE. LTD.

Issued By:

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Authorised Signatory

©6389 6111

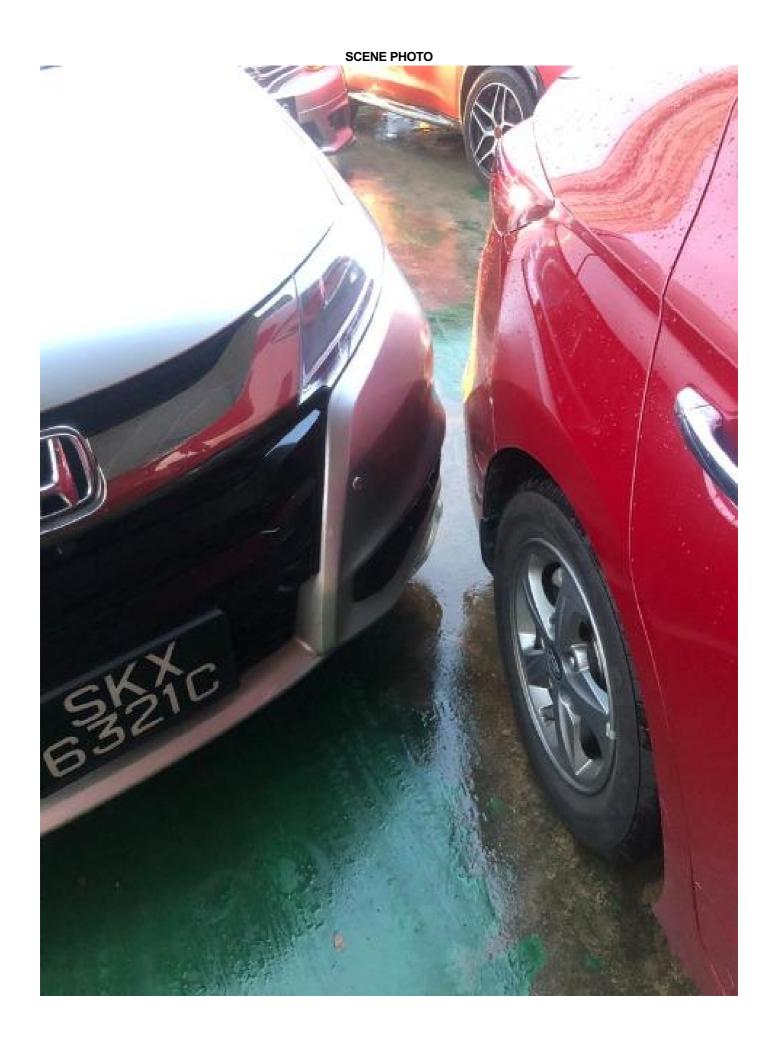
@6222 1033

www.sg.cntaiping.com

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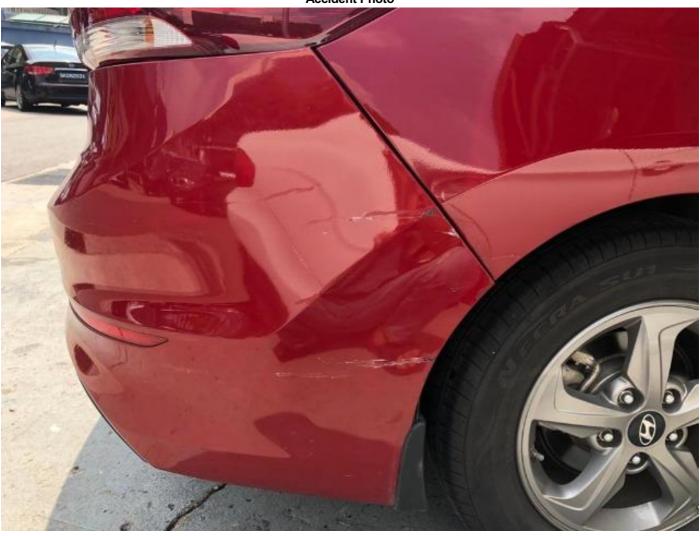




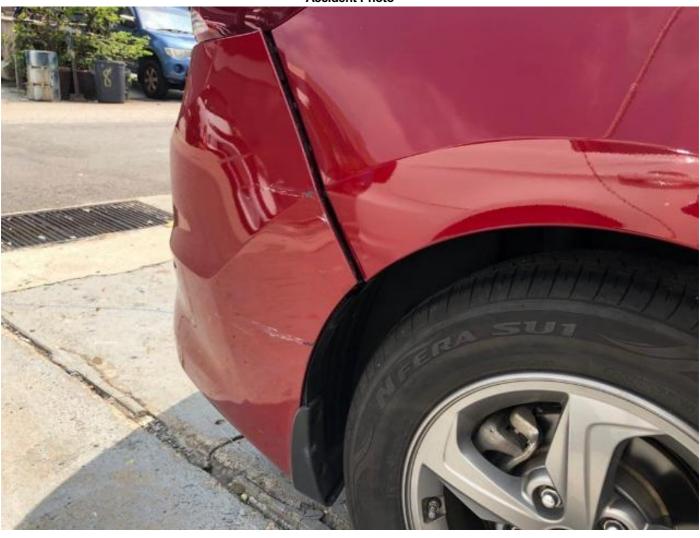


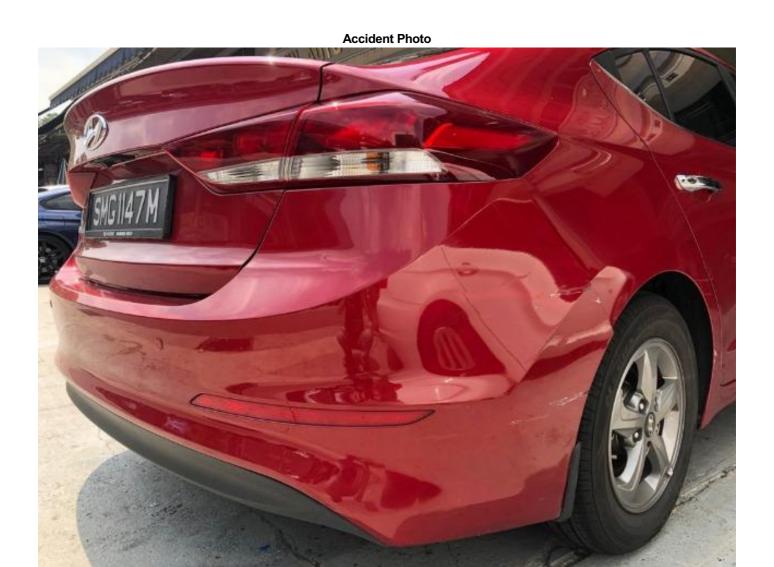














Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: 84400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MJAS 2002 9872 Vehicle Registration No: Peng NRIC/FIN/Passport No: Name(as shown in NRIC): (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Sanan Singapore(4-12313) Address Contact (Tel) Mobile No.: Email Address Date of Accident Time of Accident: Malaysian Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: accident

GIARMC addendsonform, VIII

Date:

Policyholder / Driver's Signature

Reporting Centre Personnel's Signature

Name: NRIC/FINNo.: Date: