MHYM19009201 / Hui Yang Motor Pte Ltd - HQ
ENTRY DATE & TIME: 19/01/2019 15:25
SUBMITTED BY: Loh Siang Chuan Marcus

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.
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	19/01/2019 15:25
Date Of Accident	19/01/2019 08:35
Exact Location Of Accident	ENG NEO AVENUE TWDS BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU6809S
Insured/Policyholder	
Name Of Registered Owner	FAVORIDE PTE LTD
Co Reg No	201524792C
Email Address	FAVORIDECARRENTAL@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-94501989
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID-1.8 S CVT (A)
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994329
Cover Note Number	
Driver	
Name of Driver	PAUL CHEN YONG YIH
NRIC No	S7413076C
Date Of Birth	23/04/1974
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93606765
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 312B SUMANG LINK
Postcode	S822312
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	3
Passenger 1	NAME: : UNKNOW GENDER: : MALE
Passenger 2	NAME: : UNKNOW GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	PUNGGOL N.P.C 21A TEBING LANE SINGAPORE 828837
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED POLICE AND SKETCH PLAN REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8894Z
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	IEK CHIN BENG PETER
NRIC/Passport Number	S0079055I
Contact Number	97867227
Address	

Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PAUL CHEN YONG YIH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLU6809S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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.

FAVORIDE PTE. LTD. 201524792C

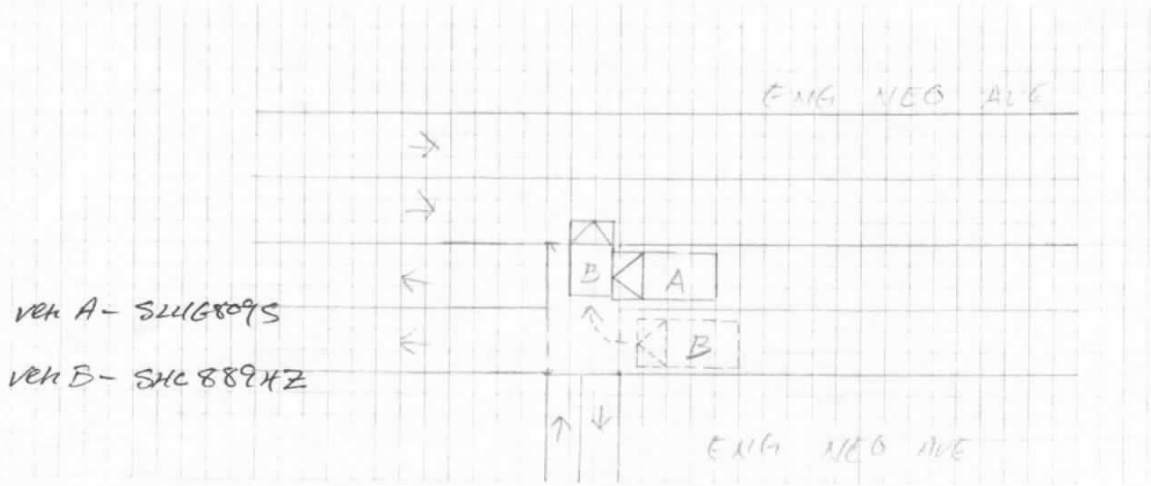
Policyholder's Signature
Date & Time:

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

Hui Yang Motor Pte. Ltd.

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

SKETCH PLAN



Veh A - SLUG809S

Veh B - SHC889HZ

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to attached police report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

FAVOUR PTE. LTD. 201524792C

Hui Yang Motor Pte. Ltd.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

GIARMS SketchPlanForm V4

SINGAPORE POLICE FORCE

T/20190119/2063

1 of 3

Report No: T/20190119/2063

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT			Vide Report No.:	Station Diary No.:
Date/Time Report Made: 19/01/2019 12:33				39

Informant's Particulars

Name of Informant: PAUL CHEN YONG YIH			Address: APT BLK 312B SUMANG LINK #03-167 SINGAPORE 822312	
ID Type / ID No.: NRIC NO / S7413076C			Contact No.: Home/Office:	Mobile: 93606765
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 44	Date of Birth: 23/04/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: GO JEK DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2019 08:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ENG NEO AVENUE BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		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
SHC8894Z	Taxi					2
SLU6809S	Car				Seriously Damaged	2

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20190119/2063

Report No. T/20190119/2063

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Driver			
Name	IEK CHIN BENG PETER	ID No.	S0079055I
Related Vehicle	SHC8894Z (Taxi)	Contact No.	97867227
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	PAUL CHEN YONG YIH	ID No.	S7413076C
Related Vehicle	SLU6809S (Car)	Contact No.	93606765
Hospital/Clinic	PANHEALTH FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	19/01/2019	Date Discharge	19/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 19/01/2019 at about 0830hrs, I was travelling along Eng Neo Avenue towards Bukit Timah Road. I was in the extreme right lane of a two lane road when there was a yellow box in front of me and the other vehicle from the left lane, suddenly tried to make an illegal U-turn by cutting into my lane abruptly. I could not stop in time thus collided into the right rear side of the taxi.

I have an in-car camera in my vehicle and it captured the accident footages.

I then went to PanHealth Family Clinic and was given 3 days of medical leave. That is all.

SINGAPORE POLICE FORCE

T/20190119/2063

Report No. T/20190119/2063

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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:
F /
Sr Staff Sgt ADIBAH HANIM BINTE MOHAMED RASIT

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/01/2019 12:33

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Hotline: 65471818

Classification Of Case:

Authentication Stamp
NP185

Signature:

Singapore Police Force

SN 065