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 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 is form by instrained 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 31/05/2021 11:24 (SGT) Date of Accident 29/05/2021 12:30 (SGT) Exact Location of Accident 539 Hougang Street 52, Singapore 530539 Additional Location Information 539 HOUGANG STREET 52 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsuhishi

Vehicle Registration Number SMR7746I

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner JONAS LIM GUO JIANN NRIC No S1784393A Email Address JONASLIM@SINGNET.COM.SG Mobile Phone No (Phone) +65-96665092 Alternative Phone No +65-96665092

VEHICLE PARTICULARS

Manufacturer

Model Outlander 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 1998

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 2070008057 Cover Note Number

DRIVER

Name of Driver JONAS LIM GUO JIANN NRIC No. S1784393A



Date Of Birth 11/11/1966 Occupation Indoor Date Of Driving Pass 03/02/1989 Driving experience 32 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-96665092 Alt. Phone Number +65-96665092 Email Address JONASLIM@SINGNET.COM.SG Address BLK 538 HOUGANG STREET 52 #08-86 Address complement Postcode 530538 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 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 Hougang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004890999 Alt. Police Station Phone No (Fax) +65-63128989 Police Station Address 60 Hougang Ave 9 Singapore 538775 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHMENT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number YQ2549K Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMG7997L Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LYNN PHOONG Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident 2ND CAR No. Of Passenger (Including Driver)

WITNESS DETAILS

WITNESS 1

 Name
 WILFRED LIM

 Phone
 (Phone) +65-96801985

 Email

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 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.
- 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' 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
- (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.

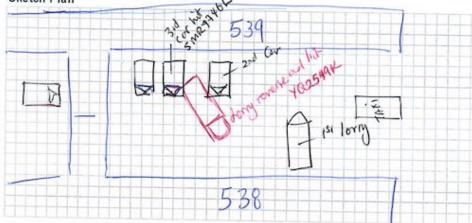
Jours 31/05/2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

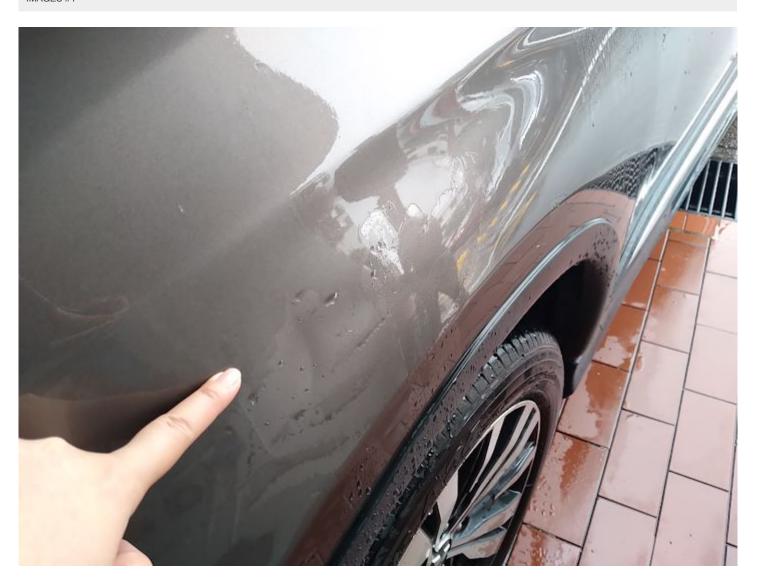


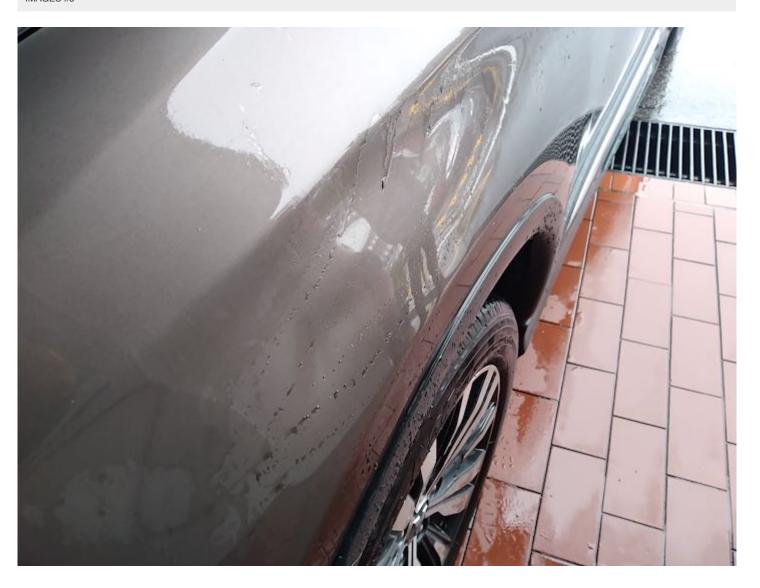
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U. S.		
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declare the foregoing particular	s are true in every respect	
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hølder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date	U

