MCC619079821 / Cycle & Carriage Automotive Pte Ltd - Pandan Gardens
ENTRY DATE & TIME: 19/06/2019 12:12
SUBMITTED BY: Mabel Tan Shieh Yuen

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 19/06/2019 13:52

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	19/06/2019 12:12
Date Of Accident	14/06/2019 18:45
Exact Location Of Accident	BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMH1671T
Insured/Policyholder	
Name Of Registered Owner	GUO XINYI,CINDY
NRIC No	S8324791F
Email Address	HOPECG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91168448
Alternative Phone No	Others-91168448
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	1900000667
Cover Note Number	
Driver	
Name of Driver	GUO XINYI,CINDY
NRIC No	S8324791F
Date Of Birth	17/08/1983
Occupation	INDOOR
Date Of Driving Pass	18/05/2004
Driving Experience	15 YEARS AND 0 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91168448
Fax Number	
Contact Number	OTHERS-91168448
EMail Address	HOPECG@GMAIL.COM
Address	BLK 217 LORONG 8 TOA PAYOH #21-617
Postcode	310217
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	SIDE SWIPE
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?	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)	3
Passenger 1	Name: : KYASH AW Gender: : Male
Passenger 2	Name: : JOASH AW Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2449999 - **FAX NO**: 62447258
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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?	UNKNOWN
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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

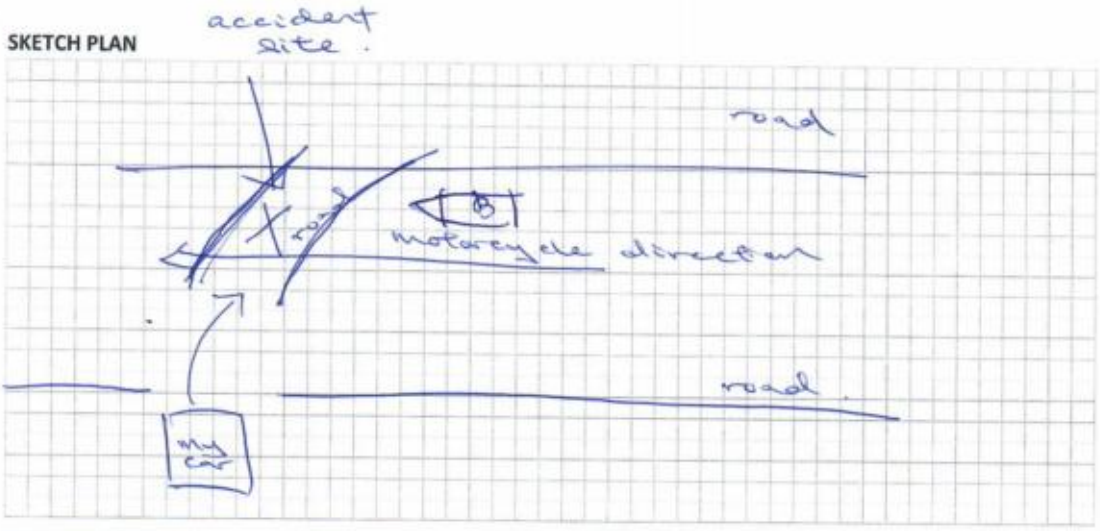
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 19/06/2019 10:37am.	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIAKMC SketchPlanForm_V3

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

DECLARATION

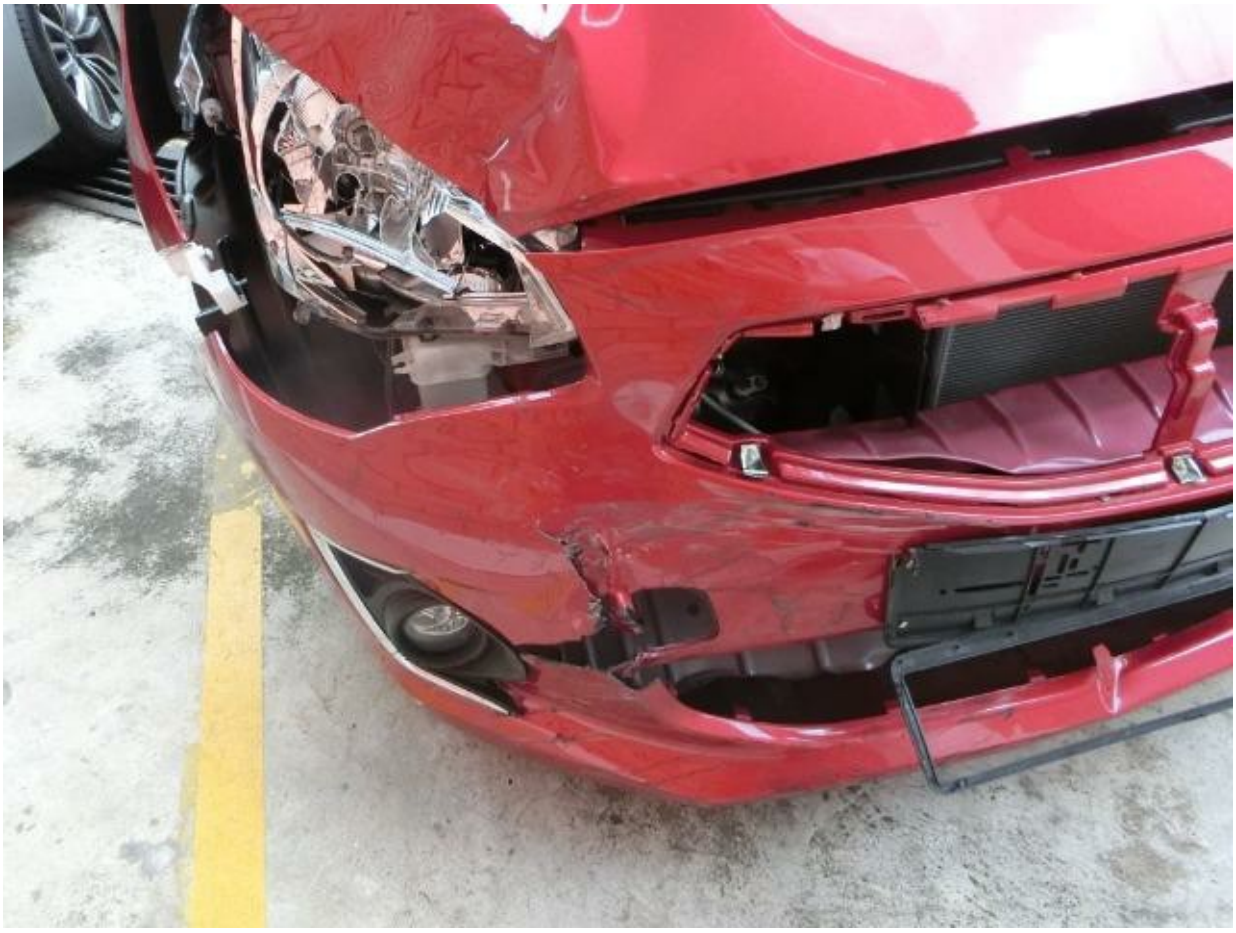
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 19/06/2019 10:37am	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Accident Photo

Accident Photo

Accident Photo



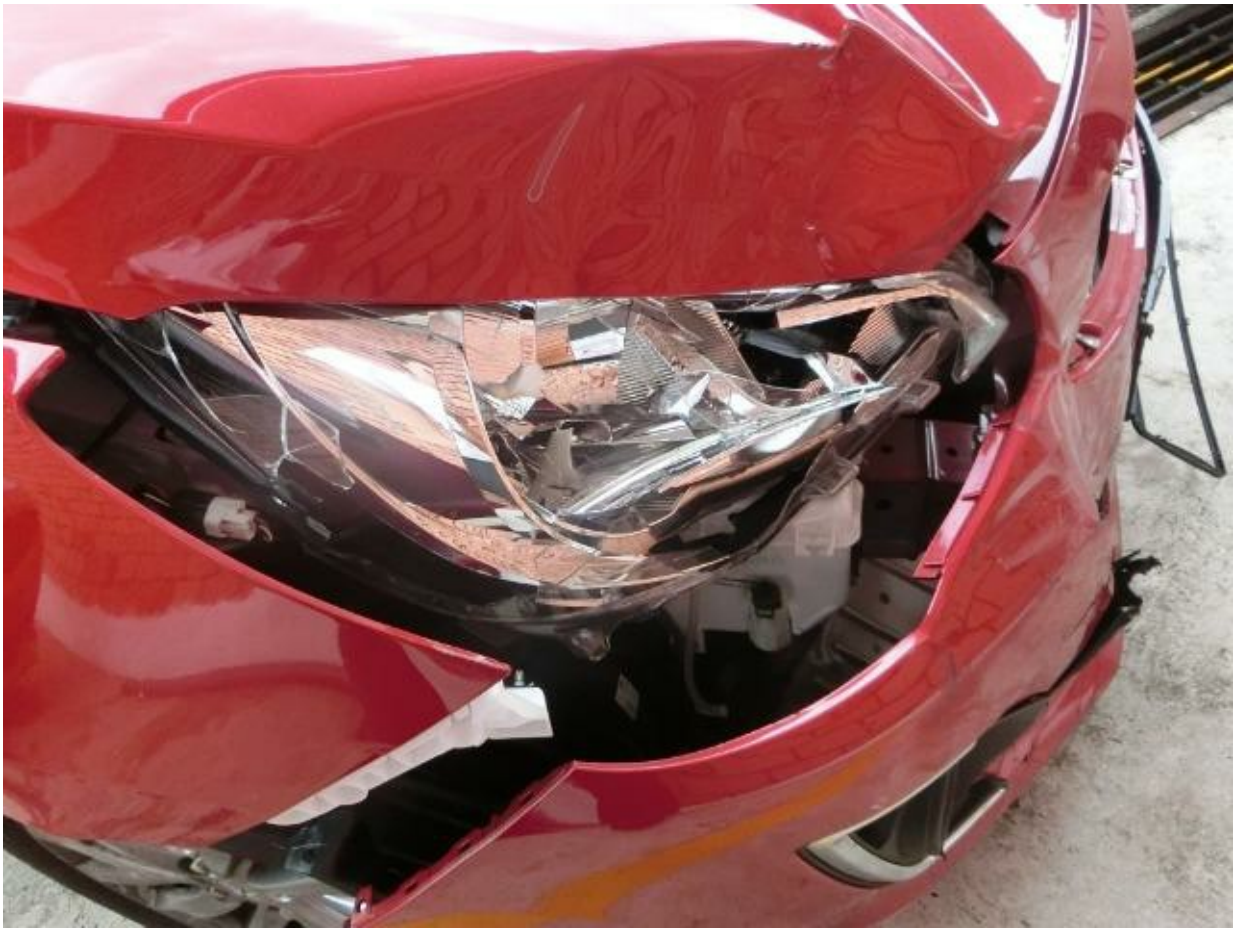
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo

Driving License

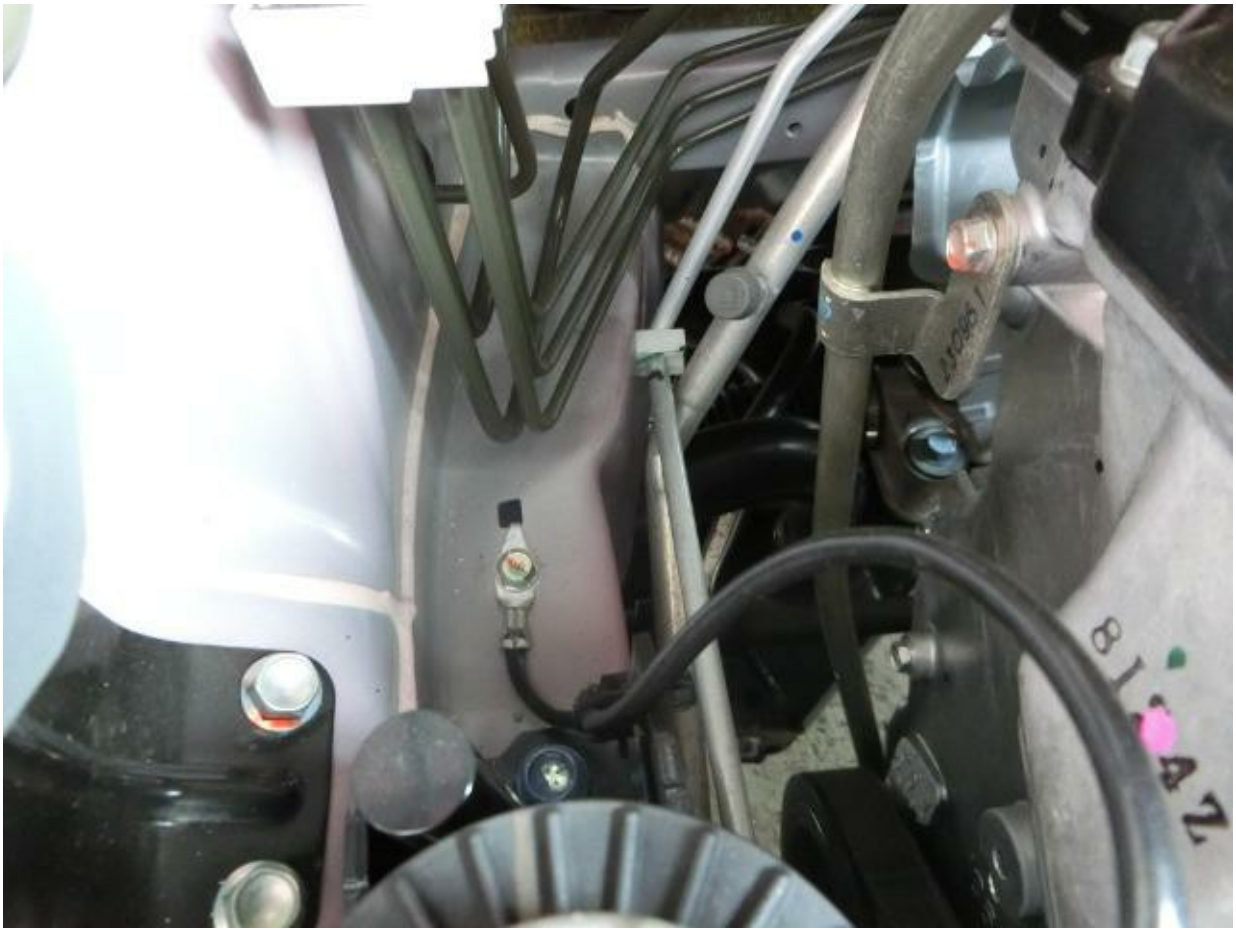
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Police Report

