

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 Submission	04/07/2022 17:17 (SGT)
Reported by	Driver
Date of Accident	02/07/2022 14:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK4414M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ONESTO LEASING PTE LTD
Company Reg No	201814843R
Email Address	brianpoon66@hotmail.com
Mobile Phone No	(Phone) +65-84890969
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00003712200

DRIVER

Name of Driver	BRIAN POON(PAN JIANLI)
NRIC No	S9817833C
Date Of Birth	01/06/1998
Occupation	Outdoor

Date Of Driving Pass	15/08/2017
Driving experience	4 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96957152
Alt. Phone Number	-
Email Address	brianpoon66@hotmail.com
Address	BLK 250 JURONG EAST ST 24
Address complement	#06-156
Postcode	600250
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	3
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	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
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

PLS REFER TO THE POLICE REPORT:T/20220703/7015

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	SKM8185Z
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKA4724H
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMC613L
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	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	BRIAN POON(PAN JIANLI)
Gender	Male
Phone No	-
Address	-
Address Complement	-

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK,SHOULDER & LOWER BACK
Injured person in which vehicle?	SLK4414M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

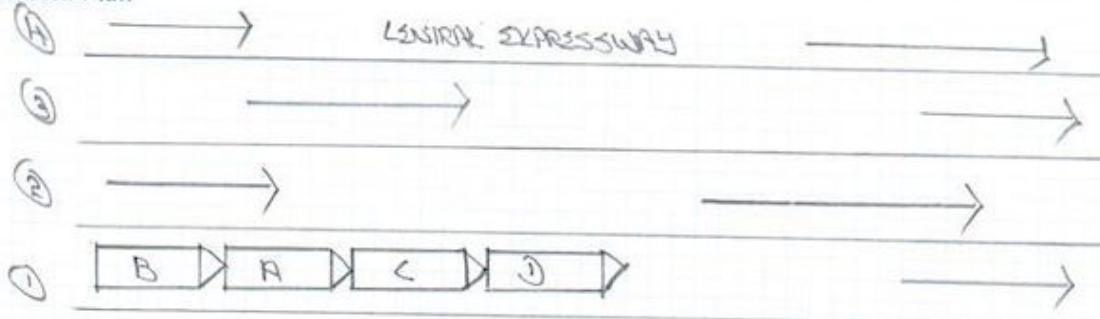


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel 04/07/22

Sketch Plan



A 8 SKL 4444 M
 B 8 SKL 8185 Z
 C 8 SKL 4724 H
 D 8 SKL 613 L

Describe Circumstances of the Accident

Refer to Police Report no: 7/20220703/7015

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

BT
040722
1147

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

BT 040722 1147

ROSLINDA BINTE A WAHAB
Witnessed by Reporting Centre
Personnel 04/07/22



**SINGAPORE
POLICE FORCE**



T/20220703/7015

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

2 of 3

Report No. T/20220703/7015

CONTINUATION OF REPORT

Driver			
Name	BRIAN POON		ID No. S9817833C
Related Vehicle	SLK4414M (Car)		Contact No. 96957152
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

On the stated date and time, I was driving SLK4414M along CTE(SLE) when the cars in front of mine came to a stop before AMK Ave 3 exit.

I managed to come to a stop in time but moments later, a massive impact slammed into the rear of my vehicle.

The impact was huge and my vehicle was propelled forward into the rear of the vehicle in front.

Then came another impact from the rear resulting in my vehicle hitting the vehicle in front again.

I had knocked my left achilles against the underside of my seat due to the huge impact.

When I alighted, I was surprised to see that there was only 1 vehicle behind mine.

In total, my vehicle was involved in a 4 car chain collision involving:

SMC613L
SKA4724H
SLK4414M
SKM8185Z

where my vehicle was the 3rd vehicle.

After the accident, I started feeling soreness in my neck, shoulders and lower back areas as well.

As such, I proceeded to Unihealth Jurong East to seek treatment and was given 5 days MC.







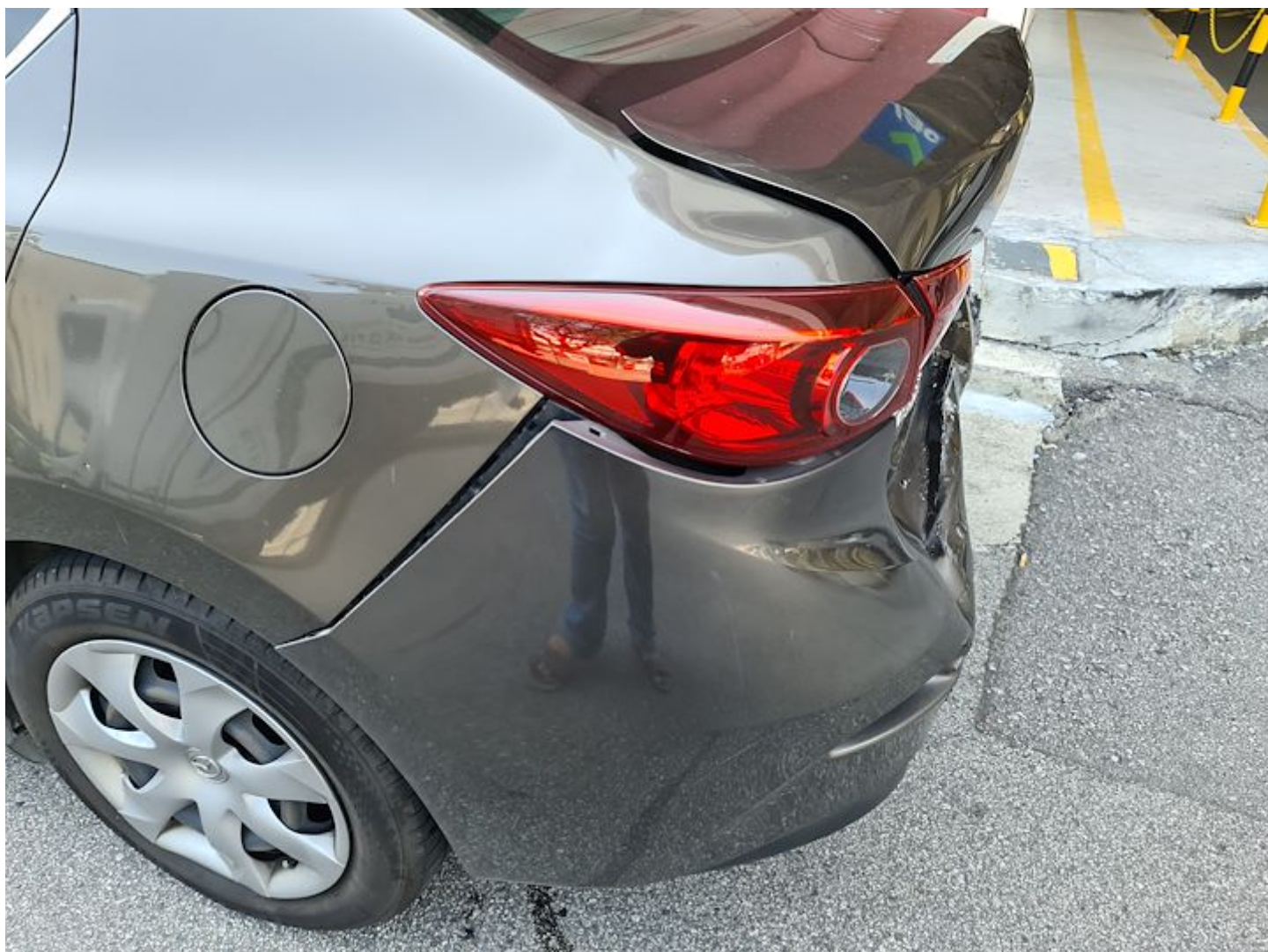






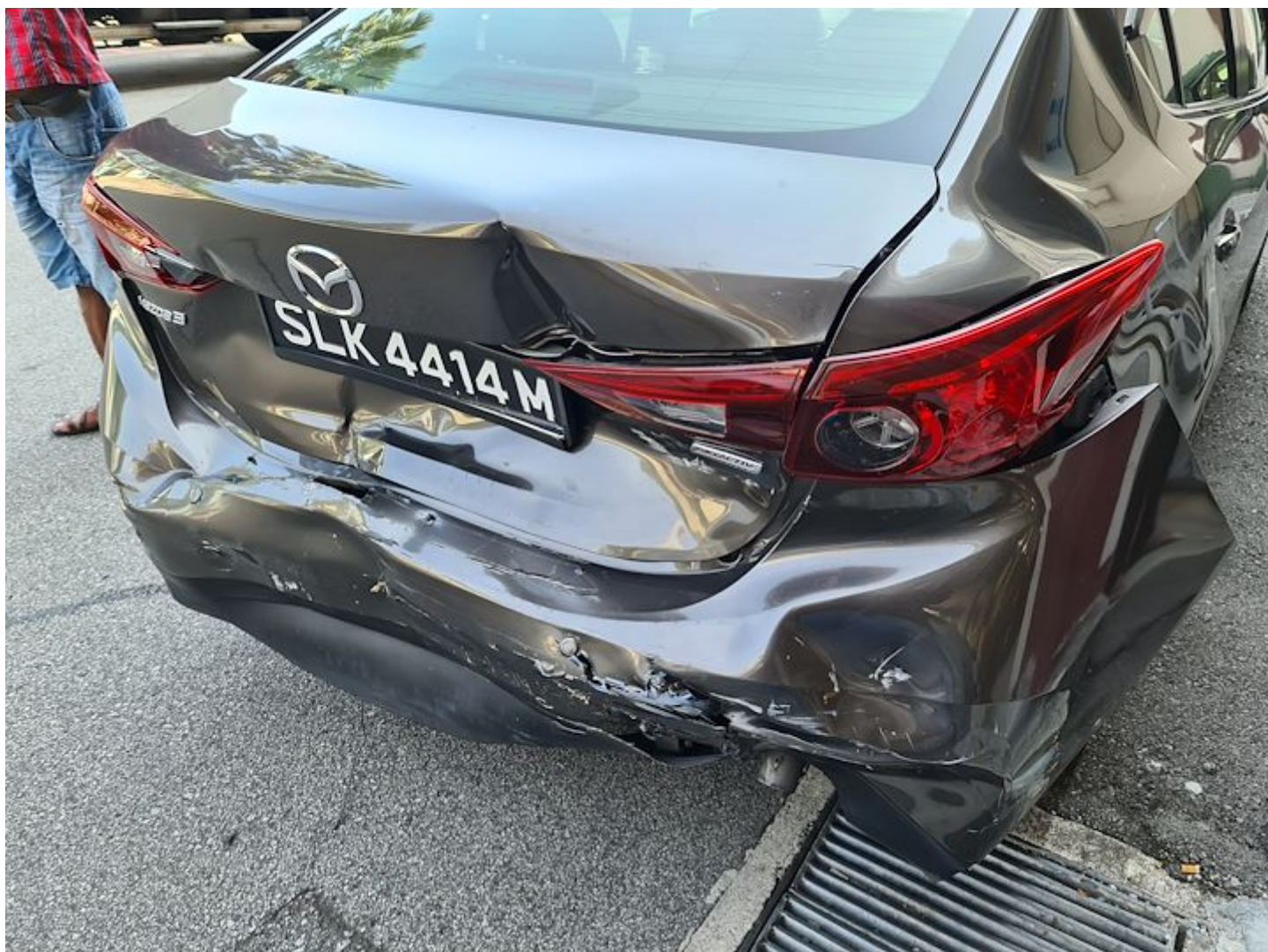




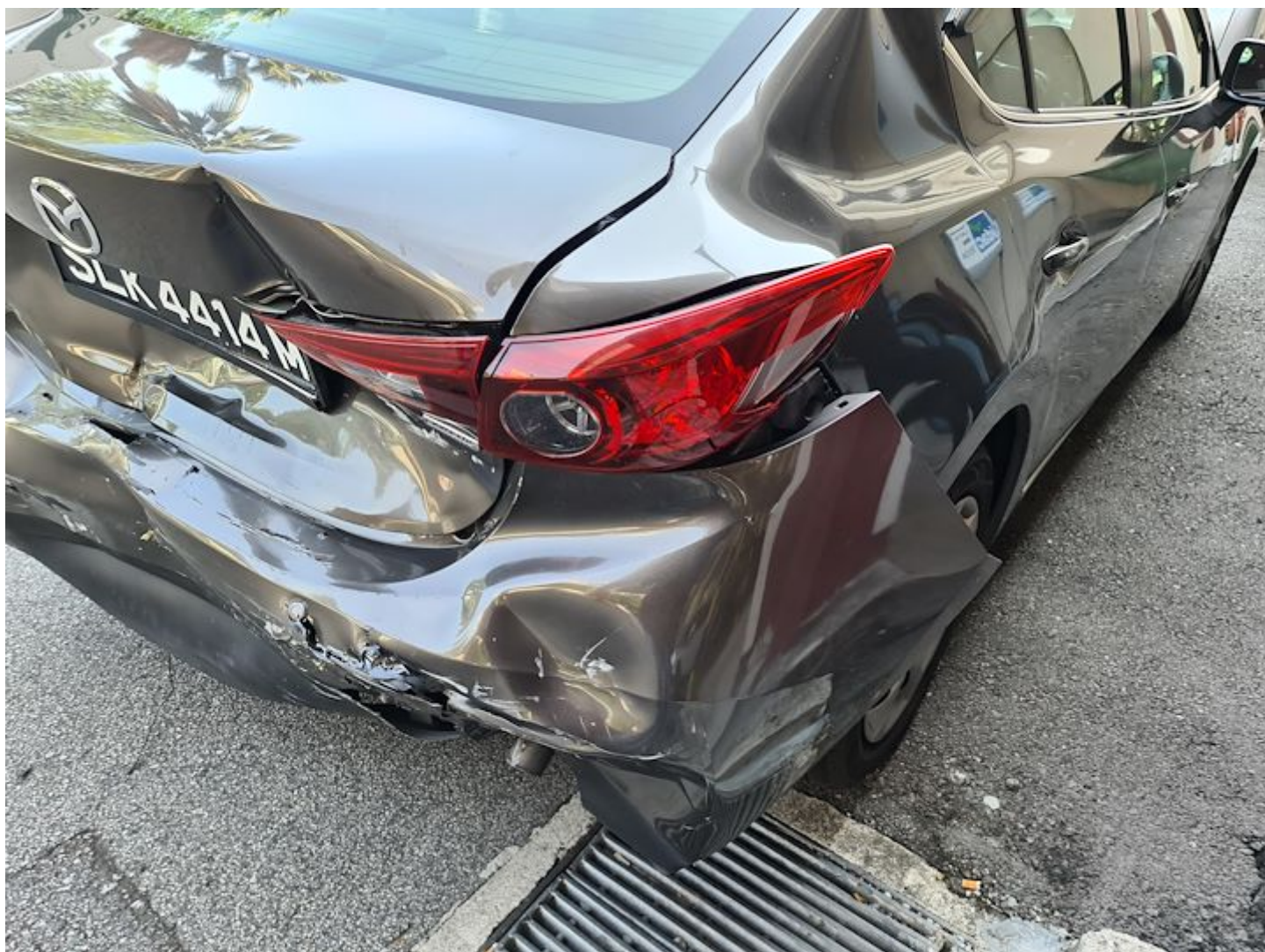


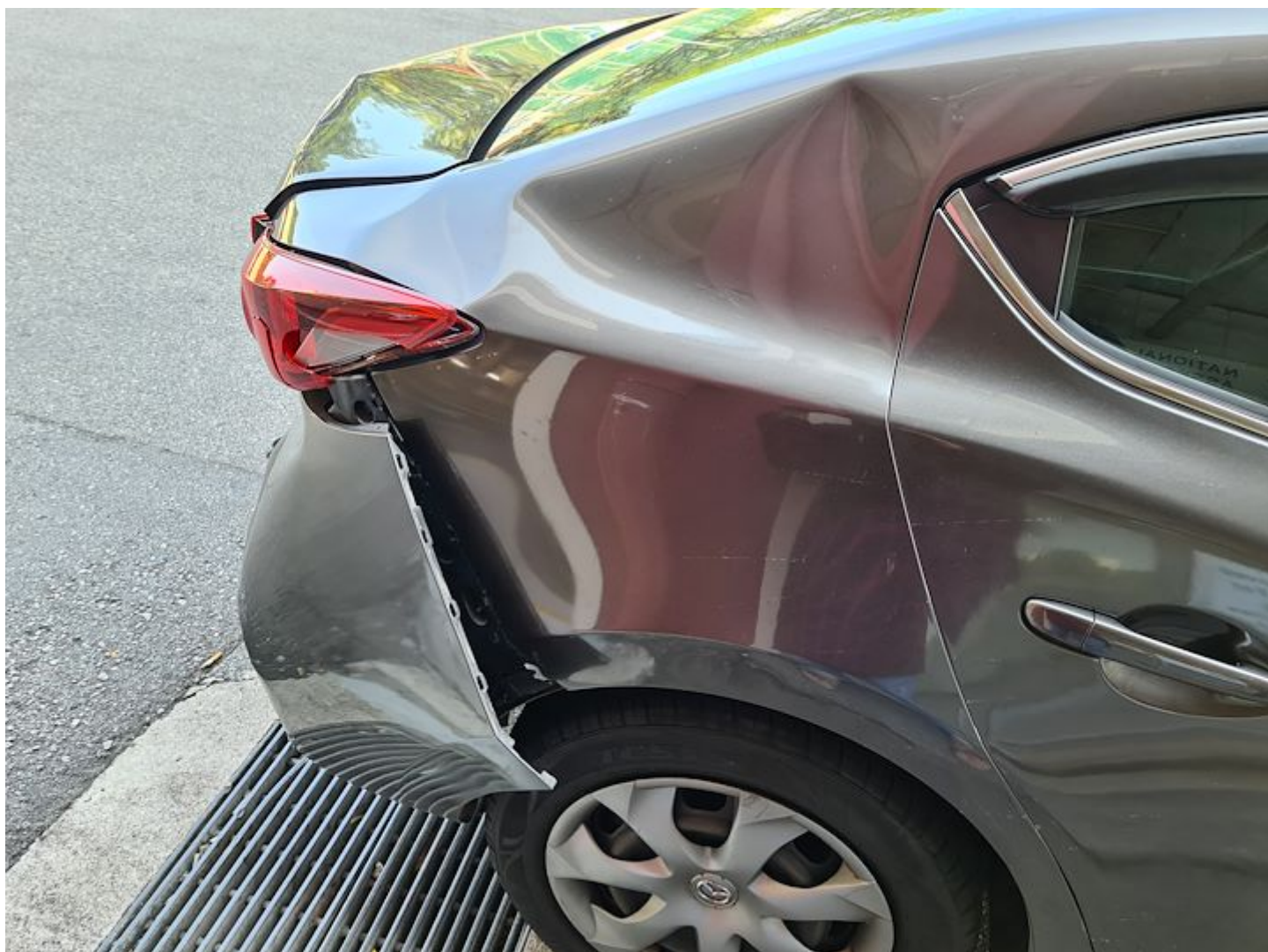








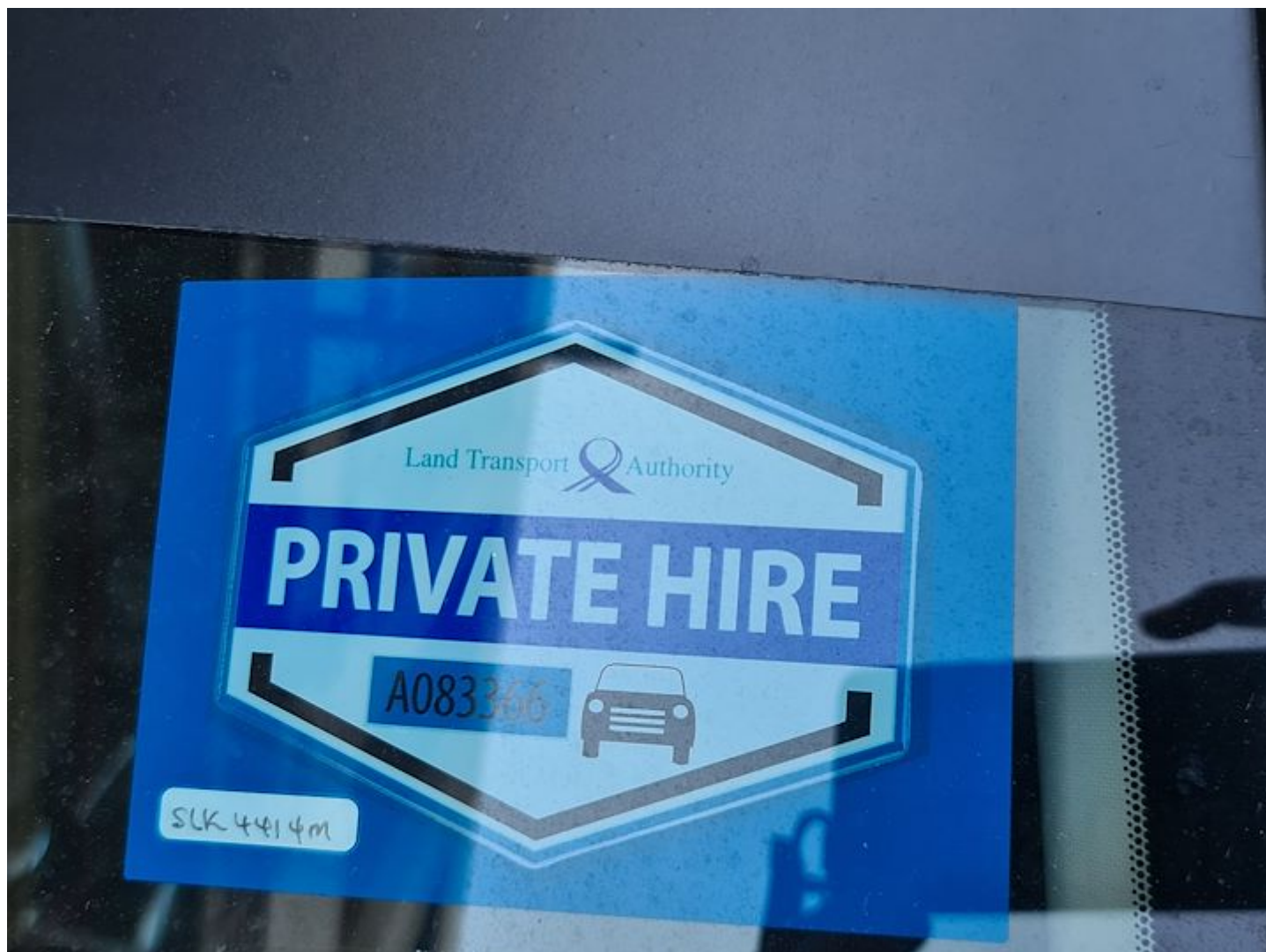


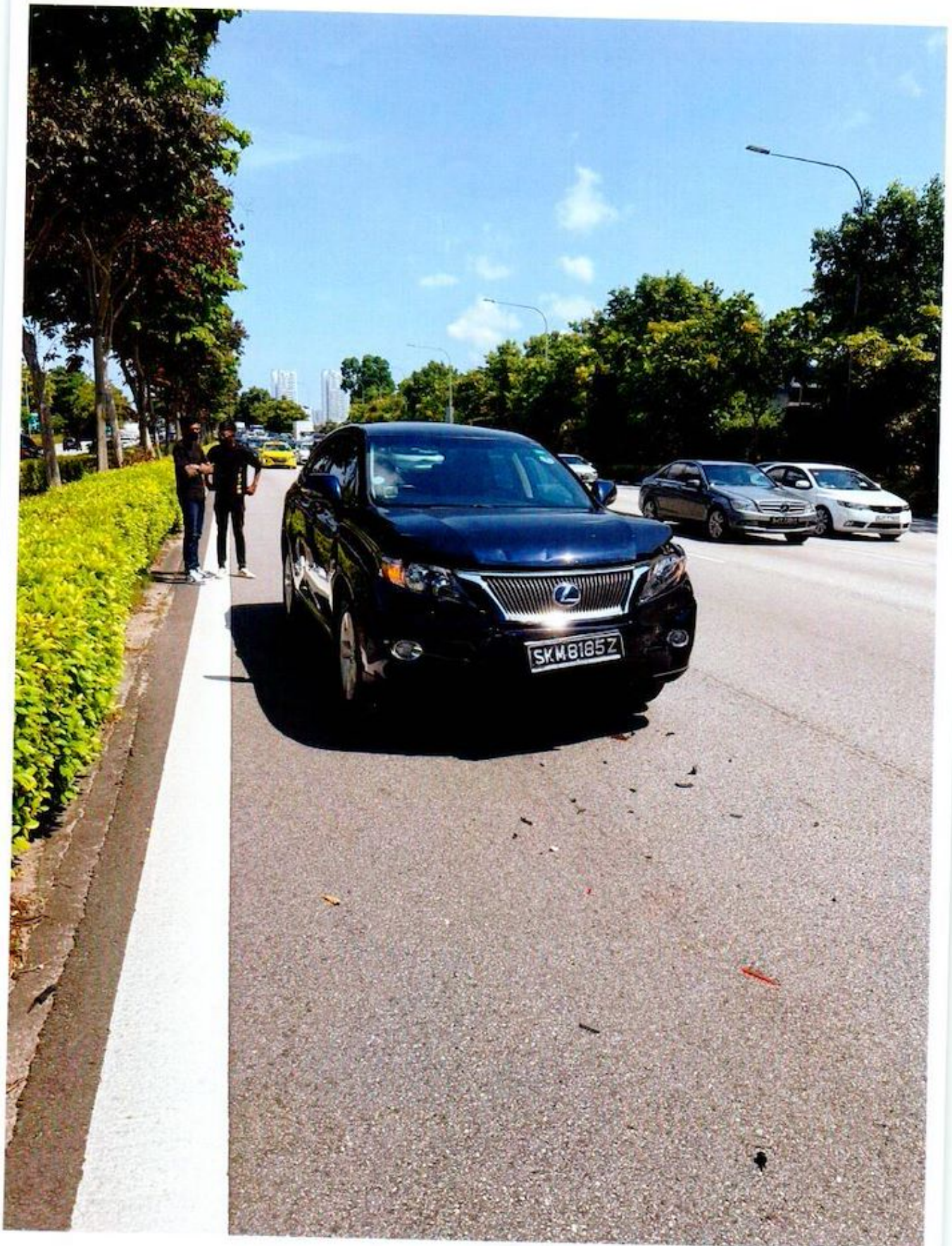