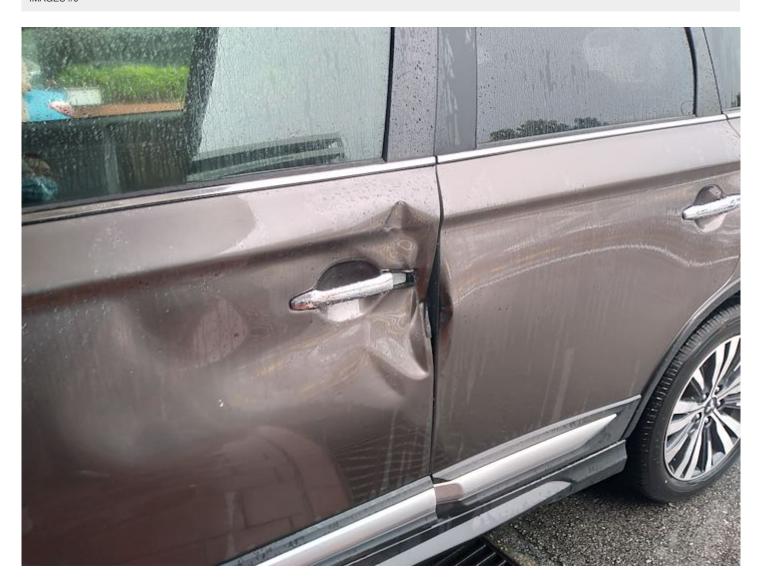


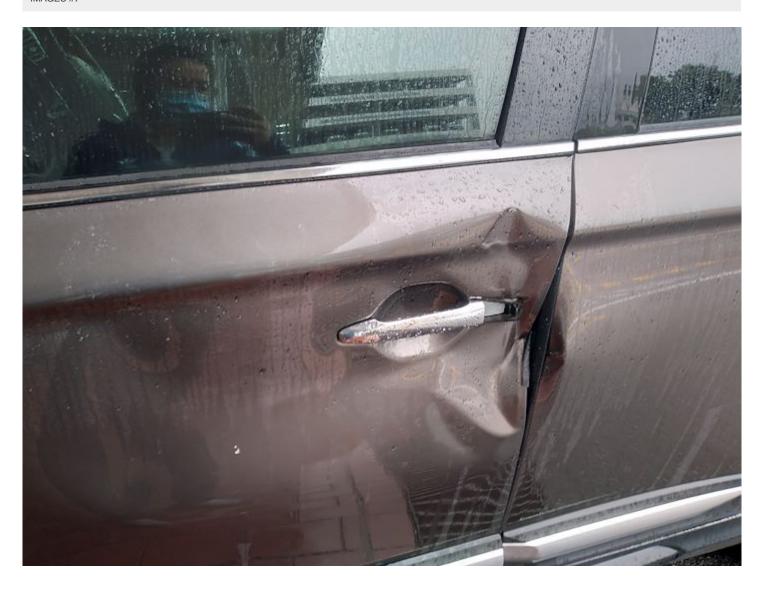


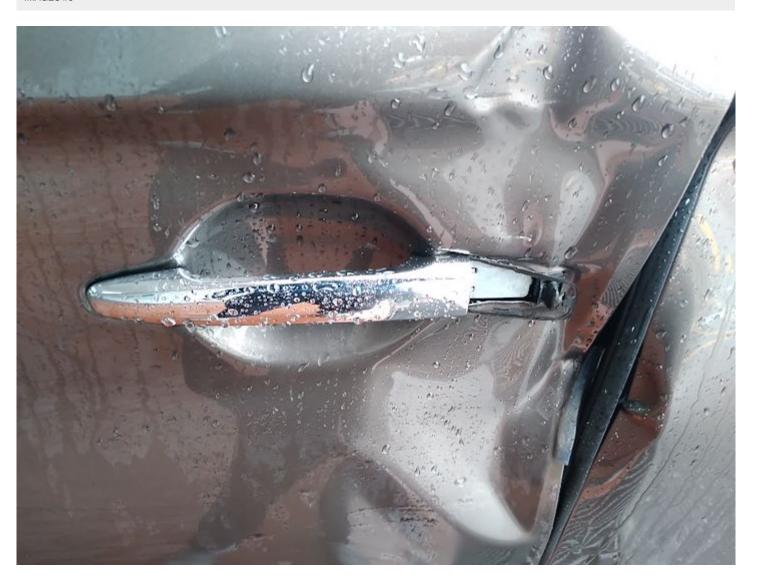




















Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20210529/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2021 19:01		Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	45	Washington and the second state of
JONAS LIM GUO JIANN		Address: APT BLK 538 HOUGANG ST 530538	REET 52 #08-86 SINGAPORE	
		93A	Contact No.: Home/Office: Mobile: 96665092	
		EN	Email:	
Sex: Male	Age: 54	Date of Birth: 11/11/1966	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupation: TECHNICAL AND APPLICATION DEVELOPMENT HEAD			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/05/2021 12:30	Type of Location Car Park
HOUGANG S	TREET 52	Road Surface:	l s	Road Speed Limit:
Clear Dry		The state of the s	1.	load Speed Limit.
		Diy		
Clear Traffic Flow: Two Way Type of Collis		Traffic Control: Not Controlled		raffic Volume:

The second secon	ehicle invo	1100	A SHARE THE PARTY OF THE PARTY	on the participant from	Marie Della Sala	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMR7746L		MITSUBISHI	OUTLANDE R 2.0 CVT	Brown	Seriously Damaged	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM
YQ2549K	Lorry	HINO	XZU700R 12FT WID CAB 5T MT	White	No Damage	0





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

3 of 3 Report No. T/20210529/2063

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 1 TAY YONG KIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/05/2021 19:01
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032NEAPORE POLICE FORCE SN 77	Classification Of Case:
Authentication Stamp NP168	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SCIA 215 V0003 _____Vehicle Registration No: SMR 7746 L Name(as shownin NRIC): JWas Lim Guo Jiann_NRIC/FIN/Passport No:____ (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Contact (Tel) Mobile No.: Email Address 29/05/2021 Time of Accident : 12:30 Date of Accident : 539 Place of Accident Insurance Company: _ Alf (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend nom Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .:





