

MSME19076592 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 12/06/2019 13:49
SUBMITTED BY: Chia Pei Ying

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 12/06/2019 14:01

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	12/06/2019 13:49
Date Of Accident	10/06/2019 09:40
Exact Location Of Accident	YIO CHU KANG RD & ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS8789A
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	MAZDA
Model	3

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	999994542/100777025-00000
Cover Note Number	

Driver

Name of Driver	NG MIN HUI FELICIA
NRIC No	S8625561H
Date Of Birth	11/09/1986
Occupation	INDOOR
Date Of Driving Pass	02/05/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92719051
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 933A HOUGANG AVE 9 #06-114
Postcode	531933
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)	2
Passenger 1	NAME: : TAN YU LI THADDEUS GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 10/06/2019, I WAS DRIVING MY VEHICLE BEARING (SKS8789A) TOWARDS ANG MO KIO AVE 5 AT YIO CHU KANG ROAD JUNCTION WHEN THE VEHICLE (CB7420D) TURNED RIGHT AND HIT ONTO MY FRONT. DUE TO THE IMPACT OF THE COLLISION, MY BABY BOY AT THE BACK IN THE CAR SEAT HAD PAIN IN THE ARM.

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	CB7420D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
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 TAN YU LI THADDEUS

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKS8789A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NG MIN HUI FELICIA

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKS8789A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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 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.



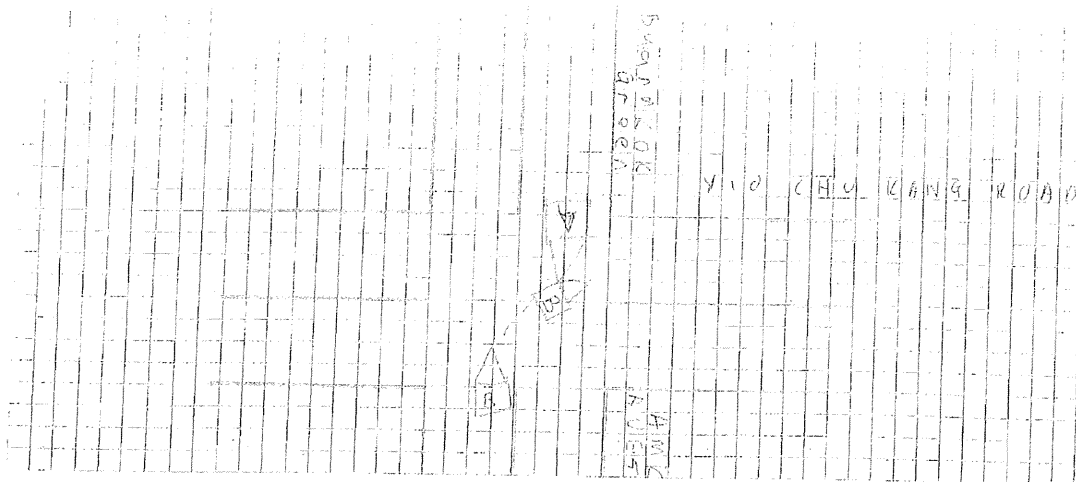
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10 June, Monday, I was driving my vehicle bearing SK 88789A towards Ang Mo Kio Ave 5 at Yio Chu Keng Road Junction, when the vehicle CB 7420D turned right, and hit onto my front. Due to the impact of the collision, my baby boy at the back in the car seat had pain in the arm.

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**



T201906107008

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No: T201906107008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2019 11:01		Vide Report No.		Station Diary No.	
Informant's Particulars					
Name of Informant: NG MIN HUI, FELICIA			Address: APT BLK 933A HOUGANG AVENUE 9 #06-114 SINGAPORE 531933		
ID Type / ID No. NRIC NO / S8625661H			Contact No. Home/Office: Mobile: 92719051		
Nationality: SINGAPORE CITIZEN			Email: ngfelicia.minhui@gmail.com		
Sex: Female	Age: 32	Date of Birth: 11/09/1986	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Other teaching professional's nec			Driving Licence Information: Class: 3		Date of Expiry: 10/06/2019

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 10/06/2019 09:40	Type of Location: X-Junction
Location: BUANGKOK GREEN				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKS8789A	Car					0

Details of Person Involved

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

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000



T20190610/7008

2 of 3

Report No: T20190610/7008



CONTINUATION OF REPORT

Passenger			
Name	MASTER TAN YU LI THADDEUS		ID No. T16401411
Related Vehicle	SKS8789A (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	10/06/2019	Date Discharge	10/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG MIN HUI, FELICIA		ID No. S8625561H
Related Vehicle	SKS8789A (Car)		Contact No. 92719051
Hospital/Clinic	THOMSON MEDICAL CENTRE		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: 10/06/2019
Date Treatment	10/06/2019	Date Discharge	10/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details

At the stated time and date I was driving my vehicle bearing SKS8789A towards Ang Mo Kio ave 5 at Yio Chu Kang Junction. When vehicle Cb7420d hit the front of my car. Due to the accident my baby boy hand was in pain. And we went to the THOMSON MEDICLE for treatment. I am also feel back pain and was given 3 days mco from the doctor. There is a witness for the accident Mr Ariston ic s7964437d his number is 83218953

Sketch Plan #5 Pg. 1

	SINGAPORE POLICE FORCE	
Police Station Of Origin Traffic Police 10 Ulu Avenue 3 SINGAPORE 408605 Tel No. 65475000	Report No. 1000766310/2019	CONTINUATION OF REPORT
Sketch Plan Informant is not able to provide sketch plan		
Signature Of Officer Recording The Report Not applicable	Signature Of Informant The identity of the person making this report has been authenticated by SingPass. No signature is required	
Signature Of Interpreter Not applicable	Date/Time 10/06/2019 11:01	
Officer in Charge Of Case TP : TPMD / SHARIFAH NOR FARIHAN BINTI SYED MOHD SAO Contact No. 69478172	Classification Of Case	
Authentication Stamp (If any)		