

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 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 06/09/2021 17:26 (SGT)
Date of Accident 02/09/2021 21:50 (SGT)
Exact Location of Accident 149A Pasir Ris Street 13, Singapore 511149
Additional Location Information LOT 106
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU3728A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LYU XUE
NRIC No SXXXX290G
Email Address sharonyuxue@hotmail.com
Mobile Phone No (Phone) +65-98574064
Alternative Phone No +65-98574064

VEHICLE PARTICULARS

Manufacturer Mercedes
Model C200
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 1497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00051912100
Cover Note Number -

DRIVER

Name of Driver LYU XUE
NRIC No SXXXX290G

Date Of Birth	21/12/1984
Occupation	Indoor
Date Of Driving Pass	24/07/2015
Driving experience	6 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98574064
Alt. Phone Number	+65-98574064
Email Address	sharonyuxue@hotmail.com
Address	BLK 147 PASIR RIS STREET 13 #08-16
Address complement	-
Postcode	510147
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

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/20210906/7033

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV2553J
Vehicle Manufacturer	-
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)	-

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' 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 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' 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.

doj
Policyholder's Signature / Date & Time

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

06/09/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SMV 3728A
Vehicle B: SGV 2553J

BK149A Pasir Ris Street 13 MSCP Lot 106

Describe Circumstances of the Accident

Refer to Police Report No: T 20210906 7033

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





















**SINGAPORE
POLICE FORCE**



T/20210906/7033

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

1 of 3
Report No. T/20210906/7033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2021 15:12		Vide Report No.: G/20210902/0218		Station Diary No.:	
Informant's Particulars					
Name of Informant: LYU, XUE			Address: 147 PASIR RIS STREET 13 #08-16 SINGAPORE 510147		
ID Type / ID No.: NRIC NO / S8462290G			Contact No.: Home/Office: Mobile: 98574064		
Nationality: CHINESE			Email: SHARONYEXUE@HOTMAIL.COM		
Sex: Female	Age: 36	Date of Birth: 21/12/1984	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/09/2021 21:50	Type of Location: Car Park
Location: PASIR RIS STREET 13				
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
SGV2553J	Car					0
SMU3728A	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20210906/7033

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

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Report No. T/20210906/7033

CONTINUATION OF REPORT

Vehicle Owner			
Name	LYU, XUE	ID No.	S8462290G
Related Vehicle	NIL	Contact No.	98574064
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

ON 02/09/2021 AROUND 1930HRS, I, VEHICLE BEARING NUMBER PLATE (SMU3728A) WAS PARKED AT BLK149A PASIR RIS STREET. 13 MSCP LOT 106. ON 03/09/2021 AROUND 1125HRS, I WENT DOWN TO MY VEHICLE AND DISCOVERED THAT MY VEHICLE FRONT RIGHT PORTION WAS DAMAGE AND THERE WAS 2 NOTES LEFT ON MY WINDSCREEN. I THEN REALISED THAT VEHICLE BEARING NUMBER PLATE (SGV2553J) HAD COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE CAUSING DAMAGES.

**SINGAPORE
POLICE FORCE**

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



T/20210906/7033

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Report No. T/20210906/7033

CONTINUATION OF REPORTSketch 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 /
LEE GUANG HUI
Contact No.: 65476423

NP168

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

Date/Time:
06/09/2021 15:12

Classification Of Case:

