SN09221E0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 14/01/2022 13:24 (SGT) SUBMITTED BY: Renee VERSION: 1 (14/01/2022 13:24 (SGT))

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.

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 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 14/01/2022 13:24 (SGT) Date of Accident 11/01/2022 14:15 (SGT) Exact Location of Accident Singapore Additional Location Information MSCP OF HONG LIM COMPLEX CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI A5252J

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner LIM YU YANG NRIC No. SXXXX052E

Email Address YUYANG.LIM@GMAIL.COM Mobile Phone No (Phone) +65-96630928

Alternative Phone No +65-96630928

VEHICLE PARTICULARS

Manufacturer **BMW** Model 316i

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 1598

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.

Type of Coverage Comprehensive

Fleet Policy

Policy Number DMPCSNA00038572102

Cover Note Number

DRIVER

Name of Driver LIM YU YANG NRIC No. SXXXX052E

Date Of Birth 20/11/1985 Occupation Indoor Date Of Driving Pass 08/09/2005 Driving experience 16 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96630928 Alt. Phone Number +65-96630928 Email Address YUYANG.LIM@GMAIL.COM Address **BLK 212C COMPASSVALE DRIVE** Address complement #14-105 Postcode 543212 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? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Geylang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008486999 Alt. Police Station Phone No (Fax) +65-68486799 Police Station Address 1 Cassia Link Singapore 397618 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE POLICE REPORT: T/20220114/2024 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 SKZ2825G Vehicle Manufacturer Mitsubishi

Private car

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

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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- 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 ladgement 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer implied 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved (all insurer(s) who have insured v 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 :
- (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, handing end/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 said outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature ' Date &

10:30am

Sketch Plan

14/1/2022

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

& Time 10:30am

Witnessed by Reporting Centre

NO sketch Plan

15	Y2.	ter	to	the	Police	Report	NO.	7/2020114/2024
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Poscyholter's Signature - Date & Titre 10: 36 am

tWe declare the foregoing particulars are true in every respect.

14/1/2022

Oriver's Signature (If driver is not the policyholder) / Date & Time (0) 36am

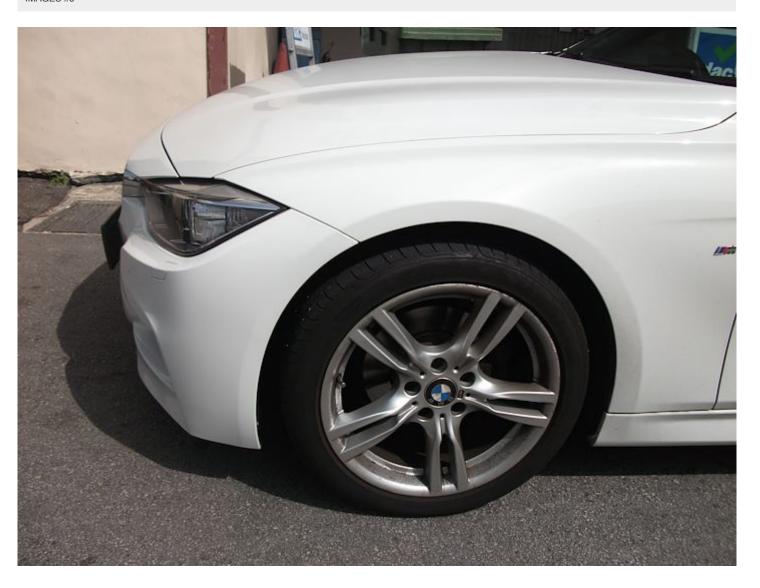
P 14/01/2022
Vinessed by Reporting Centre
prescribel



















Police Station Of Origin: Geylang N.P.C

1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999

1 of 3 Report No. T/20220114/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2022 12:05			Vide Report No.:	Station Diary No.: 23		
Informa	nt's Partic	ulars		STEEDING TO STATE OF A LINE OF		
Name of Informant: LIM YU YANG			Address: APT BLK 212C COMPASSVALE DRIVE #14-105 SINGAPORE 543212			
DVC-0010000000000000000000000000000000000	/ ID No.: D / S85400:	52E	Contact No.: Home/Office:	Mobile: 96630928		
Nationality: SINGAPORE CITIZEN			Email: YUYANG.LIM@gmail.com			
Sex: Age: Date of Birth: Male 36 20/11/1985			Type of Informant: Vehicle Owner			
Race: Chinese			Language:	Institution / School Name:		
Occupation: FINANCIAL CONSULTANT			Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/01/2022 14:15	Type of Location: Car Park	
Location: UPPER CRO	SS STREET				
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume:	
Type of Collis	ion: le Against - Parked Vo	ehicle		Anyone conveyed by ambulance: No	

Vahiala Na	Tuno	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Type	IVIAKE	Model	COIOI	Condition	No of Fasseriger
SKZ2825G	Car	MITSUBISHI		Red		0
SLA5252J	Car	BMW	316i	White	Slightly	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SLA5252J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.				



T/20220114/2024

Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999 2 of 3 Report No. T/20220114/2024

CONTINUATION OF REPORT

Brief Details.

On 11 January 2022, at about 1000hrs. I parked my car SLA5252J at the MSCP of Hong Lim Complex. I could not recall which parking lot that I've parked. I only know that it is at Deck 4A or 4B at the said MSCP. Everything was intact at that point of time, I parked there and I left for work.

On the following day, 12 January 2022 at about 1845hrs when I went to my car after my work at the same MSCP and I discovered that my front bumper sustained some scratches and the license plate number was dented and dislodged one side. I went to check my in-car camera and discovered that on 11 January at about 1415hrs onwards, a red Mitsubishi car bearing the license plate number SKZ2825G tried to parked at the opposite side and while reversing, the car hit onto my front area of my car. I am lodging this report to claim against this driver.





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999 3 of 3 Report No. T/20220114/2024

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 G / Sgt 1 YIP YONG NAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2022 12:05
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
Authentication Stamp	_

NP168