MCC619075587 / Cycle & Carriage Automotive Pte Ltd - Pandan Gardens
ENTRY DATE & TIME: 10/06/2019 17:19
SUBMITTED BY: Loi Ai Ting

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	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
EMail 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

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. 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.

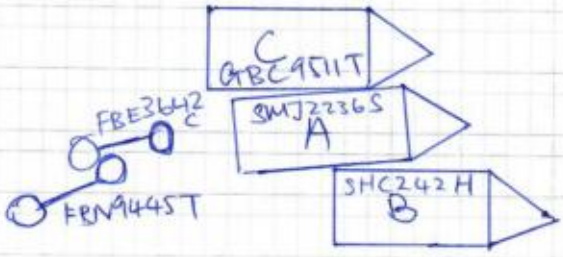
Policyholder's Signature
Date & Time: 10/6/19 4pm

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

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

Sketch Plan #2

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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 10/6/19 4pm	(If driver is not the policyholder)	Name:
	Date & Time:	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

Report No. T/20190609/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
09/06/2019 16:40	E/20190609/0112	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

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	

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

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	SINGAPORE POLICE FORCE SIGNATURE

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

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

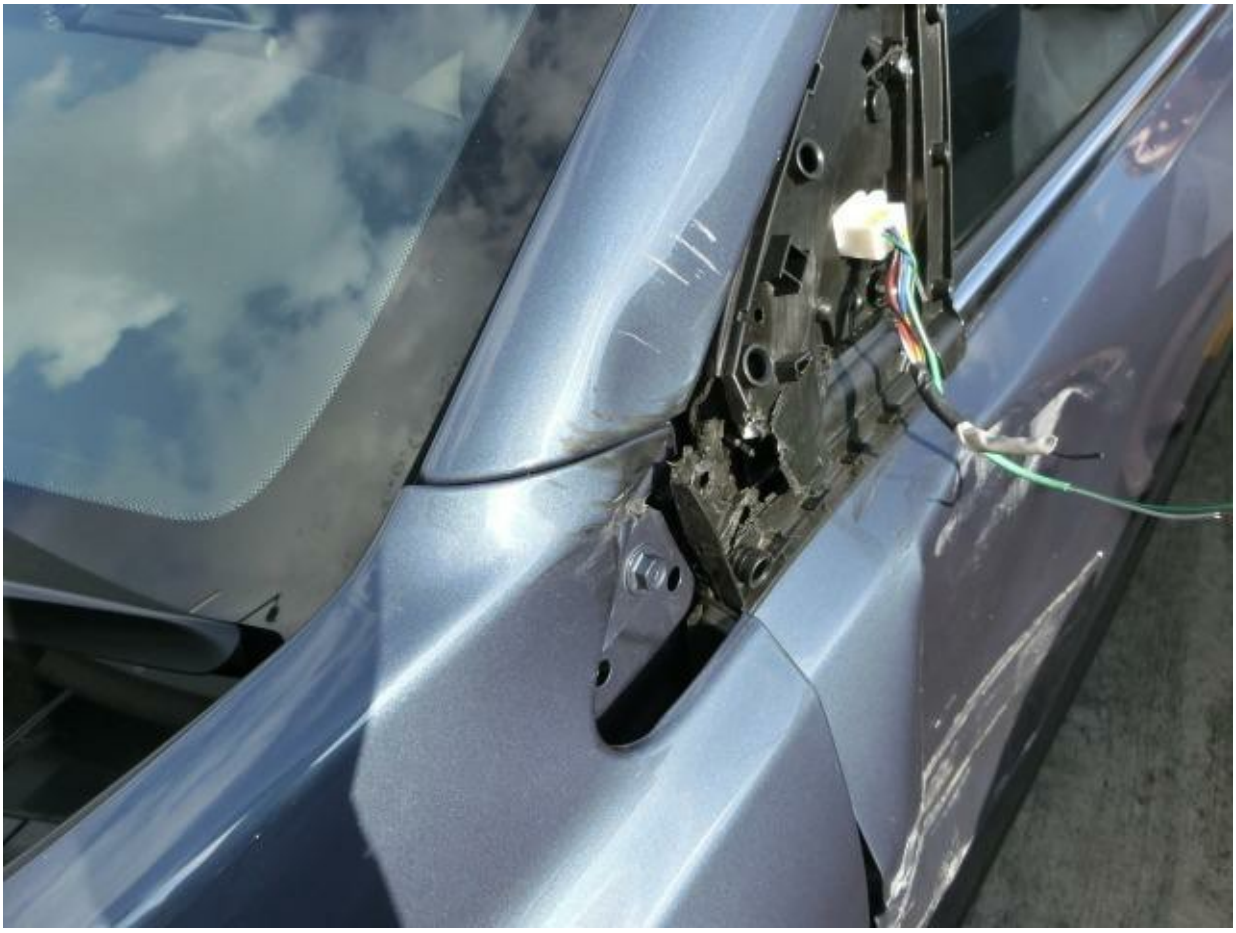
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Driving License