

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 07/01/2022 17:18 (SGT)
Date of Accident 07/08/2021 14:00 (SGT)
Exact Location of Accident Killiney Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT5485D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM PING PING
NRIC No SXXXX198G
Email Address pping_l@yahoo.com
Mobile Phone No (Phone) +65-90884038
Alternative Phone No +65-90884038

VEHICLE PARTICULARS

Manufacturer BMW
Model 523i
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 2497

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNA00022622102
Cover Note Number -

DRIVER

Name of Driver LIM PING PING
NRIC No SXXXX198G

Date Of Birth	04/04/1970
Occupation	Indoor
Date Of Driving Pass	22/12/2005
Driving experience	15 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90884038
Alt. Phone Number	+65-90884038
Email Address	pping_l@yahoo.com
Address	21 DELTA ROAD #06-03
Address complement	-
Postcode	169813
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	No Collision
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)	1
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	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211028/2073

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX8973J
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**IMPORTANT NOTICE**

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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 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 1700h 7th Jan 2022

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

Witnessed by Reporting Centre
Personnel

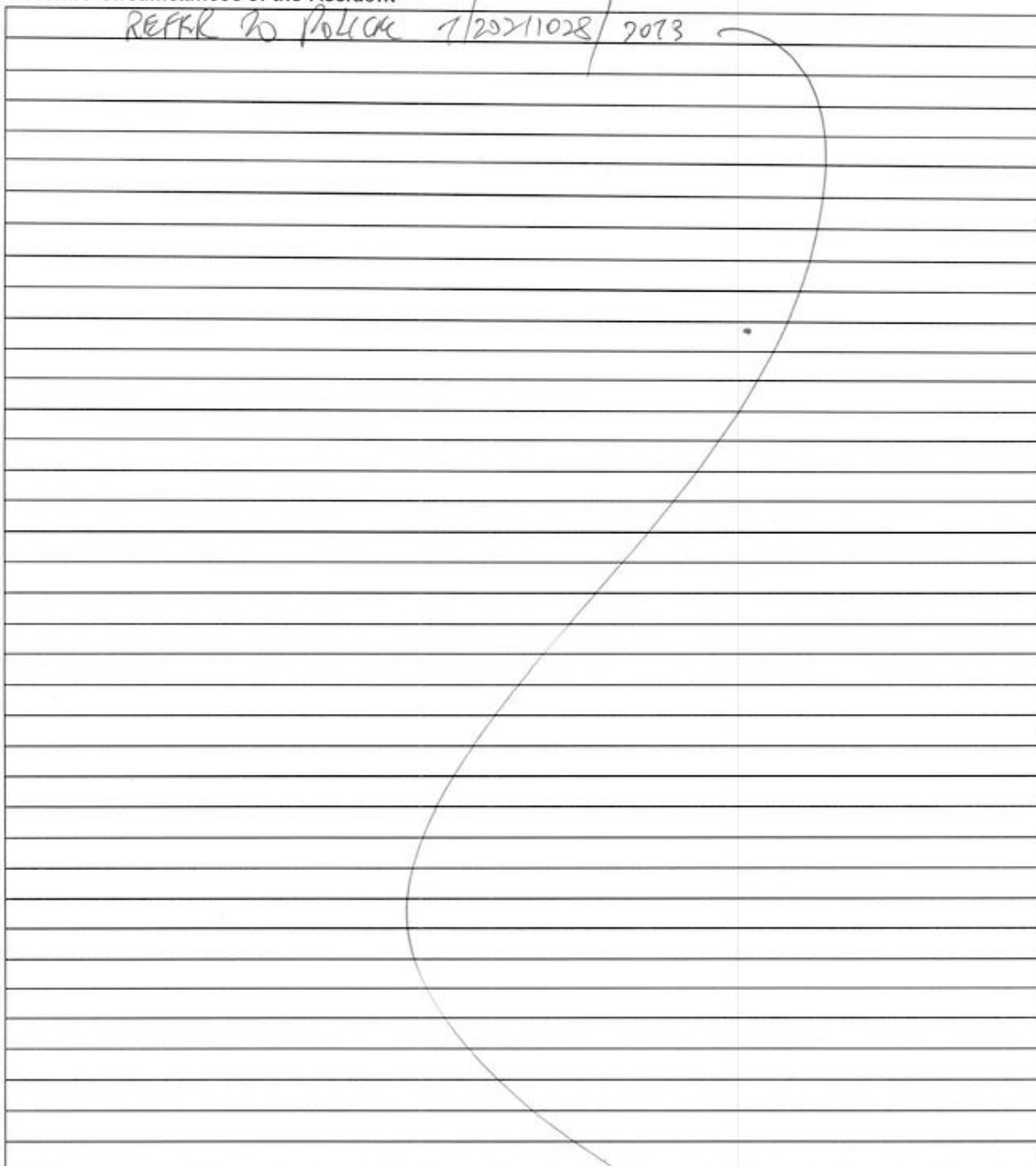
Sketch Plan

Unaware of accident.

