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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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

1. Prease report to the data with the data of the Actual Driver 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 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 Pollin by insurance companies is not an admission of policy liability of the part of the list and acceptance.

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 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

04/01/2023 15:11 (SGT) Both 04/01/2023 09:00 (SGT) PIE, Singapore TOWARDS TUAS BEFORE JALAN BAHAR EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SFP3188S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No

PENG XIANHUA SXXXX375Z

pengxianhua1970@gmail.com (Phone) +65-97250099

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

Nissan Sylphy

Private use

No - Claiming third party

Private car Auto

1598

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number China Taiping Insurance (Singapore) Pte. Ltd. DMPCSNW00045192200

DRIVER

Name of Driver NRIC No Date Of Birth

Occupation

PENG XIANHUA SXXXX375Z 13/02/1970 Indoor

21/12/2009 Date Of Driving Pass 13 YEARS AND 1 MONTH Driving experience Male Gender (Phone) +65-97250099 Mobile Number Alt. Phone Number pengxianhua1970@gmail.com Email Address BLK 786C WOODLANDS DRIVE 60 #06-73 Address Address complement 733786 Postcode Yes Is the driver the policyholder? If No, Relationship of the Driver with the Insured No 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Yes Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Yes Yes Was any other vehicle or property damaged? 1 Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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 Traffic Police Police Station Name (Phone) +65-65470000 Police Station Phone No (Fax) +65-65474900 Alt. Police Station Phone No 10 Ubi Avenue 3 Singapore 408865 Police Station Address No Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT T/20230104/7015 ATTACHMENT(S) Yes Are accident photos available for attachment? No Was there any video captured by Car Camera? DETAILS OF OTHER VEHICLE PROPERTY 1 FBT4633T Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Vehicle Variant

. Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	_
Address	-
Address complement	•
Postcode	-
Insurance Company Name	Income Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	E

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PENG XIANHUA
Gender	Male
Phone No	(Phone) +65-97250099
Address	<u></u>
Address Complement	
Post Code	- 9 g
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SFP3188S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	

INJURED 2	
Name of injured person	UNKNOWN RIDER
Gender	-
Phone No	
Address	1-
Address Complement	
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBT4633T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes
The Total Company of the Company of	

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- 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. 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)

l 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
- (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.

(including their law yershi	W 18116), W 1861 112)					
Policyholder's Signature	/ Date & Driver's Signa & Time	ture (If driver is no		Per	hessed by Reporting Cosonnel	M/3023
Sketch Plan	1 1 1	DETORIC	90 012 KI			
				(A)	SPP 3188S	
				(1)	PDT 4633.7	
A				0		
Q						
100						

Describe Circumstances of the Accident
On 04-01, 2023 at about 11:00 hrs, I was travelint along
PIE Powards Tuas Refore Johan Battar Plyoner. The traffic was
an slow more. Act was heading straight, arriad of me there's a
Whide slow down and stop, I follow suit. All of a sudden, I
feet an hard impact from the year. Then I realised a relieble
FBT 4632T had collided onto my rear. That's all.
Polick Report 1/20230104/7015

Declaration

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20230104/7015

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

Tel No: 65470000

DEDORT	OF	Δ	TRAFFIC	ACCIDENT
REPURI	UT.	~	INALIO	MODIDE:

)ate/Time)4/01/2023	Report Ma	ade:	Vide Re	port No.:			St	ation Diary No.:
nformant'		lars						7 E W 1 C C C C C C C C C C C C C C C C C C
Name of In PENG XIA	formant:			OODLANDS	DRIVE 60	#06-73 S	SING	APORE 733786
D Type / II	D No.: / S706837	′5Z	Contact Home/C			Mobile: 9	725	0099
Nationality CHINESE				C@GMAIL.	COM			
Sex: Male	Age: 52	Date of Birth: 13/02/1970	Driver	Informant:		La atitutio	2/8	chool Name:
Race: Chinese			Langua English		- tiam:	Institutio	11/3	CHOOLIVAING.
Occupatio	on:		Driving Class:	Licence Info	rmation:	Date of I	Expir	ry:
General In Type of Accident:		n of the Accident Injury Attended by Police		Drink Drive: No	Date/Tim Accident 04/01/20			Type of Location Straight Road
Location: Pie tusa l		an bahar exit	iş				Dog	nd Speed Limit:
Weather: Clear	:		Dry	Surface:				ffic Volume:
Traffic FI	low:			c Control:			Mod	derate
One Way	У		NOLC	Ontrolled			Δην	one conveyed by

Details of Ve	ehicle Involve		NA del	Color	Conditio	No of
Vehicle No.	Туре	Make	Model	COIOI	CONTROL DATE OF THE PARTY OF TH	
FBT 4633 T					Seriously Damaged	
			0) (I DI I) (4 C	Provin		0
SFP3188S	Car	NISSAN	SYLPHY 1.6 CVT	Brown		

Details of V	ehicle Insurance		-ec .:	Funiny Data
	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20230104/7015

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

CONTINUATION OF REPORT

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFP3188S	CHINA TAIPING INSURANCE	DMPCSNW000451	05/04/2022	04/04/2023
	(SINGAPORE) PTE. LTD.	92200		

Any Pedestrian In	volved: No					
No. of Pedestrian		Use	of Ped	estrian	Cross	ing: NA
Rider	s Injured. IVIL					
	Unknown Rider	2407-3943-5010-20-40-40-4		ID No.		NIL
Name	Olknown Rider					
Related Vehicle	FBT 4633 T (Motorcycle)			Contac	t No.	NIL
11 't-1/Olinia	NIL			Class	of	Class: NIL
Hospital/Clinic	INIL			Driving	824	Date of Expiry: NIL
				Licenc		
				Expiry	1000	
Date	NIL	Dat	е		NIL	
	ted Medical Leave NIL	Deg	gree of		Serio	us
Driver				5 9 9 9		
Name	PENG XIANHUA			ID No.		S7068375Z
Related Vehicle	SFP3188S (Car)			Conta	ct No.	97250099
Hospital/Clinic	NIL			Class		Class: NIL
1775-000				Driving		Date of Expiry: NIL
				Licent		
Date	NIL	Da	te		NIL	
	ited Medical Leave NIL	De	gree o	f	NIL	

Brief Details.

On 04/01/2023 at about 0900hrs. I was traveling along pie towards tuas before jalan Bahar fly over. The traffic was on slow move. As i was heading straight, ahead of me there is a vehicle slow down and stop, i follow suit. All of a sudden,I felt a hard impact from the rear. Then i realized a vehicle FBT4633T had collided on to my rear. That's all





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20230104/7015

CONTINUATION OF REPORT

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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: 04/01/2023 14:37
Officer In Charge Of Case: TP / TPIB / KOH WEI JIE Contact No.: 97303412	Classification Of Case:

NP168

Date of Accident	: D401.2023 Accident Time: DOMS (24-HR-Format)
Accident Place	: PIE Towards Tuas B4 Dattak Plyover
Vehicle. No. (Car Plate No.)	: SFP 3/885 Make/Model: HiSSan Sylphyl-6 WT
Insurace Company	: CHINA TAIPING Policy No: PMPCSNW0004519 2200
Owner or Company Name /IC No.	: Pen6 xianhwa (570683752)
Owner or Company Contact No.	:Owner's Hp 9725 0099 Company Tel
DRIVER'S Name / IC No.	: same as above
DRIVER'S Date Of Birth	: 13-02.1470 DRIVER'S License Pass Date 21-12. 2009
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others: Oml R
DRIVER'S Address	: 7860 WdLands DNN 60 \$06-73 5(733786)
DRIVER'S Contact No./ Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR \OUTDOOR (e.g. working inside or outside office)
Email Address	: Pengxianhual970 e 6 mail com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including I	Driver): DUVO & OND
il - Continued by a	ar camera: YES \ NO as being used at the time of accident: Private use \ Work purpose
Other	Party Driver's Particular (if any)
Vehicle. No: FBT 4633T	(NTU() Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:

* NEW - Passenger's name & gender:



Motor Private Car

CERTIFICATE OF INSURANCE

otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 1: Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MX1F

SN N

AN0707B

Cov. Type:C

CERTIFICATE No.

DMPCSNW00045192200

Cha No:MNTBBAB17Z0030002

Engine No.: HR16912435C

1. Index Mark and Registration

SFP3188S

AUTOSAFE

4. Date of Expiry of Insurance

2. Name of Policy Holder

05/04/2022

Named Drivers Ex Sect. I

\$\$1,500.00

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

(00:00:00)

PENG XIANHUA

Additional Ex Other than Named Drivers:

04/04/2023

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

* Age as at date of accident

EX ON WINDSCREEN .

S\$100.00

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.: HL BANK

* 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: KHC HOLDINGS 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

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	375Z
Vehicle Details	
Vehicle No.:	SFP3188S
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Feb 2023
Vehicle Make:	NISSAN
Vehicle Model:	SYLPHY 1.6 CVT
Primary Colour:	Brown
Manufacturing Year:	2017
Engine No.:	HR16912435C
Chassis No.:	MNTBBAB17Z0030002
Maximum Power Output:	85.0 kW (113 bhp)
Open Market Value:	\$16,987.00
Original Registration Date:	16 Mar 2018
First Registration Date:	16 Mar 2018
Transfer Count:	0
Actual ARF Paid:	\$16,987.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Mar 2028
PARF Rebate Amount:	\$12,740.00
Intended COE Rebate Details	
COE Expiry Date:	15 Mar 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,830.00
COE Rebate Amount:	\$19,780.00
Total Rebate Amount:	\$32,520.00

The information contained herein is correct as at 04 Jan 2023