

# 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 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 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 .....	20/03/2023 11:11 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	18/03/2023 13:40 (SGT)
Exact Location of Accident .....	Lor 4 Toa Payoh, Singapore
Additional Location Information .....	BETWEEN BLOCK 94 AND 95 CAR PARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMP3922G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	PANG CHEE WEE (PENG ZHIWEI)
NRIC No .....	SXXXX374C
Email Address .....	stevenpangcw@gmail.com
Mobile Phone No .....	(Phone) +65-96193389
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
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.
Policy Number / Cover Note Number .....	DMPCSNA00064952202

### DRIVER

Name of Driver .....	PANG CHEE WEE (PENG ZHIWEI)
NRIC No .....	SXXXX374C
Date Of Birth .....	07/10/1973
Occupation .....	Indoor

Date Of Driving Pass .....	21/07/1999
Driving experience .....	23 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96193389
Alt. Phone Number .....	-
Email Address .....	stevenpangcw@gmail.com
Address .....	12 CASHEW ROAD #04-12
Address complement .....	-
Postcode .....	679693
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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? .....	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 POLICE REPORT T/20230318/7032

#### 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 .....	SDE1088S
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour ..... -  
Vehicle Category ..... Private car  
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) ..... -

#### WITNESS DETAILS

##### WITNESS 1

Name ..... DAVID  
Phone ..... (Phone) +65-91793158  
Email ..... -

##### WITNESS 2

Name ..... KENT  
Phone ..... (Phone) +65-96282352  
Email ..... -

**SKETCH PLAN**


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**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.

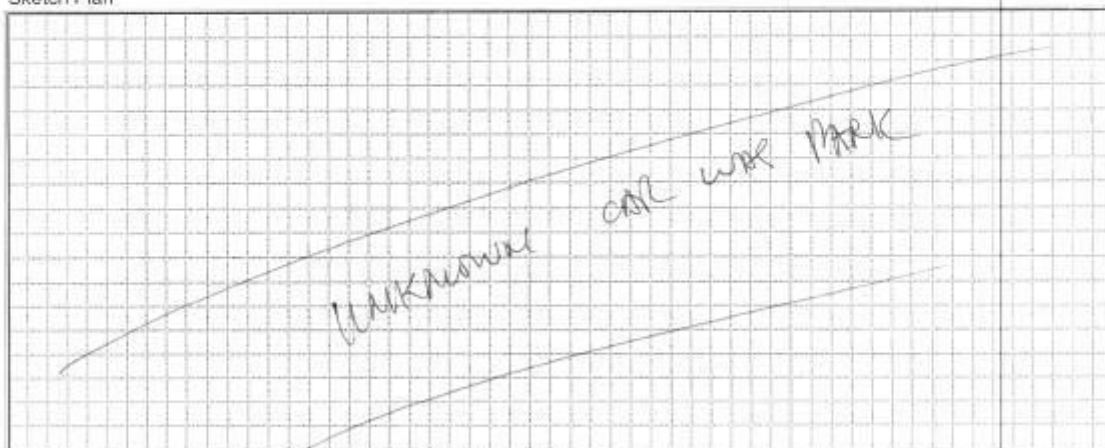
 20/03/2023  
10:38

Policyholder's Signature / Date & Time

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

 20/03/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan




vJun2022

Describe Circumstance of the Accident

REFER TO POLICE REPORT T/20230318/7032


Declaration

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

 20/03/2023  
10:38

Policyholder's Signature / Date & Time

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

 20/03/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

























































**PLAY RESPONSIBLY**  
 Stay Legal | National Problem Gambling Helpline: 1800-6-666-666  
 Bet With Care | Helpline: 1800-4-384-444

**4D**

**HOW TO USE THIS BET SLIP**

- Bet Slip - Not An Official Record**
  - This bet slip is not an official record of selections purchased.
  - This bet slip is not valid for claim of prize(s).
- Mark Your Selection**
  - Use pencil (2B) or black/blue ball pen.
  - Mark a thick vertical line like this:
- System Entry (Sys Entry)**
  - Mark this box to play full permutation of selected number(s).
  - Cost
- IBet**
  - Mark this box to play Ibet - full permutation of selected number(s) with minimum cost of \$1.
- Select Bet Amount**
  - Mark "BIG" bet amount or both "BIG" and "SMALL" bet amounts.
  - The minimum bet amount is \$1 Big or \$ Small.
- Draw Day**
  - Mark one or more box(es) based on selected draw day(s).
- 6 Draws**
  - To play 6 consecutive draws, mark this box.
- Singapore Sweep (SG SWEEP)**
  - Mark this box for Singapore Sweep. Your 4D number will also be the last 4 digits of your Singapore Sweep selection.
- Void**
  - If the selection(s) for a particular board are wrong, do not erase - mark this box to cancel that board.
- Ticket**
  - The ticket issued by the terminal is the official record of your purchase.
- Check Ticket and Change**
  - Check your ticket and change before leaving the sales counter.
- Bet Slip Disposal**
  - Please help keep Singapore clean by disposing unwanted bet slips in proper receptacles.

For results, visit [singaporepools.com](http://singaporepools.com) V.1.5 (New 2017)

**Handwritten entries:**  
 System Entry (Sys Entry) box: ☒  
 IBet box: ☒  
 Select Bet Amount: BIG  
 Draw Day: 10, 8, 8, 5  
 6 Draws: ☒  
 Singapore Sweep: ☒  
 Void: ☒  
 Ticket: ☒  
 Check Ticket and Change: ☒  
 Bet Slip Disposal: ☒  
 Permutations: 24, 12, 6, 4  
 Cost: \$24, \$12, \$6, \$4  
 4 digits different: 24  
 2 digits the same: 12  
 2 pairs of digits the same: 6  
 3 digits the same: 4  
 DAVID SAW 10885  
 AN OLD MINOR CARD

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 Ticket: ☒  
 Check Ticket and Change: ☒  
 Bet Slip Disposal: ☒  
 Permutations: 24, 12, 6, 4  
 Cost: \$24, \$12, \$6, \$4  
 4 digits different: 24  
 2 digits the same: 12  
 2 pairs of digits the same: 6  
 3 digits the same: 4  
 DAVID SAW 10885  
 ACC 10885


**SINGAPORE  
POLICE FORCE**

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



T/20230318/7032

1 of 3

Report No. T/20230318/7032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/03/2023 15:23		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PANG CHEE WEE			Address: 12 CASHEW ROAD #04-12 SINGAPORE 679693		
ID Type / ID No.: NRIC NO / S7337374C			Contact No.: Home/Office: Mobile: 96193389		
Nationality: SINGAPORE CITIZEN			Email: STEVENPANGCW@GMAIL.COM		
Sex: Male	Age: 49	Date of Birth: 07/10/1973	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: civil servant			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/03/2023 13:40	Type of Location: Car Park
Location:  LORONG 4 TOA PAYOH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDE1088S	Car	MERCEDES BENZ		Gold		0
SMP3922G	Car	MERCEDES BENZ		Black		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20230318/7032

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

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Report No. T/20230318/7032

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3922G	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	PANG CHEE WEE	ID No.	S7337374C
Related Vehicle	SMP3922G (Car)	Contact No.	96193389
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

My car SMP3922G was parked in the car park lot in between Blk 94 and Blk 95 on 18 Mar 2023. According to 2 witnesses, a Gold color Mercedes car plate number SDE 1088S hit my car on the front left when trying to reverse into a lot besides mine. The time of the incident was about 1.40pm. Both witnesses noted that the driver was a Chinese old man. One of the witnesses (Mr David) stopped the driver who initially indicated that he would proceed to park his car in an nearby location but drove off when he saw the chance. The other witness managed to take photos of the escaping car. Both witnesses left a note on my car to tell me about the incident but also came forward to inform me when I returned to my car at around 2pm.



**SINGAPORE  
POLICE FORCE**

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



T/20230318/7032

3 of 3

Report No. T/20230318/7032

**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 / TPIB /  
RASHIDAH BINTE AZMAN  
Contact No.: 65476902

This report is lodged at Bukit Timah NPC Kiosk 1  
NP168

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

Date/Time:  
18/03/2023 15:23

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: SN08233K0001 Vehicle Registration No: SMIP 3922  
 Name (as shown in NRIC): Poon Chai Wah (Puan 2 Hui Kai) NRIC/FIN/Passport No: 8XXXX374C  
 (\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9619 3389  
 Email Address: \_\_\_\_\_  
 Date of Accident: 18/03/2023 Time of Accident: 13:40  
 Place of Accident: BMW BIK 94995 Lor 4 Toh Payoh  
 Insurance Company: Chua Tanning

**(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:

WITNESS HP NUMBER DAVID 91793158

Policyholder / Actual Driver's Signature  
Date:

20/03/2023  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date:

1-10-2022