

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	27/12/2017 19:11
Date Of Accident	26/12/2017 07:35
Exact Location Of Accident	SLE TOWARDS WOODLAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM716G
Insured/Policyholder	
Name Of Registered Owner	POH BOON SIONG, DERRICK
NRIC No	S8124432D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97275236
Alternative Phone No	OFFICE-97275236

Vehicle Particulars

Manufacturer	FORD
Model	MONDEO-2.3 GHIA (A)
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC17A00322401
Cover Note Number	

Driver

Name of Driver	POH BOON SIONG, DERRICK
NRIC No	S8124432D
Date Of Birth	10/08/1981
Occupation	INDOOR
Date Of Driving Pass	03/10/2003
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97275236
Fax Number	
Contact Number	OFFICE-97275236
Email Address	NOEMAIL

Address	36 WOODLANDS DRIVE 16, #08-35
Postcode	737772
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	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : CRYSTAL LEE CHUN NEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20171227/2090

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	SLU3858U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KAI BOON
NRIC/Passport Number	S9613486Z
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name POH BOON SIONG, DERRICK

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJM716G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CRYSTAL LEE CHUN NEE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJM716G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

SLE 5 1/2 km

CTE Toward Woodlands

(A) SJM 716 G

(B) SL4 38584



Sketch Plan #2

Describe Circumstances of the Accident

Describe Circumstances of the Accident
Refer to Police Report NO: T/20171227/2090

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20171227/2090

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20171227/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2017 15:31	Vide Report No.:	Station Diary No.: 28
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Informant's Particulars				
Name of Informant: POH BOON SIONG, DERRICK		Address: 36 WOODLANDS DRIVE 16 #06-35 SINGAPORE 737772		
ID Type / ID No.: NRIC NO / S8124432D		Contact No.: Home/Office: Mobile: 97275236		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 36	Date of Birth: 10/08/1981	Type of Informant: Vehicle Owner	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: BANKER		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/12/2017 07:35	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY between upper Thomson and Mandai Exit				
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: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM716G	Car	FORD		Red	Slightly Damaged	2
SLU3858U	Car	MAZDA		Red		2

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20171227/2090

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20171227/2090

CONTINUATION OF REPORT

Passenger			
Name	CRYSTAL LEE CHUN NEE		ID No. G3191203U
Related Vehicle	SJM716G (Car)		Contact No. 91993682
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
Vehicle Owner			
Name	POH BOON SIONG, DERRICK		ID No. S8124432D
Related Vehicle	SJM716G (Car)		Contact No. 97275236
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	Slight
Driver			
Name	LIAN KAI BOON		ID No. S9613486Z
Related Vehicle	SLU3858U (Car)		Contact No. 98314005
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

Brief Details.

On 26/12/2017 at about 0734hrs, I was driving my red Ford Mondeo car, SJM716G travelling on SLE towards woodlands with one passenger in between upper Thomson and Mandai Exit. The traffic was moderate with clear weather when I slow down and stopped due to the front vehicle which stop. Suddenly, a strong impact hit me from the rear, a few seconds later, there was a second impact from the rear. After this accident, I turn my head and realized a red Mazda car, SLU3858U had hit onto vehicle rear portion. Subsequently, I alighted from my vehicle to inspect the damages and there are dents as well as scratches on my rear centre bumper and boot. I had exchange particulars with the driver before leaving the place. After the accident for about a few hours later, my passenger and I felt pain on our necks and back. We proceeded to seek medical treatment at Ng Teng Fong General Hospital and both of us were given 3 days MC. My vehicle's in-car camera is no working and so far I do not have any witness.



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POLICE FORCE**



T/20171227/2090

Police Station Of Origin:
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629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20171227/2090

CONTINUATION OF REPORT

Accident Photo



Chassis No



Accident Photo



Accident Photo



Accident Photo



Accident Photo

