

## 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 ability.
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 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	22/12/2017 17:03
Date Of Accident	21/12/2017 12:10
Exact Location Of Accident	PIE TWDS CHANGI NEAR TOA PAYOH SAFSA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDR9378J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POLLYANNA LIEW POH LING
NRIC No	S7674569B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88283378
Alternative Phone No	Office-88283378

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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?	YES
If No, Please state action to be taken	
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	1700024787
Cover Note Number	

### Driver

Name of Driver	POLLYANNA LIEW POH LING
NRIC No	S7674569B
Date Of Birth	17/09/1976
Occupation	INDOOR
Date Of Driving Pass	18/02/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88283378
Fax Number	
Contact Number	OFFICE-88283378
EMail Address	NOEMAIL

Address	BLK 38 MT VERNON RD #14-26
Postcode	268059
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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)	4
Passenger 1	Name: : POLLYANNA LIEW POH LING Gender: : Female
Passenger 2	Name: : POLLYANNA LIEW POH LING Gender: : Female
Passenger 3	Name: : POLLYANNA LIEW POH LING Gender: : Female

#### 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 - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

CHAIN COLLISION

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REFER YK
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKE8453S
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BENJAMIN KANG CHEANG WAN
NRIC/Passport Number	S8337444F
Contact Number	92725144
Address	
Postcode	

Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLT8060B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
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 UNKNOWN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle?  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

### SKETCH PLAN

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

(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.

Witnessed by Reporting Centre  
Personnel

50M 7822 J  
7 STM 7742 P  
7 5H84622 H  
7 507 3782 L  
7 SLT 8060 B  
7 502 9375  
7 542 722  
7 572 5866  
7 572 4515

### Sketch Plan #2

Describe Circumstances of the Accident


REFER POLICE REPORT

Declaration

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

**Please note that you have 14 calender days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.**

(Please contact your insurance company for any further details)

  
22/12/17 16:30 PM  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Dr. 0171 800 1111  
Email: [accident@cyclecarriage.co.uk](mailto:accident@cyclecarriage.co.uk)  
Cycle Carriage Industries Pte Ltd  
Care & Repair Center  
111P, 85-13 0042, Fax: 057 6817 1112

Sketch Plan #3

Mohammad  
SLT 8060B  
40589445

HO CHONG NONG  
91616 7516  
01053152

HALL CHIEF SIONG  
97482125  
SDF43469

TEO AIE MING  
94873015 (SD735503)  
SDM 772 J

SJJ 3702K  
DAVID LIM SHENG HUI  
9755 2888  
SA208698D

~~SAR~~  
SDR 9378 J  
POLLYANNA LIEW PO LING  
88283375

SAB 7 4628H  
Mr Chua  
91827262  
(17389946-6)  
Benjamin Kang  
SKE 845315  
92725144

Sketch Plan #4





Sketch Plan #5



# SINGAPORE POLICE FORCE



T/20171222/2084

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4

Report No. T/20171222/2084

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2017 14:58		Vide Report No.: D/20171222/0063	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: POLLYANNA LIEW POH LING		Address: 38 MT VERNON RD #14-26 BARTLEY RIDGE SINGAPORE 368059	
ID Type / ID No.: NRIC NO / S7674569B		Contact No.: Home/Office: Mobile: 88283378	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 41	Date of Birth: 17/09/1976	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: BANKING		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/12/2017 12:10	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY NEAR TOA PAYOH SAFRA				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDR9378J	Car	MERCEDES BENZ	C180 AVANTGARDE (R17 LED)	White	Seriously Damaged	3
SKE8453S	Car				Seriously Damaged	2
SLT8060B	Car				Seriously Damaged	1

Sketch Plan #6





**SINGAPORE  
POLICE FORCE**



T/20171222/2084

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20171222/2084

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDR9378J	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700024787	12/07/2017	11/07/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	POLLYANNA LIEW POH LING	ID No.	S7674569B	
Related Vehicle	SDR9378J (Car)	Contact No.	88283378	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	BENJAMIN KANG CHEANG WAN	ID No.	S8337444F	
Related Vehicle	SKE8453S (Car)	Contact No.	92725144	
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	MAHMUD BIN OMAR	ID No.	S1714135Z	
Related Vehicle	SLT8060B (Car)	Contact No.	90589445	
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

