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SN0821960003 / National Assessment Centre Services [159721] ENTRY DATE & TIME: 06/09/2021 17:26 (SGT) SUBMITTED BY: Rosli Bin Abdul Wahab VERSION: 1 (06/09/2021 17:26 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- IMPORTARY NOTICE

 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

 2. This Form must 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 witholding of material facts may allow insurance companies to repudiate
- 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

Exact Location of Accident Additional Location Information Country/State of Loss	149A Pasir Ris Street 13, Singapore 511149 LOT 106 Singapore
DETAILS OF	FOWN VEHICLE
Vehicle Registration Number	SMU3728A
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No LYU XUE SXXXX290G sharonyuxue@hotmail.com (Phone) +65-98574064 +65-98574064
VEHICLE PARTICULARS	
Manufacturer Model Variant Exact purpose for which vehicle was being used at time of	Mercedes C200
accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category	Private use No - Claiming third party Private car

Auto

1497

INSURANCE COMPANY

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

DRIVER

Transmission

CC

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	Entry Service
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	•
modrance 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?	M*
Number of vehicles involved in the accident	No
Was anybody injured in the Accident?	2
Was any injured conveyed to hospital by ambulance?	No -
Was any other vehicle or property damaged?	
Number of Passengers (Including Driver)	Yes 0
Has the driver been approached by unknown person(s)	0
soliciting/offering accident claims assistance?	No
36 37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	101.000
DETAILS OF POLICE ACTION	
some arrest programme of the following the programme of the following th	
Was the accident reported to the police?	V.
Police Station Name	Yes
Police Station Phone No	Traffic Police
Alt. Police Station Phone No	(Phone) +65-65470000
Police Station Address	(Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-
CIRCUMSTANCES OF ACCIDENT	
DI EASE DEEED TO DOUGE DEDORT T/20040000/7000	
PLEASE REFER TO POLICE REPORT T/20210906/7033	
A CONTRACTOR OF STREET, NAME AND A STREET, NAME AND ADDRESS OF THE PARTY OF THE PAR	
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
DETINES OF STREET	THE PROPERTY OF LINES
Vehicle Registration Number	00)/05501
Vehicle Manufacturer	SGV2553J
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	•

Vehicle Category	Private car
Name of Driver	12
Contact Number	
	-
	-
Address complement	-
Postcode	
Insurance Company Nama	-
	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

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.
- 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)

I understand, acknow ledge, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

BIK149A Pasir Ris Street 13 MSCP

	Refer to Pi	ce Report NO: T 20210901	Jan 22	
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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

Date of Accident	: 29 2021 Accident Time: 215 (24-HR-FORMAT)
Accident Place	149 A Pasir Rish MSCP Lot 106
Vehicle Reg. No (Car plate No.)	: CMU3728A Vehicle Make/Model: M/BC200
Insurance Company	: China Taiping Policy No. DMPCSNW60051912100
Name of Registered Owner	: Gompany / Individual Lyv Xue
ID of Registered Owner	: Co Reg No: Owner's NRIC No: S8 46 22 90 Co.
	Co Contact No: Owner's Contact No: 9857464
DRIVER'S Name	Lyu Xue DRIVER'S NRIC No: 584622906
DRIVER'S Date of Birth	31 Dec 1984 DRIVER'S License Pass Date 24 07 315
Relationship bet, Owner & Driver	Spouse \ Parents \Children\ Sibling \ Employee \Others! _owner
DRIVER'S Address	APT BIK 147 Pasir Ris Street 13 408 -16 Singapore 510147
DRIVER'S Contact No./ Alt No.	11) 9857-4064 2) -
DRIVER'S Occupation	: INDOOR IOUTDOOR (eg. working inside or outside of an ofc)
Email Address	sharonyexue @ hotmail.com.
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Was the accident reported to the pol	tivet); O Passenger Name: Gender: M/F Lice? YES \NO Passenger Name: Gender: M/F Licamera; YES \NO Any Injuries: YES \ NO Injured Name:
	Injured Name:as being used at the time of accident: Private use \ Work purpose_
	ther Party Driver's Particulars (if any)
-Vehicle Reg No: SGV 255	
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Name DRIVER:	
IGNo. DRIVER.	IC No. DRIVER:
DRIVER'S Contact & add	DRIVER'S Contact & add:
<u>Oth</u>	ner Party Driver's Particulars (if any)
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Report No. T/20210906/7033

