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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/10/2018 14:19
Date Of Accident	06/07/2018 10:15
Exact Location Of Accident	WAITING AREA INFRT BLK 655 WOODLANDS RING RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK3627J
Insured/Policyholder	
Name Of Registered Owner	MR TAY HAN MING KENNY
NRIC No	S8023431G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91181447
Alternative Phone No	OTHERS-91181447
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
Exact Purpose for which vehicle was being used at time of accident	STATIONARY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3074381700
Cover Note Number	
Driver	
Name of Driver	LIM LAY HONG
NRIC No	S8506948I

 Name of Driver
 LIM LAY HONG

 NRIC No
 \$8506948I

 Date Of Birth
 27/02/1985

 Occupation
 INDOOR

 Date Of Driving Pass
 08/10/2010

Driving Experience 7 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-82335746

Fax Number

Contact Number

EMail Address LIFENG_85@HOTMAIL.COM

Address BLK 80 BEDOK NORTH ROAD

#05-284

Postcode 460080

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

- Isurance Company of Driver's Own Vehicle

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 this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

YES

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

e Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REWFER TO THE POLICE REPORT:T/20181012/7000 & T/20181017/7014

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCU3833Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 24

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- By the lodgment 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 :
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Accident Sketch Plan

SKETCH PLAN		
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various B-STU3		
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	and	
	10	
		1
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
As PER PULICE	REPORT.	term numer:
		7/2018/1012/7000
Value cue of - Shik	186273	7 2018 1017 7014
variace 3 - 901	38334	
		1
		/
	/	
CLARATION		
Ve declare the foregoing particulars	are true in every respect.	
gent .		2
icyturgu's Signature	Driver's Signature	Sym 22/10/18
da Time:	(If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Individual Statement



T/20181012/7000

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181012/7000

CONTINUATION OF REPORT

Driver	THE RESERVE TO SERVE	10 35 60	ALVEN DE LA COMPANIE		1201	MARKE MILLION
Name	LIM LAY HONG			ID No		S8506948I
Related Vehicle	SKK3627J (Car)			Conta	ct No.	82335746
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

A black Mazda reverse and hit my car when my car is stationary

The driver drove without stopping to check on the damages, currently my car is damaged due to the impact of the hit.

Kindly assist to refer back to the report which i submitted.

Submission Number: 20180706-0050 Public Violation Report No.: APV/18/08927

Please refer to the link for the video.

https://www.dropbox.com/s/u0ta8tks0snd6cb/Hit and Run.mp4?dl=0

Individual Statement





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181017/7014

CONTINUATION OF REPORT

Driver	CONTRACTOR STREET			William or		
Name	LIM LAY HONG			ID No		S8506948I
Related Vehicle	SKK3627J (Car)		Conta	ct No.	82335746	
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

A black Mazda(SCU3833Y) reverse and hit my car when my car is stationary

The driver drove without stopping to check on the damages, currently my car is damaged due to the impact of the hit.

Kindly assist to refer back to the report which i submitted.

Submission Number: 20180706-0050 Public Violation Report No.: APV/18/08927 Please refer to the link for the video.

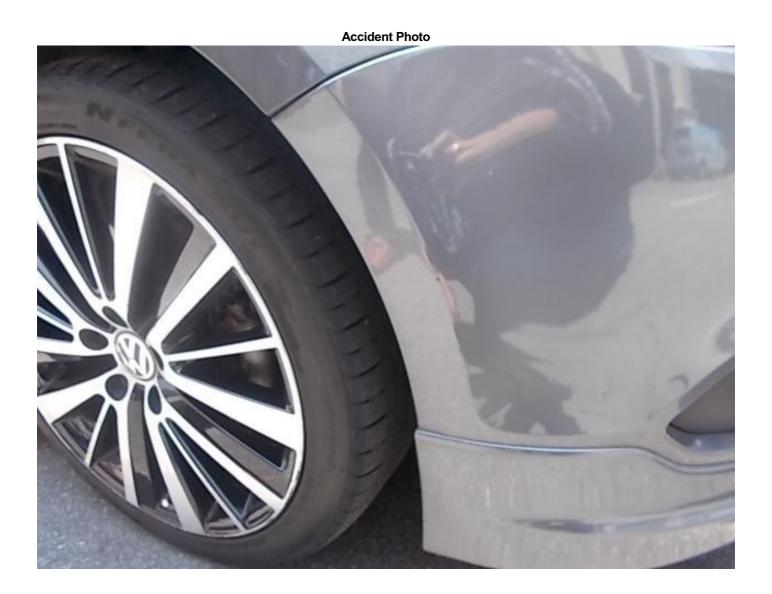
https://www.dropbox.com/s/u0ta8tks0snd6cb/Hit and Run.mp4?dl=0









