

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 Actual 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 First Submission	01/07/2024 15:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/06/2024 11:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	CHANGI NEAR TOA PAYOH STADIUM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1590U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAH CHOON SING
NRIC No	S1510306Z
Email Address	PETERMAH3005@HOTMAIL.COM
Mobile Phone No	(Phone) +65-98751783
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23P00173700

DRIVER

Name of Driver	MAH CHOON SING
NRIC No	S1510306Z
Date Of Birth	14/04/1961
Occupation	Indoor

Driving Pass Date	27/03/1979
Driving experience	45 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98751783
Alt. Phone Number	-
Email Address	PETERMAH3005@HOTMAIL.COM
Address	BLK 99A LORONG 2 TOA PAYOH #17-35
Address complement	-
Postcode	310099
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	7
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MAH JIA XIN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4450S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHUA LIN SHYANG
Contact Number	(Phone) +65-91284956
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJC6160Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLD5102T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	VMA3436
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE E
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SMF6738E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE F
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 6

Vehicle Registration Number	SLA1957K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE G
No. Of Passenger (Including Driver)	2

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MAH CHOON SING
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR1590U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MAH JIA XIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	-
Injured person in which vehicle?	SLR1590U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.

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.



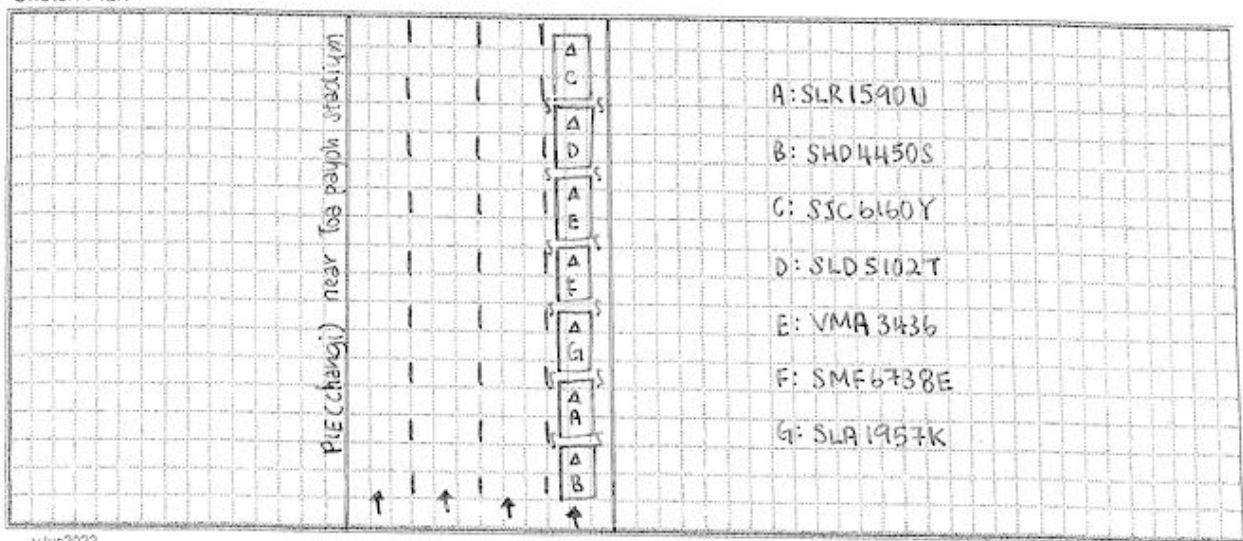
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

AS PER POLICE REPORT

Declaration

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



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

























**SINGAPORE
POLICE FORCE**



T/20240629/7046

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

1 of 3

Report No. T/20240629/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/06/2024 13:03		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAH CHOON SING			Address: 99A LORONG 2 TOA PAYOH #17-35 SINGAPORE 310099		
ID Type / ID No.: NRIC NO / S1510306Z			Contact No.: Home/Office: Mobile: 98751783		
Nationality: SINGAPORE CITIZEN			Email: PETERMAH3005@HOTMAIL.COM		
Sex: Male	Age: 63	Date of Birth: 14/04/1961	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self-employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 29/06/2024 11:20	Type of Location: Straight Road
Location: LORONG 6 TOA PAYOH				
Weather: Drizzling		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD4450S	Motor car					0
SJC6160Y	Motor car					0
SLA1957K	Motor car					0
SLD5102T	Motor car					0
SLR1590U	Motor car	HONDA	FREED 1.5G CVT	Silver	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20240629/7046

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

2 of 3

Report No. T/20240629/7046

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMF6738E	Motor car					0
VMA3436 (Not Accurate)	Motor car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLR1590U	ECICS LIMITED	MPC23P00173700	01/08/2023	31/07/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MAH CHOON SING		ID No. S1510306Z
Related Vehicle	SLR1590U (Motor car)		Contact No. 98751783
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 (MC)	NIL		Degree of Injury NIL

Brief Details.

