

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 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	06/01/2022 16:24 (SGT)
Date of Accident	05/01/2022 12:20 (SGT)
Exact Location of Accident	Yishun Ave 1, Singapore
Additional Location Information	The Estuary Condominium Compound
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM812M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Liu Peng
Passport No/FIN	GXXXX218X
Email Address	liupeng0927@gmail.com
Mobile Phone No	(Phone) +65-92774231
Alternative Phone No	+65-92774231

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	1597

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSNW00167332101
Cover Note Number	-

DRIVER

Name of Driver	Liu Peng
Passport No/FIN	GXXXX218X

Date Of Birth	12/08/1993
Occupation	Indoor
Date Of Driving Pass	21/11/2016
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92774231
Alt. Phone Number	+65-92774231
Email Address	liupeng0927@gmail.com
Address	87 Yishun Ave 1 #02-04
Address complement	-
Postcode	769133
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	The video is with the owner.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CB7816X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	Ng Kim Tian
NRIC No	SXXXX998A
Contact Number	(Phone) +65-82682171
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Lie Peng
Gender	Male
Phone No	(Phone) +65-92774231
Address	87 Yishun Avenue 1 #02-04
Address Complement	-
Post Code	769133
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLM812M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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)**

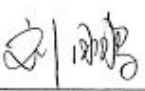
I understand, acknowledge, agree and consent that:

(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' 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

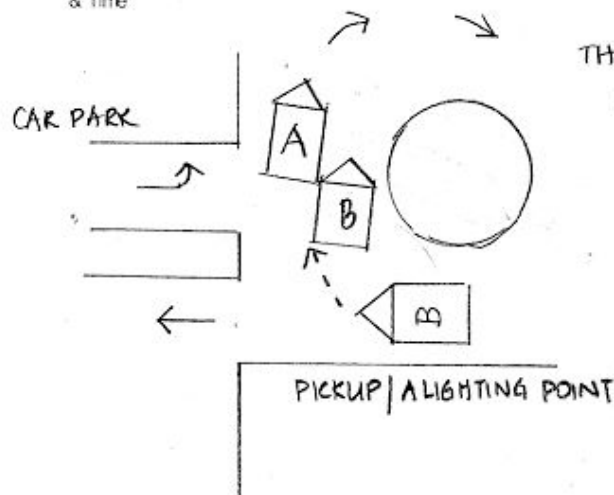
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

 06-01-22

Sketch Plan

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

Witnessed by Reporting Centre Personnel
 Angie Soh



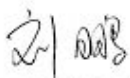
A: SLM 812M
 B: CB 7816X

Describe Circumstances of the Accident

Before I exit the car park, I stopped to check traffic and noticed vehicle B stationary at the pick up / alighting point alighting the students hence I proceeded to exit. While my whole car was already in the drive way turning, I heard a loud bang thus I stopped my car. I alighted to check and realised vehicle B had collided onto the right rear of my car. The said driver suggested for private settlement and offered me to go to his workshop for my car repair. The driver of vehicle B also admitted his fault by signing a note stating he had hit my car and will bear my car's repair costs.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 06.01.22

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



Witnessed by Reporting Centre
Personnel Angie Soh













**SINGAPORE
POLICE FORCE**



T/20220106/7053

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

1 of 3

Report No. T/20220106/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2022 22:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIU PENG			Address: 87 YISHUN AVENUE 1 #02-04 SINGAPORE 769133		
ID Type / ID No.: FIN NO / G2872218X			Contact No.: Home/Office: Mobile: 92774231		
Nationality: CHINESE			Email: LIUPENG0927@GMAIL.COM		
Sex: Male	Age: 28	Date of Birth: 12/08/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Training officer			Driving Licence Information: Class: 3 Date of Expiry: 27/09/2026		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/01/2022 12:25	Type of Location: The Estuary condominium compound
Location: YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
CB7816X	Bus/Coach/Minibus					0
SLM812M	Car	HONDA	CIVIC 1.6 VTI CVT	White		0



**SINGAPORE
POLICE FORCE**



T/20220106/7053

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

2 of 3

Report No. T/20220106/7053

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLM812M	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001673 32101	15/09/2021	14/09/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIU PENG	ID No.	G2872218X
Related Vehicle	SLM812M (Car)	Contact No.	92774231
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 27/09/2026
Date	06/01/2022	Date	06/01/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

Before I exit the car park of my condominium The Estuary, I stopped to check traffic and noticed vehicle B (CB7816X) stationary at the pick up point alighting students, hence I proceeded to exit. While my whole car was already in the drive way turning. I heard a loud bang thus I stopped my car and alighted to check and realised vehicle B had collided onto the right rear of my car. The driver suggested for private settlement and offered me to go to his workshop for my car repair. The driver of vehicle B also admitted his fault by signing a note stating he had hit my car and will bear my car's repair costs.



**SINGAPORE
POLICE FORCE**



T/20220106/7053

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

3 of 3

Report No. T/20220106/7053

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/01/2022 22:54

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SL0322160006 Vehicle Registration No: SLM 812M
 Name (as shown in NRIC): LIU PENG NRIC/FIN/Passport No: 92872218X
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 87 YISHUN AVE 1 #02-04 Singapore 769133
 Contact (Tel): _____ Mobile No.: 9277 4131
 Email Address: liupeng927@gmail.com
 Date of Accident: 5.1.2022 Time of Accident: 1200
 Place of Accident: The Estuary Condo Driveway
 Insurance Company: China Taiping

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. TO ATTACH POLICE REPORT
2. DRIVER HAS 3 DAYS MC

Policyholder / Driver's Signature
 Date: 07.01.22

Reporting Centre Personnel's Signature
 Name: Jenny Lim
 NRIC/FIN No.: _____
 Date: - 7 JAN 2022

GLAEMI Addendum Form



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Private Car

MX1F

R SN

AN0478A

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.	DMPCSNW00167332101	Engine No.: R16B21601408	Cha. No.:MRHFC5650GT001108
1. Index Mark and Registration Number of Vehicle	SLM812M	AUTOSAFE	*****
2. Name of Policy Holder	LIU PENG		
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15/09/2021 (00:00:00)	Named Drivers Ex Sect. I	\$S\$500.00
4. Date of Expiry of Insurance	14/09/2022	Additional Ex Other than Named Drivers:	
		Ex Sect. I - Age <= 25	\$S\$3,000.00
		Ex Sect. I - Age >= 26	\$S\$500.00
		* Age as at date of accident	
		EX ON WINDSCREEN .	\$S\$100.00
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\$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. : TOKYO CENTURY LEASING (S) PTE LTD * 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: INSURE HUB PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

6389 6111

6222 1033

www.sg.cntaiping.com