

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 | 10/06/2019 17:19 |
| Date Of Accident | 09/06/2019 11:45 |
| Exact Location Of Accident | CTE BEFORE BUKIT TIMAH EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SMJ2236S |
| Insured/Policyholder | |
| Name Of Registered Owner | SECK LING LING, MELISSA |
| NRIC No | S8706877C |
| Email Address | MELISSASECK@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-92785766 |
| Alternative Phone No | Office-92785766 |

Vehicle Particulars

| | |
|--|-------------------------|
| Manufacturer | KIA |
| Model | STONIC-998CC DCT SR (A) |
| 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? | 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 | 1900020109 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | SECK LING LING, MELISSA |
| NRIC No | S8706877C |
| Date Of Birth | 16/03/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/05/2009 |
| Driving Experience | 10 YEARS AND 0 MONTHS |

| | |
|---|-----------------------|
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-92785766 |
| Fax Number | |
| Contact Number | OFFICE-92785766 |
| E-Mail Address | MELISSASECK@GMAIL.COM |
| Address | 10 AVA ROAD #11-06 |
| Postcode | 329949 |
| 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 (including own vehicle) involved in the accident | 5 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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: : JANE Gender: : Female |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | ORCHARD NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7359999 - FAX NO: 67331934 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER ATTACHMENTS.

Attachment(s)

| | |
|---|---------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO WITH TRAFFIC POLICE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------------------------|
| Vehicle Registration Number | SHC242H |
| Vehicle Make/Model/Colour | HYUNDAI COMFORT CAB |
| Details Of Properties | SIDE MIRROR, PASSENGER DOOR |
| Vehicle Category | TAXI |
| Name of Driver | TAN THIAM HUAT |
| NRIC/Passport Number | S0146110I |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | GBC9511T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | LIM BENG CHUAN |
| NRIC/Passport Number | |
| Contact Number | 86934019 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 3

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | FBN9445T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | LEE HOW CHUEN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 4

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | FBE3642C |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | HIEW YOKE KONG MELVIN |
| NRIC/Passport Number | |
| Contact Number | 96153492 |
| Address | |

Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|------------------------|
| Name | MELVIN HIEW |
| Approximate Age | |
| Injuries Sustain | SCRATCHES TO FORE ARMS |
| Injured person in which vehicle? | FBE3642C |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Sketch Plan

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: 10/6/19
4pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

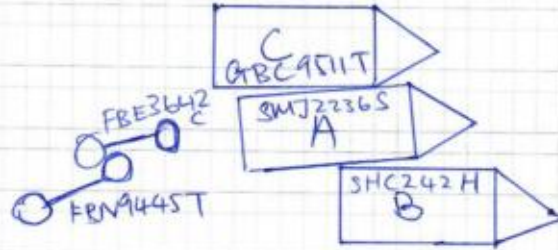
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

CTE towards city (near bukit timah exit)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE refer to police report attached.

DECLARATION

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

Policyholder's Signature

Date & Time: 10/6/19
4pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



SINGAPORE POLICE FORCE



T/20190609/2092

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 4

Report No. T/20190609/2092

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|-------------------------------------|---|----------------------------|--|
| Date/Time Report Made: 09/06/2019 16:40 | | Vide Report No.: E/20190609/0112 | | Station Diary No.: 133 | |
| Informant's Particulars | | | | | |
| Name of Informant: SECK LING LING, MELISSA | | | Address: 10 AVA ROAD #11-06 SINGAPORE 329949 | | |
| ID Type / ID No.: NRIC NO / S8706877C | | | Contact No.: Home/Office: Mobile: 92785766 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 32 | Date of Birth: 16/03/1987 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: English | Institution / School Name: | |
| Occupation: Business development manager | | | Driving Licence Information: Class: 3A Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|---|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 09/06/2019 11:45 | Type of Location: Straight Road |
| Location: Along Road 1 CENTRAL EXPRESSWAY CTE/AYE 6.5KM Mark Lamp Post Number: 441 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|----------------------|-------|-----------|-----------------|
| FBE3642C | Motorcycle | | | | | 0 |
| FBN9445T | Motorcycle | | | | | 0 |
| GBC9511T | Lorry | | | | | 1 |
| SHC242H | Car | | | | | 1 |
| SMJ2236S | Car | KIA | STONIC 1.0 DCT SR | Blue | | 1 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190609/2092

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190609/2092

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SMJ2236S | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1900020109 | 26/02/2019 | 25/02/2021 |

| Details of Person Involved | | | | |
|-----------------------------------|-----------------------|--|-----------------------------------|--|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | | |
| Rider | | | | |
| Name | Hiew Yoke Kong Melvin | ID No. | S8036579I | |
| Related Vehicle | FBE3642C (Motorcycle) | Contact No. | 96153492 | |
| 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 | Slight | |
| Rider | | | | |
| Name | Lee How Chuen | ID No. | S9009083F | |
| Related Vehicle | FBN9445T (Motorcycle) | Contact No. | NIL | |
| 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 | Slight | |
| Driver | | | | |
| Name | Lim Beng Chuan | ID No. | S1171112Z | |
| Related Vehicle | GBC9511T (Lorry) | Contact No. | 86934019 | |
| 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 | |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190609/2092