On 29/06/2024 at about 1120hrs, I was driving along PIE towards Changi on lane onE. As I was driving the traffic was heavy and suddenly the front vehicle all slowed down. As such I followed suit slowed down. Out of the sudden I felt an impact from the rear and my vehicle went forward and hit onto the front vehicle. I came down from my vehicle and notice that is a chain accident. Total 7 car involved with 1 malaysia vehicle involved.

We exchange particulars and took some photos and left.



**SINGAPORE
POLICE FORCE**

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



T/20240629/7046

3 of 3

Report No. T/20240629/7046

CONTINUATION OF REPORT

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: 29/06/2024 13:03
Officer In Charge Of Case: TP / AEIT / FAHKRUL RAZI BIN SUHAIME Contact No.: 65476404	Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20240701/7053

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

1 of 3

Report No. T/20240701/7053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2024 13:30		Vide Report No.: T/20240629/7046		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAH CHOON SING			Address: 99A LORONG 2 TOA PAYOH #17-35 SINGAPORE 310099		
ID Type / ID No.: NRIC NO / S1510306Z			Contact No.: Home/Office: Mobile: 98751783		
Nationality: SINGAPORE CITIZEN			Email: PETERMAH3005@HOTMAIL.COM		
Sex: Male	Age: 63	Date of Birth: 14/04/1961	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Self -employed			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2024 11:20	Type of Location: Straight Road
Location: LORONG 6 TOA PAYOH				
Weather: Raining		Road Surface: Wet		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR1590U	Motor car	HONDA	FREED 1.5G CVT	Silver		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SLR1590U	ECICS LIMITED	MPC23P00173700	01/08/2023	31/07/2024



**SINGAPORE
POLICE FORCE**



T/20240701/7053

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

2 of 3
Report No. T/20240701/7053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	MAH JIA XIN MELODY	ID No.	NIL
Related Vehicle	SLR1590U (Motor car)	Contact No.	93801086
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2024	Date Discharge	29/06/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious
Driver			
Name	MAH CHOON SING	ID No.	S1510306Z
Related Vehicle	SLR1590U (Motor car)	Contact No.	98751783
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2024	Date Discharge	29/06/2024
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Serious

Brief Details.

I have made a traffic accident report vide report no T/20240629/7046.

I wish to state that on that day, after the accident my daughter and myself were not feeling well, I felt that my neck and shoulder were in pain and my daughter felt her back, neck, shoulder and her left hand were in pain.

We were given medication and 3 days mc.

I'm lodging this report for insurance purpose.



**SINGAPORE
POLICE FORCE**

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



T/20240701/7053

3 of 3

Report No, T/20240701/7053

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
01/07/2024 13:30

Classification Of Case:

ECICS **Certificate of Insurance**

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1962
Motor Vehicles (Third Party Risks) Rules, 1960 (Amended)
Road Transport (Amendment) Act, 1987 (Malaysia)
Road Transport (Amendment) Act, 2019 (Malaysia)

SCHEME
WORKSHOPS
MZ300
COMPREHENSIVE

Certificate No.: MPC23F00173700	Chassis No.: GB51033965
Agency Name: INSURECARE AGENCY	Engine No.: L15B4254424
Agency Code: A0000169	

1. Index Mark and Registration Number of Vehicle: SLR1590U

2. Name of Policy Holder: MAH CHOON SING

3. Period of Insurance (both dates inclusive): 01-08-2023 to 31-07-2024

4. Persons or Classes of Persons entitled to drive

a) The Insured and all the Named Drivers declared under this Policy

b) Any other person who is driving on the Insured's order or with his/her permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Car.

5. Limitations as to use

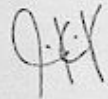
Use for social, domestic and pleasure purposes and for the Insured's business. The policy does not cover use for hire or reward, tuition, driving test, race, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

6. Excess Applicable

Windscreen	SGD 100.00
Section I - Standard Excess (Insured / Named Driver)	SGD 500.00
Additional Excess - Other than Named Drivers:	
Section I - Unnamed Drivers	SGD 500.00
Section I - Young, Elderly or Inexperienced Drivers Excess (Age <26, >70 or Holds a valid Driving License for <2 years)	SGD 3,000.00

7. Hire Purchase Company: OVERSEA-CHINESE BANKING CORPORATION LIMITED

Signed for and on behalf of ECICS Limited



Authorised Signatory

Important Notice

i) Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a Motor Vehicle without a valid insurance under the Act.

ii) On the sale of a Motor Vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).

iii) The Certificate of Insurance and the Policy will cease to be valid once the Motor Car has been sold or transferred.

iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.