SINGAPORE POLICE FORCE

T/20190614/2182

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190614/2182

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
14/06/2019 21:43	G/20190614/0161	66

Informant's Particulars

Name of Informant: GUO XINYI, CINDY			Address: APT BLK 217 LORONG 8 TOA PAYOH #21-817 SINGAPORE 310217
ID Type / ID No.: NRIC NO / S8324791F			Contact No.: Home/Office: Mobile: 91168448
Nationality: SINGAPORE CITIZEN			Email:
Sex: Female	Age: 35	Date of Birth: 17/08/1983	Type of Informant: Driver
Race: Chinese			Language: English / Institution / School Name:
Occupation: Primary school teacher			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: 14/06/2019 18:45	Type of Location: T-Junction
Location: Along Road 1 BEDOK RESERVOIR ROAD Junction of minor road of Waterfront Key condominium and Bedok Reservoir Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMH1617T	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMH1617T	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900000667	14/01/2019	13/01/2021

Police Report

SINGAPORE POLICE FORCE

T/20190814/2182

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190814/2182

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GUO XINYI, CINDY	ID No.	S8324791F
Related Vehicle	SMH1617T (Car)	Contact No.	91168448
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving my vehicle bearing plate number, SMH1617T. I was driving out from Waterfront Key, waiting to turn right to Bedok Reservoir Road towards Bedok North Avenue 3.

While waiting, I saw a car on the left lane of 2 lanes of Bedok Reservoir Road towards Bedok north Road. The car signals that it was tuning in to the minor road where I was waiting. I saw the road was clear and drove out from my position to Bedok Reservoir Road.

At this point, I felt an impact from the right and I reacted by stopping the car. It then dawned on me that I was involved in an accident. I saw a motorcycle beside my driver's door and I exited my car via the front passenger seat. Subsequently, I checked on the motorcyclist. Passer-by were there to assist and Traffic Police came soon after.

I wish to state that my 2 children and myself did not sustained any injuries from the accident. I also have an in-car camera that recorded the accident and the memory card was handed over to the Traffic Police Officer. The motorcyclist was conveyed via ambulance to CGH. I did not take down the motorcycle plate number as I was in a state of shock.

Police Report

SINGAPORE POLICE FORCE

T/20190614/2182

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No.: 1800-2449999

Report No. T/20190614/2182

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: G / Sgt 3 RADIN SALIHUL 'IMRAN BIN RADIN FADLI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2019 21:43
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD SHAHRIL BIN ABDULLAH Contact No.: 65476083	Classification Of Case:

Authentication Stamp
NP168

Police Report

SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: G/20190614/161

I, SS Thalia Muklis.
(Recipient's Name, NRIC or Passport No. / Rank and No.)

of TP / Loyal Ave 3
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One LOGON 16GB micro SD Camera.
2
3
4
5
6
7
8
9
10

from Guo Xinyi, Cindy, S8324791F.
(Name, NRIC or Passport No. / Rank and No.)

of BLK 710 Bedok Reservoir Rd, Waterfront Key #01-06 (449250)
(Address / Police Station / NPC / NPP)

on 14/06/19 (Date) at 2005 (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)

Guo Xinyi, Cindy
(Name, NRIC or Passport No. / Rank and No.)

Received by:

(Signature)

SS Thalia Muklis
(Name, NRIC or Passport No. / Rank and No.)

Other Remarks:

NP 323 (1/07)

Identification Card