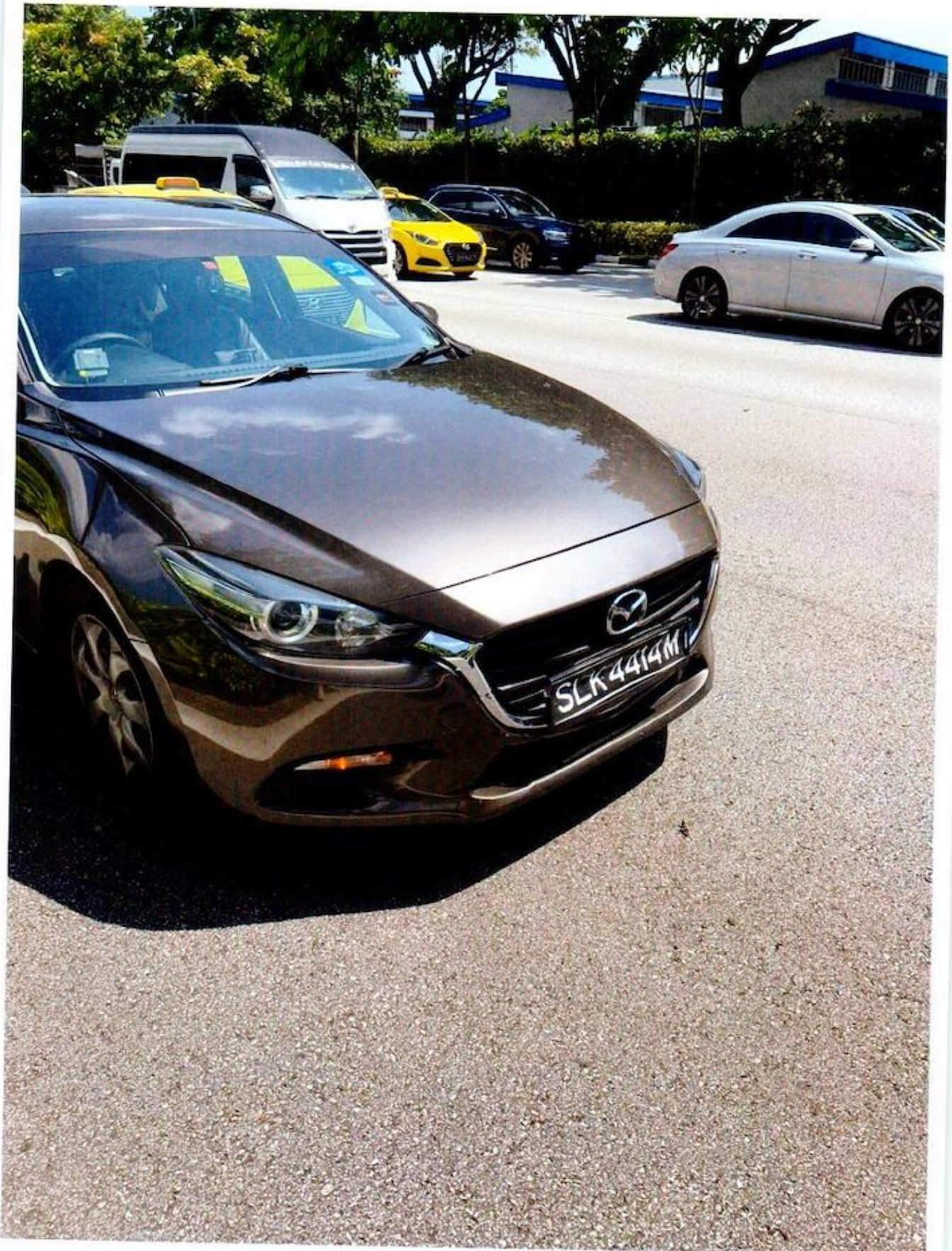


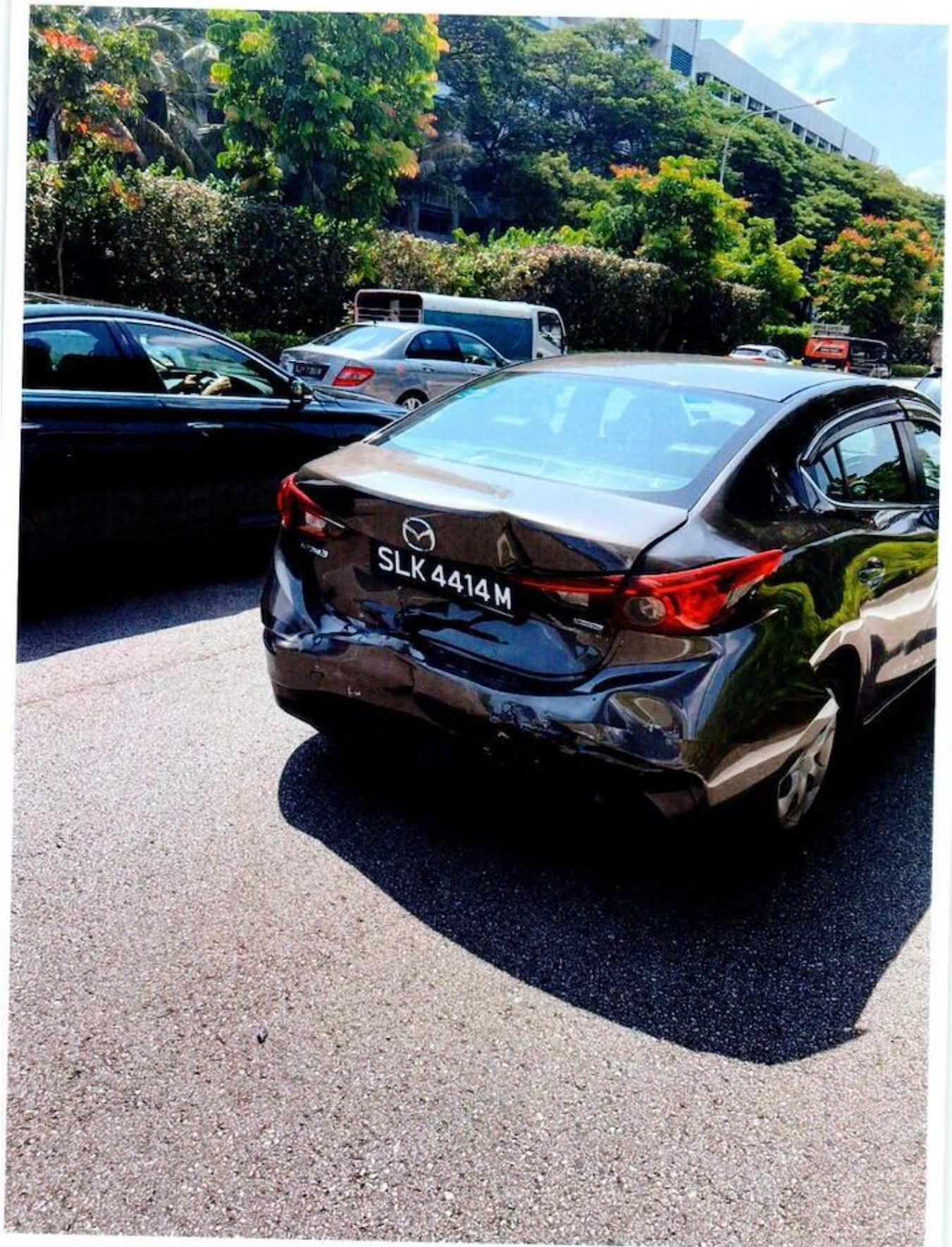


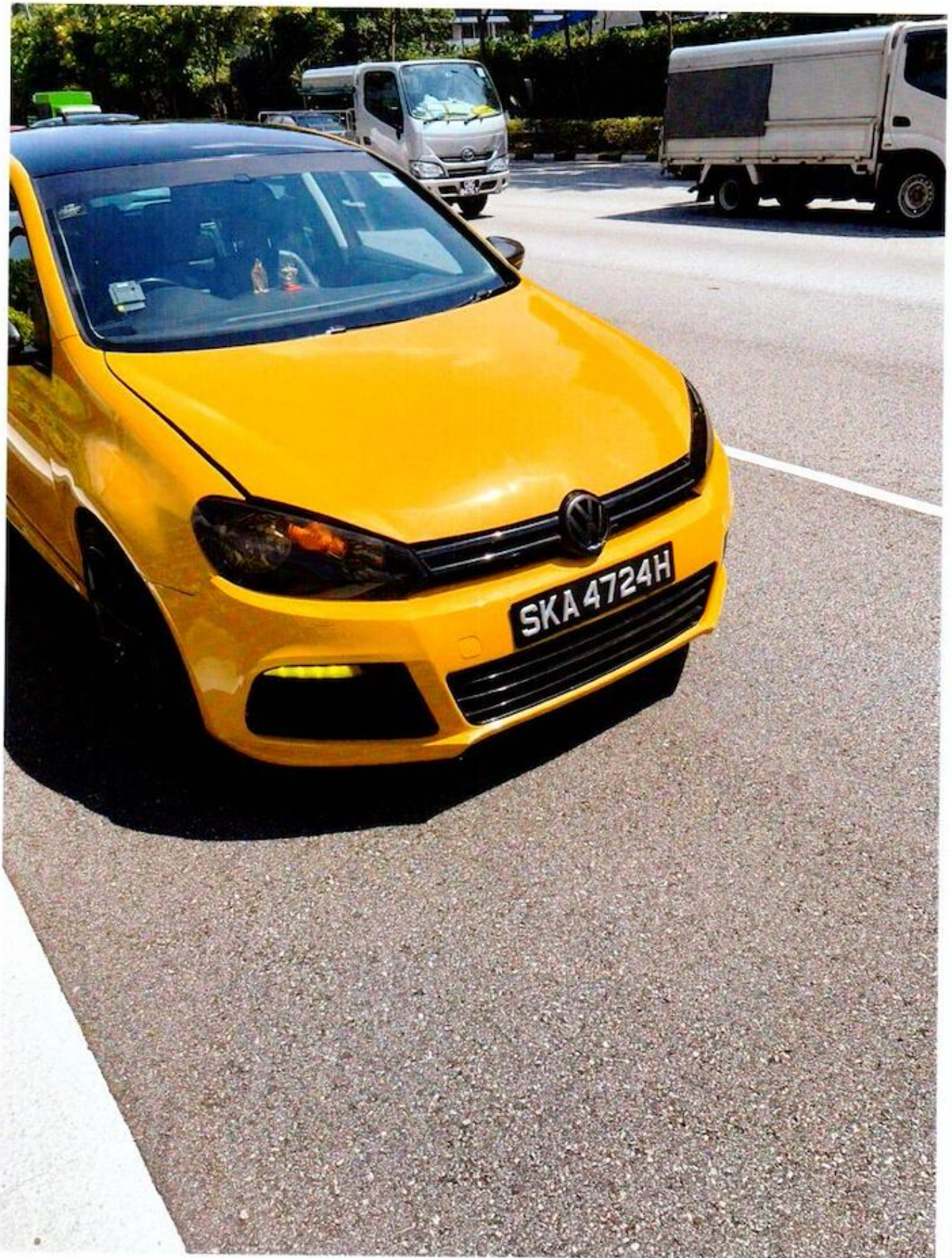


















**SINGAPORE
POLICE FORCE**



T/20220703/7015

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

1 of 3

Report No. T/20220703/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2022 17:45	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: BRIAN POON			Address: 250 JURONG EAST STREET 24 #06-156 SINGAPORE 600250		
ID Type / ID No.: NRIC NO / S9817833C			Contact No.: Home/Office: Mobile: 96957152		
Nationality: SINGAPORE CITIZEN			Email: BRIANPOON66@HOTMAIL.COM		
Sex: Male	Age: 24	Date of Birth: 01/06/1998	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Undergraduate			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/07/2022 14:30	Type of Location:
Location: CENTRAL EXPRESSWAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLK4414M	Car					2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220703/7015

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

2 of 3

Report No. T/20220703/7015

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SKM8185Z

where my vehicle was the 3rd vehicle.

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As such, I proceeded to Unihealth Jurong East to seek treatment and was given 5 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20220703/7015

3 of 3

Report No. T/20220703/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
03/07/2022 17:45

Classification Of Case:

