

MSME18154347 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME 28/11/2018 17:42
 SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
 Actual e-Filing Submission Date & Time: 28/11/2018 17:47

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 Report	28/11/2018 17:42
Date Of Accident	14/11/2018 14:35
Exact Location Of Accident	ADMIRALTY RD WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4580L
Insured/Policyholder	
Name Of Registered Owner	BIZLINK RENT-A-CAR PTE LTD
Co Reg No	200402911Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92434885

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994542/100858073-00000
Cover Note Number	

Driver

Name of Driver	OUYANG CHENG
NRIC No	G0956897U
Date Of Birth	18/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86879556
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 360A ADMIRALTY DRIVE #13-76
Postcode	751360
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20181114/2141.

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	SHC7899S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name OUYANG CHENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLZ4580L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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7. By the lodgment 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' 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, 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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

X C
Driver's Signature
(If driver is not the policyholder)
Date & Time:

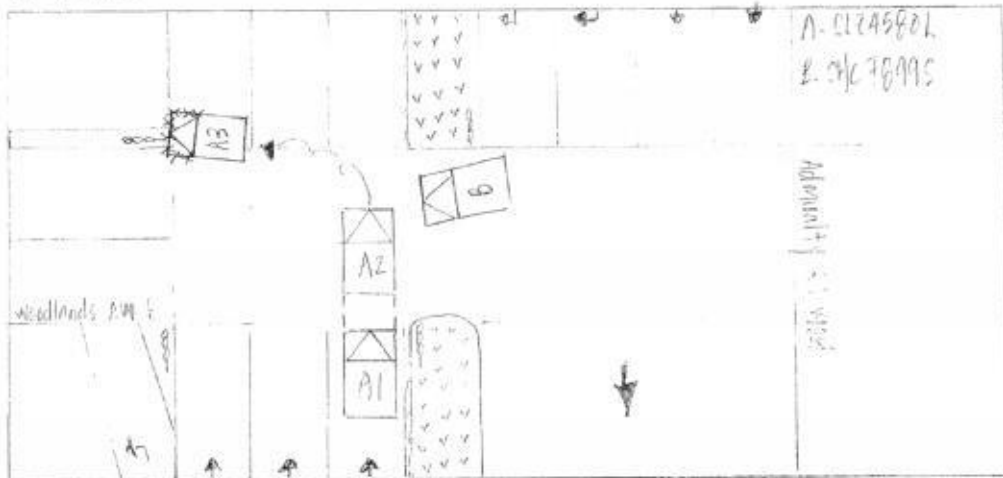
C
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

2018/11/28 17:33 FAX

NEW HOGE REC

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police report : 7/2018/114/2141

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181114/2141

1 of 4

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No: T/20181114/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/11/2018 18:18	Video Report No.	Station Diary No: 101
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Informant's Particulars

Name of Informant: OUYANG CHENG			Address: APT BLK 360A ADMIRALTY DRIVE #13-76 SUN BLISS SINGAPORE 751360	
ID Type / ID No.: FIN NO / G0956897U			Contact No. Home/Office:	Mobile: 86879556
Nationality: CHINESE			Email:	
Sex: Female	Age: 26	Date of Birth: 18/05/1992	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: DESIGN ENGINEER			Driving Licence Information: Class: 3A Date of Expiry: 12/06/2022	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/11/2018 14:35	Type of Location:
Location: Along Road 1 ADMIRALTY ROAD WEST				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC7899S	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow	Seriously Damaged	2
SLZ4580L	Car	HYUNDAI	ACCENT (RB) 1.4 CVT	Silver	Seriously Damaged	0

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181114/2141

2 of 4

Report No. T/20181114/2141

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WEE HOCK BOON STEVE	ID No	S7913453H
Related Vehicle	SHC7899S (Car)	Contact No.	94894898
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	OUYANG CHENG	ID No.	G0956897U
Related Vehicle	SLZ4580L (Car)	Contact No.	86879556
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: 12/06/2022
Date Treatment	14/11/2018	Date Discharge	14/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/11/2018 at about 1430hrs, I was raveling along Admiralty Road West. I was approaching the junction turning left into Woodlands Ave 8. As I was going straight, I stayed on my lane and looked for oncoming vehicles. I then proceeded straight as the traffic light was still green. When I was about half way through the junction, a taxi from the opposite side suddenly turned right without checking and as such, smashed onto the front right side of my car. I tried my best to slow down and eventually came to a stop at the side of the road. For a few minutes, I was seated on the driver seat in a state of shock. The taxi driver and his 2 passengers came to check on me. After gathering some composure, the taxi driver and I shared our contact details and activated our own towing crew.

My colleague came to the accident site and gave me a lift to Raffles Hospital where I received 3 days MC.

Injuries sustained are as follows:

- 1) left face and upper lip contusion
- 2) Bilateral hip sprains
- 3) Contusion of both feet.

That is all.

I would like to add on:

Due to the impact, my vehicle swerved & hit onto traffic light pole.

Sketch Plan #5 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181114/2141

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 4

Report No. T/20181114/2141

CONTINUATION OF REPORT

Sketch Plan #6 Pg. 1

SINGAPORE
POLICE FORCE

1/2018111402141

1-11

Police Station Of Origin
Geylang N.P.C.
132 Paya Lebar Road SINGAPORE 409014
Tel No 1800-8486999

Report No: 1/2018111402141

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 3 MOHAMAD AKMAL BIN MOHD ROSLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicableDate/Time:
14/11/2018 18:18Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH
Contact No : 65476204

Classification Of Case:

Authentication Stamp
NP168