8


Describe Circumstances of the Accident

REFR TO POLICE 7/20211028/2073

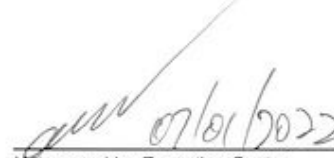


Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 1700h 7th Jan 2022

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


Witnessed by Reporting Centre
Personnel





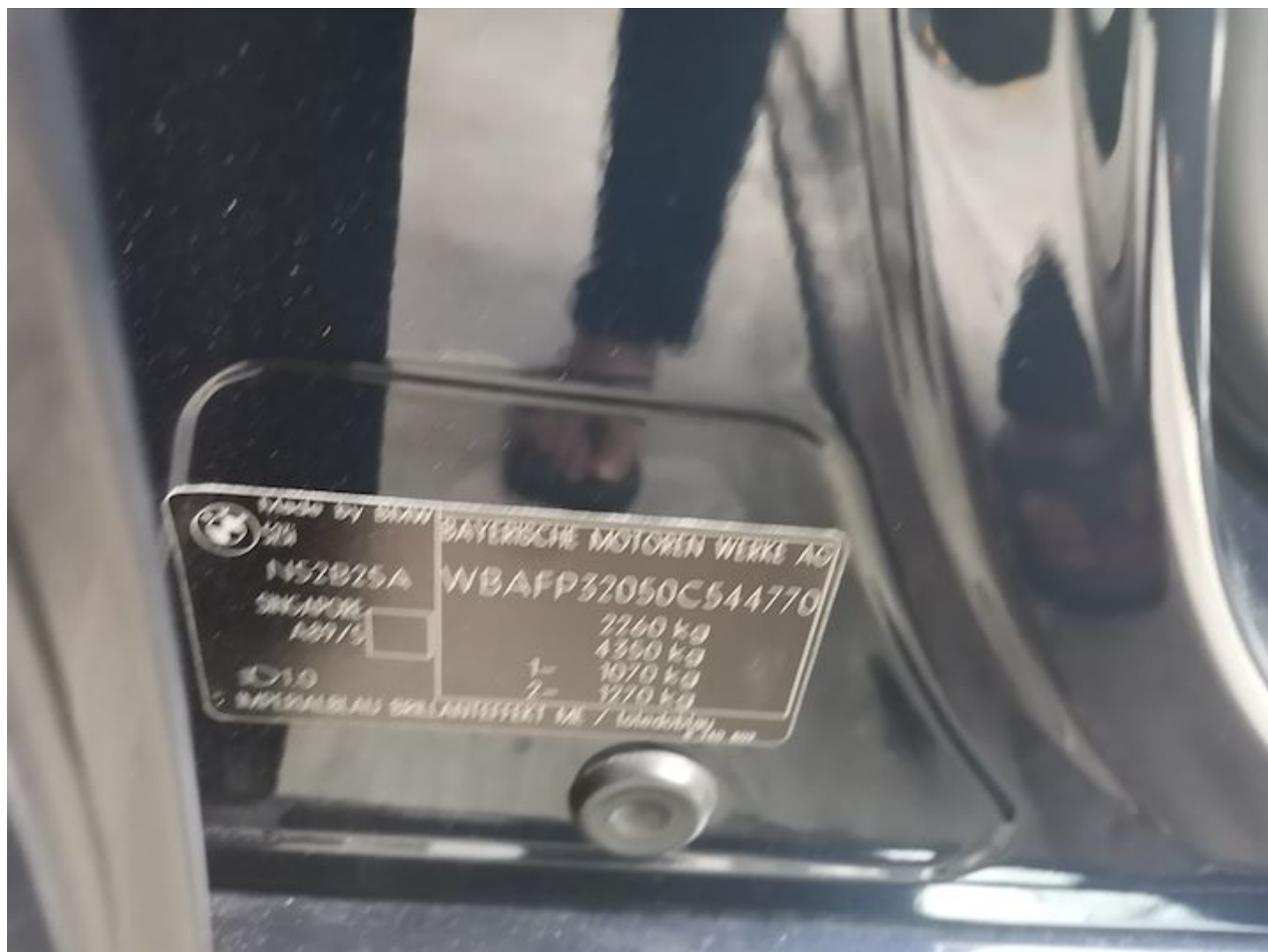
















SINGAPORE POLICE FORCE



T/20211028/2073

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20211028/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2021 16:33	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: LIM PING PING	Address: 21 DELTA ROAD #06-03 SINGAPORE 169813		
ID Type / ID No.: NRIC NO / S7004198G	Contact No.:	Mobile: 90884038	
Nationality: SINGAPORE CITIZEN	Email: pping_l@yahoo.com		
Sex: Female	Age: 51	Date of Birth: 04/02/1970	Type of Informant: Driver
Race: Chinese	Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED	Driving Licence Information: Class: 3A	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 07/08/2021 14:00	Type of Location: Straight Road
Location: KILLINEY ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: unsure				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLT5485D	Car	BMW	523i 2.5 AT ABS D/AB 2WD 4DR GAS/D	Blue		0
SMX8973J	Car					0

Details of Vehicle Insurance

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

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Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999



T/20211028/2073

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Report No. T/20211028/2073

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT5485D	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNA0002262 2102	28/01/2021	27/01/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM PING PING	ID No.	S7004198G
Related Vehicle	SLT5485D (Car)	Contact No.	90884038
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

In reference to the TP letter TP/IP/38087/2021, I had received a letter on 28/10/2021 informing me of my involvement in a hit-and-run accident. In which, I could not remember being involved in one. I wish to state that I frequently parked along Killiney Road. I am unable to be certain if I had drove along Killiney Road on 07/08/2021 as it had been too long.

I do not remember my vehicle suffering any damage or knocking into any other vehicle during the month of August 2021.

I have asked my car mechanic to assist me in checking whether there are still footages of my in-car camera for the month of August but was told that it would be quite unlikely.

I wish to state that I had already spoken to traffic officer Neo Zhi Yuan regarding the matter and was advised to lodge a traffic accident report.

Hence, I am lodging the traffic report as instructed by the traffic accident police officer.



**SINGAPORE
POLICE FORCE**



T/20211028/2073

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20211028/2073

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
E /
Sgt 3 NATHAN LIM ZI HAO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/10/2021 16:33

Officer In Charge Of Case:
TP / HRT /
SI STEPHANIE, CHEUNG, TSZ YING
Contact No.: 96208032

Classification Of Case:

Authentication Stamp
NP168

