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 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.

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 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 31/08/2021 09:31 (SGT) Date of Accident 30/08/2021 09:30 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TWDS TAMPINES AVE 10 B4 IKEA TAMPINES Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SI X3142K

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner PNG WEI LIANG(FANG WEILIANG) NRIC No. SXXXX319J Email Address keithpng17@gmail.com Mobile Phone No (Phone) +65-92345627 Alternative Phone No +65-92345627

VEHICLE PARTICULARS

Manufacturer

Model B180 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 1595

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number DMPCSNW00071012100 Cover Note Number

DRIVER

Name of Driver PNG WEI LIANG(FANG WEILIANG) NRIC No. SXXXX319J

Date Of Birth 17/04/1984 Occupation Outdoor Date Of Driving Pass 13/04/2010 Driving experience 11 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-92345627 Alt. Phone Number +65-92345627 Email Address keithpng17@gmail.com Address **BLK 17 TAMPINES AVE 8** Address complement #09-25 Postcode 529602 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 - Change/cross lane Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? 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 **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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT:T/20210830/7030 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLC1883D Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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

- 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 withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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 & Driver's Signature (if driver is not the policyholder) / Date & Time

Sketch Plan

A: SLX 3142K

B: SLC 18830

	RLAW	pslip	MANA	no:	NOM OR 3	1030			
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								9	
ration									
clare the	foregoing	particul	lars are tru	e in every r	ocnost.				

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





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

2 of 3 Report No. T/20210830/7030

CONTINUATION OF REPORT

ehicle Insurance			
Insurance Company	Insurance No.	Effective	Funity Date
CHINA TAIPING INSURANCE	DMPCSNW000710		12/04/2022
	Insurance Company	Insurance Company Insurance No CHINA TAIPING INSURANCE DMPCSNW000710	Insurance Company Insurance No Effective CHINA TAIPING INSURANCE DMPCSNW000710 13/04/2021

Details of Perso	on Involved		VANABLE DE LA COMPANIE DE LA COMPANI			
Any Pedestrian I	nvolved: No			18 (10)	-	
No. of Pedestria	ns Injured: NIL		Use of Pe	doctrion C	*****	din mi NA
Vehicle Owner		SCORE	036 01 1 6	destrian C	ioss	ang: NA
Name	PNG WEI LIANG			ID No.		S8411319J
Related Vehicle	SLX3142K (Car)			Contact No.		92345627
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date		IL	
No. of Days grant	No. of Days granted Medical Leave			N	_	

Brief Details

I (SLX3142K) was driving straight along TPE towards Tampines Ave 10 b4 lkea Tampines at the center lane of 3 lanes.

Suddenly, I felt a huge impact from my right side. Veh "b" (SLC1883D) encroached into my lane and collided into the front to rear right portion of my vehicle and caused damage.

After the incident, Veh "b" (SLC1883D) never met me to talk and drove off and left the scene.





















Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20210830/7030

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Tir 30/08/20	Date/Time Report Made: 30/08/2021 14:18		Vide Report No.;	Station Diary No.		
Informa	nt's Partic	ulars	WAR IN A WAR IN SHIP WAR			
Name of Informant: PNG WEI LIANG			Address: 17 TAMPINES AVENUE 8 #0	09-25 SINGAPORE 529602		
ID Type / ID No.: NRIC NO / S8411319J			Contact No.: Home/Office: Mobile: 92345627			
Nationality: SINGAPORE CITIZEN		EN	Email: keithpng17@gmail.com			
Sex: Male	Age: 37	Date of Birth: 17/04/1984	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Port/Shipping operations supervisor		tions supervisor	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location X-Junction
Location:		No	30/08/2021 09:30	3115 500 000 000
Weather:		Road Surface:	Ro	
Heavy rain		Wet	30.54	oad Speed Limit:
The state of the s		Wet Traffic Control:		affic Volume:
Heavy rain Traffic Flow: Type of Collisi	on:		Tra	

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLC1883D	Car	HONDA	STREAM	White	Conditio	0
SLX3142K	Car	MERCEDES BENZ	B180 STYLE (R16 LED)	Blue		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
			FIIGOTIAG	Expiry Date



T/20210830/7030

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

2 of 3 Report No. T/20210830/7030

CONTINUATION OF REPORT

Details of V	ehicle Insurance	ACTOR STATE OF THE	100	
Vehicle No.	Insurance Company	Insurance No	Effective	Funity Date
SLX3142K	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW000710		12/04/2022

Details of Person	on Involved		VANCE OF THE PARTY		
Any Pedestrian I	nvolved: No			A PORTON	
No. of Pedestria	ns Injured: NIL		Use of Pe	doctrian C	rossing: NA
Vehicle Owner		SCORE.	036 01 7 6	uestriari C	rossing: NA
Name	PNG WEI LIANG			ID No.	S8411319J
Related Vehicle	SLX3142K (Car)			Contact I	No. 92345627
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date	NI	1
No. of Days gran	ted Medical Leave	NIL	Degree of	NI	

Brief Details.

I (SLX3142K) was driving straight along TPE towards Tampines Ave 10 b4 lkea Tampines at the center lane of 3 lanes.

Suddenly, I felt a huge impact from my right side. Veh "b" (SLC1883D) encroached into my lane and collided into the front to rear right portion of my vehicle and caused damage.

After the incident, Veh "b" (SLC1883D) never met me to talk and drove off and left the scene.





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

3 of 3 Report No. T/20210830/7030

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

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: 30/08/2021 14:18
Officer In Charge Of Case; TP / TPIB / KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:
authentication Stamp	

NP168