1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000

Report No. F/20210530/7033

Date/Time Report Made 30/05/2021 16:53	Vide Re	port No.		Station Diary No.
Name Of Informant LIM JUN YAO, WILFRED	Address 540 HOUGANG AVENUE 8 #10-1229 SINGAPORE 530540			
ID Type / ID No. NRIC NO / SEE 581D	Contact Home/C	No.	Mobile: 96801985	
Nationality SINGAPORE CITIZEN	Email Address WILFRED.LIM@YAHOO.COM.SG			
Occupation Compliance Manager	Sex Male	Age 36	Date of Birth	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 29/05/2021 12:35 - 29/05/2021 12:45	Location Of Incident 540 HOUGANG AVENUE 8 #10-1229 SINGAPORE 530540			
Brief details.				

I witnessed a hit and run accident involving a lorry 'YQ2549K' from company 'Angliss Singapore' and a Mitsubishi Outlander SUV 'SMR7746L' on 29 May 2021 afternoon.

At about 1235 hours, I was driving a Skoda Kodiaq 'SMD785T' and leaving my place (Block 540) to pick my son up from Bukit Batok. As I head towards the direction of the carpark exit between Block 535 and 536, I witnessed the above mentioned lorry reversing several times (about 3 times) and each time when

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2021 16:53
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210530/7033

the lorry reverse, the SUV will shake. Obviously there was impact between the lorry and the SUV.

When the lorry realised I was there and I was actually signalling him to come down from the lorry (for him to leave his particulars). He quickly took off for the exit. The yellow Citycab taxi 'SHD 3306 I' which was there much earlier than I do, reversed to let the lorry pass through.

I couldn't come down the vehicle as there was a silver Honda Stream behind me I didn't manage to record or take picture as I was charging my phone.

I was trying to chase down the lorry but to no avail as he head towards the direction of Hougang Avenue 8.

The driver of the lorry was a bald Chinese, aged late 20s to early 40s, wearing a black tee.

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: 30/05/2021 16:53
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	