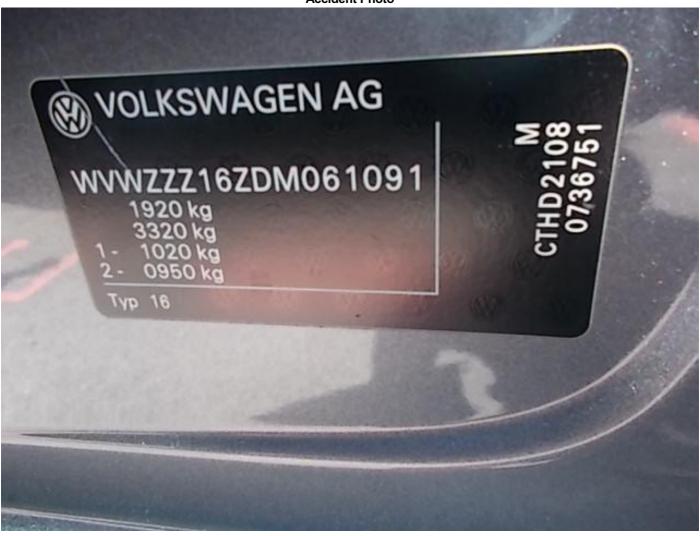
















Police Station Of Origin: Traffic Police Division HQ

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20181012/7000

REPORT OF	F A TRAFFI	C ACCIDENT						
Date/Time Report Made: 12/10/2018 00:26			Vide Report No.: Station Diary					
Informan	t's Partic	ulars						
Name of LIM LAY			Address: APT BLK 80 BEDOK NORTH ROAD #05-284 SINGAPORE 460060					
ID Type / ID No.: NRIC NO / S8506948I			Contact No.: Home/Office:	Mobile: 82335746				
	Nationality: SINGAPORE CITIZEN		Email:					
Sex: Female	Age: 33	Date of Birth: 27/02/1985	Type of Informant: Driver					
Race: Chinese			Language: English	Institution / School Name:				
Occupation: Information technology security specialist			Driving Licence Information: Class: Date of Expiry:					

Beneral Infon	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 98/97/2018 10:15	Type of Location
Location: WOODLAND Weather:	S RING ROAD	Dred B. dr.		
rveauer.		Road Surface:	F	Road Speed Limit:
Traffic Flow:		Traffic Control:	1	raffic Volume:
Type of Collis	ilon:		/	myone conveyed by

Vehicle No.	Туре	Make	Model	Color	Concilion	No of Passenger
SKK3627J	Car				Continuent	0

Details of Person Involved	LANGUE OF STREET OF STREET
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No. 65470000 2 of 3 Report No. T/20181012/7000

CONTINUATION OF REPORT

Driver	and the second second					
Name	LIM LAY HONG			ID No	Ç.	S8506948I
Related Vehicle	SKK3627J (Car)			Conte	ict No.	82335746
Hospital/Clinic	NIL			Class Drivin Licend Expiry	9 ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	hairge	NIL	
No. of Days gran	led Medical Leave	NIL	Degree of		NIL	

Brief Details.

A black Mazda reverse and hit my car when my car is stationary

The driver drove without stopping to check on the damages, currently my car is damaged due to the impact of the hit.

Kindly assist to refer back to the report which i submitted.

Submission Number: 20180706-0050 Public Violation Report No.: APV/18/08927

Please refer to the link for the video.

https://www.dropbox.com/s/u0ta8tks0snd6cb/Hit and Run.mp4?di=0.





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 406865 Tel No: 65470000 3 of 3 Report No. T/20181012/7000

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

Authentication Stamp

NP188

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: 12/10/2018 00:26
Officer In Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 65476148	Classification Of Case;





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

1 of 3 Report No. T/20181017/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2018 21:02			Vide Report No.: Station Diary No.: T/20181012/7000			
Informant's Particulars						
Name of LIM LAY	Informant: HONG		Address: APT BLK 80 BEDOK NOR' 460060	TH ROAD #05-284 SINGAPORE		
ID Type / ID No.: NRIC NO / S85089481		481	Contact No.: Home/Office:	Mobile: 82335748		
Nationality. SINGAPORE CITIZEN		EN	Email: lifeng_85@hotmail.com			
Sex: Female	Age:	Date of Birth: 27/02/1985	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Information technology security specialist		ogy security	Driving Licence Information: Class! Date of Expiry:			

General Infor	mation of the Accide	nt		
Type of Accident:	Non-Injury Hit and Run	Drink Orive: No.	Date/Time of Accident: 06/07/2018 10:15	Type of Location:
	8 RING ROAD			
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:	1	Fraffic Volume:
Type of Collis	ilon:		2	Anyone conveyed by ambulance: No.

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
8KK3627J	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedastrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin; Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181017/7014

CONTINUATION OF REPORT

Driver	Sample of the Control		ALC: N	W 10.5 (W)	THE DECEMBER OF THE PARTY OF TH
Name	LIM LAY HONG		ID No.	585069481	
Related Vehicle	SKK3627J (Car)		Contact No.	82335746	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Dis		charge NaL		
No. of Days gran	ted Medical Leave	NIL	L Degree of Injury NIL		

Brief Details.

A black Mazda(SCU3833Y) reverse and hit my car when my car is stationary

The driver drove without stopping to check on the damages, currently my car is damaged due to the impact of the hit.

Kindly assist to refer back to the report which i submitted. Submission Number: 20180706-0050

Submission Number: 20180706-0050 Public Violation Report No.: APV/18/08927 Please refer to the link for the video.

https://www.dropbox.com/s/u0ta8tks0snd6cb/Hit and Run.mp42di=0





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20181017/7014

CONTINUATION OF REPORT

Ske	Sec.	H	DΚ	death.
CONTRACT.	Mari	100	50	400.0

197161

Informant is not able to provide sketch plan

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: 17/10/2018 21:02
Officer in Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 85478148	Classification Of Case:

Identification Card