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time F 06/09/2021		ade:	Vide Report No.: G/20210902/0218	Station Diary No.:
Informant's	Particul	ars		
Name of Inf LYU, XUE	ormant:		Address: 147 PASIR RIS STREET 13 #	08-16 SINGAPORE 510147
ID Type / ID NRIC NO /		0G	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		P. 2.	Language: English	Institution / School Name:
Occupation Director	•	F-1	Driving Licence Information: Class:	Date of Expiry:

		- 1	D / CT: /	TT
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 ST	REET 13			
Weather: Clear	2 (V. M. V. 100)	Road Surface: Dry		Road Speed Limit:
		The state of the s		Road Speed Limit: Traffic Volume: No Traffic

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGV2553J	Car	Make	illioudi,		Sometime	0
SMU3728A	Car					0

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20210906/7033

CONTINUATION OF REPORT

A Committee of the Comm					The second secon
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 gran	ited 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.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20210906/7033

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch

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:		

POLICE DEPARTMENT
OFFICE NOTES

5/20210902/0218

You vehicle was involved
in an accident hit frum.
Emolly proceed to newst
Dolice station to ladge
accident report. Thenk You
Investigation officer
> YEO KIAT HUAT
65476162

NP 364(94)

Motor Private Cer

MIXIE

AN00334 Cov. Type:C

CERTIFICATE OF INSURANCE Motor Verkides (Trans-Parky Raists and Compensation) Act (Outplut 189) Motor Verkides (Third-Parky Reside and Compression) Fulles, 1960 Road Transport Act, 1997 (Melalysia) Motor Verkides (Third-Parky Raiska) Rules, 1998 (Maleysia)

CERTIFICATE No.

DMPCSNW00051912100

Engine No.: 28491530047583 Che. Na.WDD2050772R453228

Index Mark and Registration SMU3728A Number of Vehicle

AUTOBNIE

2 Name of Policy Holder

LYU XUE

Effective date of the Commencement of Insurance for the purposes of the Regulations. (13:19:02)

Named Drivers Ex Sect. 1 8\$780.00 Additional Ex Other than Harned Drivers:

4. Date of Expry of Insurança

Ex Sect. 1 - Age on 25 Ex Sect 1-Age >= 28

8\$3,000,00 83500.00

08/03/2022

Age as at date of accident EX ON WINDSCREEN.

83100.00

Parsons or Classes of Persons anided to shive

(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 permissed in accordance with the iterating or other laws or regulations to drive the Motor Vehicle or has been so permissed and is not disquasted by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Use for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for him or reward tuttion driving lest racing poce-making, reliability trist, speed-lesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Molor Trade. Excess witchever is applicable for issues occurring dutation Singapore (Constructive Total Loss/Traft) will be doubled. One time Walvier of Excess for the first SS1,000 will apply to the treated and Named Drivers in the event of Own Damage Claim at our Authorised Worldhops for each Policy Year.

* Limitations renotered inoperative by Section 8 of the Motor Vehicles (Third-Perty Risks and Compensation) Act (Chapter 180) and Section 95 of the Road Transport Act 1887 (Maleysia), 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, 1967 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (BRIGAPORE) PTELL

Issued By: Irene Hor

Authorised Officer

alping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) son Road #16-00 Springleaf Tower Singapore 079909

O63896111

T 6222 1033

www.sg.cntai