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190609/2092

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|-----------------------------------|
| Driver | | | |
| Name | Tan Thiam Huat | ID No. | S0146110I |
| Related Vehicle | SHC242H (Car) | Contact No. | NIL |
| 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 | SECK LING LING, MELISSA | ID No. | S8706877C |
| Related Vehicle | SMJ2236S (Car) | Contact No. | 92785766 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 3A Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 9.06.2019 at about 11.45am, I was driving with another female passenger (SMJ2236S/Kia/Blue) along CTE going towards AYE (near Moulmein). I driving along the extreme right lane. Out of a sudden a vehicle (SHC242H/Taxi/Yellow) in-front of me jammed his brakes. I also braked and my vehicle had swayed to the left lane, colliding onto a lorry (GBC9511T/Toyota/Grey) to my left side. I also felt an impact from my rear which was hit by a motorcyclist (FBE3642C/Suzuki/Blue). By the time I got out from the vehicle, I also saw another motorcyclist (FBN9445T/Honda/Black) behind my vehicle. I made a checked on everybody at scene and took down their particulars.

Shortly after the ambulance came and conveyed the motorcyclist (FBE3642C) to hospital. Then the Traffic Police came and I was advised to lodge a police report. The police had taken my SD card for my in-built camera. There was a witness that was behind all of us, he gave his name as Fong, HP: 97920692 and he informed me that he has an in-built camera which may have captured the incident. My passenger had left scene prior to police/ambulance. She was not injured.



**SINGAPORE
POLICE FORCE**



T/20190609/2092

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20190609/2092

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: E / Sgt 2 ALI BIN KAMARUZAMAN | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 09/06/2019 16:40 |
| Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MA JUNXIANG Contact No.: 65476251 | Classification Of Case:  |
| Authentication Stamp NP168 |  |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



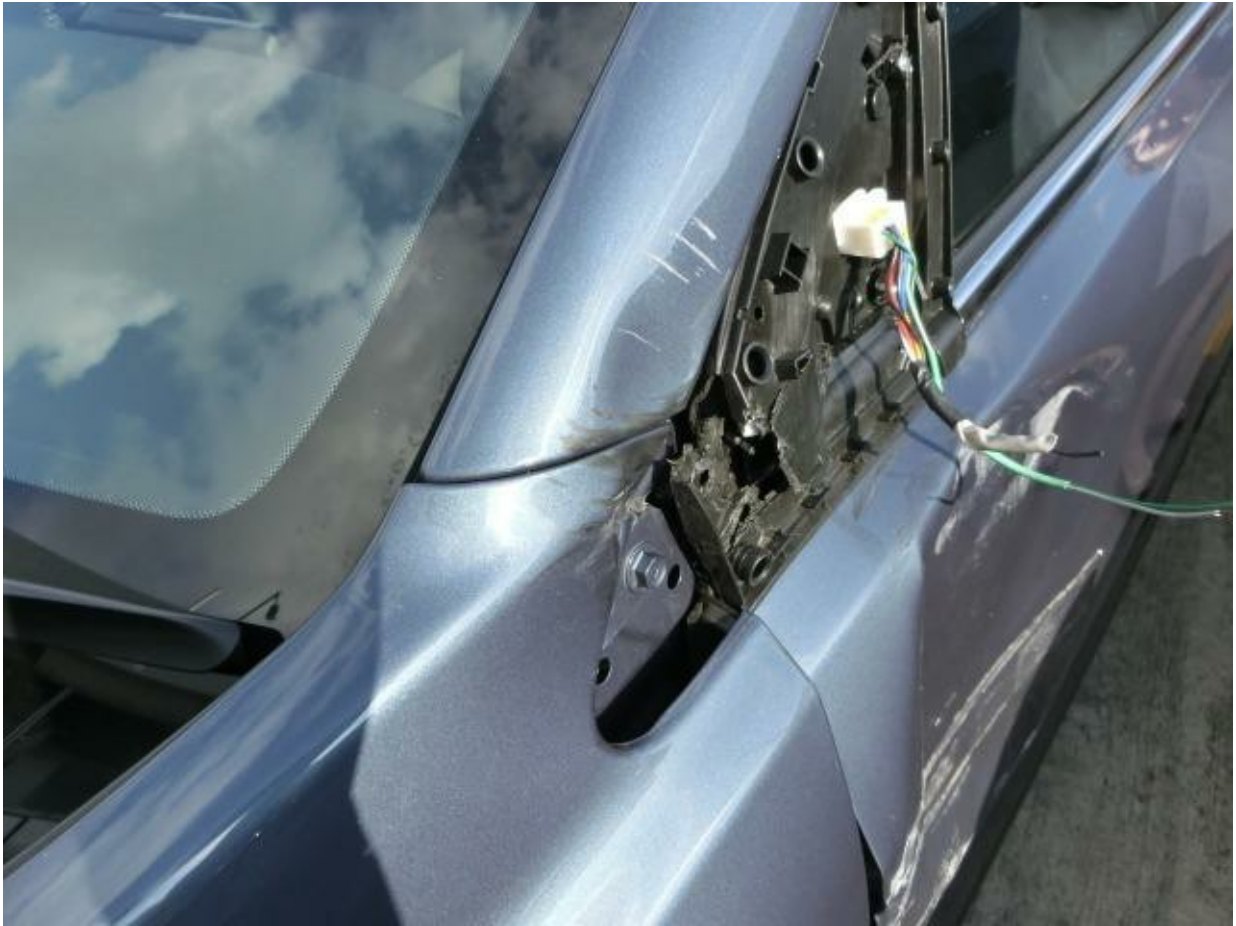
Accident Photo



Accident Photo



Accident Photo



Driving License

