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SN08229U0001 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 30/09/2022 16:56 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (30/09/2022 16:56 (SGT))



SINGAPORE ACCIDENT STATEMENT

Please report correctly the details of the accident to speed up the claims process.

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.

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 Reported by

Date of Accident Exact Location of Accident

Additional Location Information

Country/State of Loss

30/09/2022 16:56 (SGT)

29/09/2022 15:00 (SGT)

1 Scotts Rd, Singapore 228208

SHAW CENTER CARPARK

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMP3922G

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

PANG CHEE WEE (PENG ZHIWEI)

SXXXX374C

stevepangcw@gmail.com (Phone) +65-96193389

VEHICLE PARTICULARS

Manufacturer

Model

Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Mercedes

C180

Private use

Yes

Private car

Auto

1595

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

China Taiping Insurance (Singapore) Pte. Ltd.

DMPCSNA00064952202

PANG CHEE WEE (PENG ZHIWEI)

DRIVER

Name of Driver NRIC No.

Date Of Birth Occupation

SXXXX374C 07/10/1973 Indoor

Accident report SN08229U0001

Page 1 of 19

Date Of Driving Pass 21/07/1999 Driving experience 23 YEARS AND 2 MONTHS Gender Male Mobile Number (Phone) +65-96193389 Alt, Phone Number Email Address stevepangcw@gmail.com Address 35 HINDHEDE WALK #06-01 Address complement Postcode 587969 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 Collided into Property 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? No 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? 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 Vehicle Manufacturer Vehicle Model Vehicle Variant

NA / Unknown

Vehicle Colour Vehicle Category

Name of Driver Contact Number

Address	
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	111 E
Details of property damaged in accident	WALL
No. Of Passenger (Including Driver)	

SKETCH PLAN

- IMPORTANT NOTICE

- 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 Traffic Police Department for investigation.
- 6. 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.
- 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

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

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

30

2027

MIRE CORPARIC Sketch Plan Reversing WALL

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Declaration

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

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

| Actual Driver's Signature (if driver is not the policyholder) | Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

| 30 | 9 | 2022 | 4 | 10 pm

20

vJun2022

ACCIDENT'STATEMENT

ACCIDENT DATE: 29,09, 3027 (DD/M	M/YYY), TIME: (15 : 00) (HH:MM)
LOCATION: SHAW COUTRE COR	PARK
1. DETAILS OF VEHICLE	and the principle of the first
a) VEHICLE NUMBER: SMP 393	
b)INSURANCE COMPANY (MA TAIP)	NG
CIPOLICY NUMBER: PHICS NO	0041902101 DMPCSMA 0006495221
d)POLICY TYPE: (COMPREHENSIVE / THE	NZ CISO:
()TYPE: (SALOON / COUPE / MPY / VAN	/LORRY / MOTORCYCLE. / OTHERS)
g VEHICLE CATEGORY: (PRIVATE / COM	MMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIM	ME: DRIUBK
" I) ARE YOU CLAIMING UNDER YOUP OY	WHINSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CL.	AIM / REPORTING ONLY)
ANAME PANE CHEE WEG	(MALE / FEMALE) _ S
binric/fin/passport: \$73373	74C CONTACT: 9619358
C)ADDRESS: 35 HINDHEDE	UAL #05-01 5587969
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NIGVIIOI DER
* CONTINUE TO 3.4 IF DRIVER ALSO PC	DUCT HOLDER
To of passanges DRIVER AS ABOVE	· (MALE / FEMALE)
including driver) diname: AS MORE DINAME: MS M	CONTACT:
(_) GIADDRESS:	1
*d) DATE OF BIRTH: (07/10/197	2)(DD/MM/YYYY) ; , .
6)OCCUPATION: (INDOOR / OUTDOO	
WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO)
IF NO. RELATIONSHIP OF THE DRIV	CK WITH THOUNCE
5. a) WEATHER CONDITION: (CLEAR / RA	INING / OTFIERS
b) ROAD SURFACE: (DRY / WET / OTHE	RS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POUCE	STATION:
8. THIRD PARTY VEHICLE	
to of passinger a) VEHICLE NUMBER:	MODELL
b) DRIVER'S NAME	CONTACTI
, C) ARIC/FIN/FASSFORI	CONIACI
9. THIRD PARTY VEHICLE	MODEL:
No of passanger of DRIVER'S NAME:	1
Industry, driver) DRIVER'S NAME:	CONTACT
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Motor Private Car

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 (Melaysia)

MX1E

R SN

AN0561A

Cov. Type:C

Engine No.: 27491031651203 CERTIFICATE No. DMPCSNA00064952202

SMP3922G

Cha. No.:WDD2050402R475730

1. Index Mark and Registration Number of Vehicle

4. Date of Expiry of Insurance

2. Name of Policy Holder

PANG CHEE WEE (PENG ZHIWEI)

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment, (00:00:00)

25/03/2022

Named Drivers Ex Sect. I

\$\$500.00

Additional Ex Other than Named Drivers: Ex Sect. I - Age <= 25

24/03/2023

Ex Sect. 1 - Age >= 26

\$\$3,000.00 \$\$500.00

* Age as at date of accident EX ON WINDSCREEN .

\$\$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\$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.

HIRE PURCHASE CO.: OVERSEA-CHINESE BANKING CORPN LTD AS HP OWNER

* 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: Ho Li Hwa Irene Authorised Officer

Authorised Signatory

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

Q63896111

6222 1033

www.sg.cntaiping.com