**Accident Sketch Plan**



**SINGAPORE  
POLICE FORCE**



T/20171222/2084

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20171222/2084

**CONTINUATION OF REPORT**

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I WAS DRIVING ON THE FIRST LANE ON THE PIE. AS I WAS DRIVING, SUDDENLY THE CAR INFRONT OF ME SLT8060B JAM BRAKE, SO I FOLLOWED TO JAM BRAKE, I CAME TO A STOP BUT 3 SECONDS LATER. THE CAR SKE8453S CAME FROM BEHIND AND COLLIDED INTO THE BACK OF MY VEHICLE, WHICH RESULTED IN MY VEHICLE COLLIDING WITH THE CAR IN FRONT OF ME. THEN SUBSEQUENTLY WE FELT TWO MORE COLLISIONS AS THERE WERE TWO MORE CARS INVOLVED BEHIND. WE GOT OUT OF OUR VEHICLE AND WE ALL EXCHANGED PARTICULARS. THERE WERE TWO PEOPLE FROM THE VEHICLE BEHIND INJURED AND GOT CONVEYED BY AMBULANCE. POLICE CAME TO THE SCENE AND ADVISED ME TO HEAD DOWN TO TRAFFIC POLICE HQ TO MAKE A REPORT AND MEET IO RIDZWAN. THAT'S ALL.

**Accident Sketch Plan**



**SINGAPORE  
POLICE FORCE**

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T/20171222/2084

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Report No. T/20171222/2084

**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:  
TP /  
KHALED AMR HASSAN MOHSEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI YEO CHUN JIAN  
Contact No.: 65476213

Signature Of Informant:

Date/Time:  
22/12/2017 14:58

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

**Accident Sketch Plan**



# CERTIFICATE OF INSURANCE

## MERCEDES-BENZ MOTOR INSURANCE PRIVATE VEHICLE

Name of Policyholder : POLLYANNA LIEW POH LING  
Period of Insurance : 12 Jul 2017 To 11 Jul 2018  
Engine No. : 27491030949938  
Chassis No. : WDD2050402R281157

Vehicle No. : SDR9378J  
Policy No. : 1700024787  
Endorsement No. :  
Issued Date : 19 Jul 2017

### ABOUT THE COVER

Make/Model : MERCEDES BENZ C180 SEDAN AVANTGARDE / EXCLUSIVE  
Engine Capacity/Tonnage : 1,595.00 CC  
Driver Restriction : NA  
Sum Insured : Market Value  
Off Peak Car : No

First Year of Registration : 2017  
Insuring with COE/PAF : Yes

#### Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder  
b) Any other person who is driving on the Policyholder's order or with his/her permission.  
This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDRE") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

#### Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use (15 days) 2000cc

\* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1967 (Malaysia), are not to be included under these headings.

### EXCESS

#### Section 1

Fire - \$0 Own Damage - \$800 Theft - \$0 Flood Cover - \$0

#### Section 2

Property Damage - \$0

Windscreen : \$100

#### Named Driver and Excess (where applicable)

POLLYANNA LIEW POH LING - \$800 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. Euro Service Center (For accident reporting only) Add: 300 Ubi Road 3 Singapore 408650 67412338

2. Pandan Loop Service Center - Body Care & Repair (For accident repair & accident reporting) Add: 126 Pandan Loop Singapore 126575 67775388

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, you may refer to AIG website [www.aig.com.sg](http://www.aig.com.sg) or AIG SG Mobile App. Simply search and download 'AIG SG' from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: MERCEDES-BENZ FINANCIAL SERVICES (S) LTD

I/We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1967 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0604380205

CYCLE & CARRIAGE - ANGELA  
239 ALEXANDRA ROAD  
SINGAPORE 119944

*Mobile*

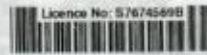
Accident Sketch Plan



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE  
18 Feb 2000



Licence No: S7674569B

NP 428A

FOR C&C USE ONLY

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

 Licence Number: **S7674569B**  
Name: **POLLYANNA LIEW POH LING**  
Birth Date: **17 Sep 1976**  
Issue Date: **17 Mar 2003**

 000294556K



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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