

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 Submission	06/06/2023 15:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/06/2023 15:30 (SGT)
Exact Location of Accident	Anchorvale St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7343R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	OH KENG CHOON
NRIC No	S7523227F
Email Address	DARREN888JAVIN@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90089828
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Mobilio
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	1500

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC22P00184100

DRIVER

Name of Driver	OH KENG CHOON
NRIC No	S7523227F
Date Of Birth	12/08/1975
Occupation	Indoor

Date Of Driving Pass	25/07/1994
Driving experience	28 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90089828
Alt. Phone Number	-
Email Address	DARREN888JAVIN@YAHOO.COM.SG
Address	BLK 472C FERNSVALE ST #10-57
Address complement	-
Postcode	793472
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
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	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.T/20230606/2014.

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	SLM5936G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN JT
Contact Number	(Phone) +65-94305698
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	OH KENG CHOON
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLF7343R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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:

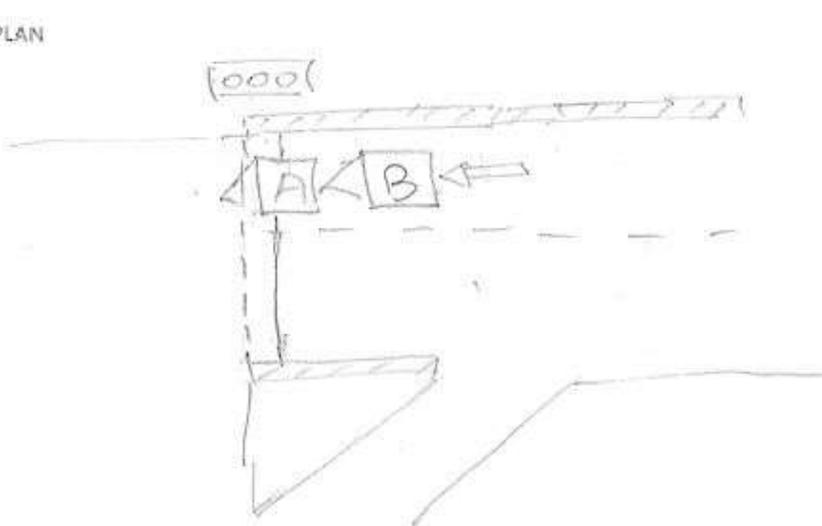
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1350/06 June 23

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

SKETCH PLAN



Ⓐ - SLF7343R
Ⓑ - SLM5736G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attach Police Report No. T/20230606/2014

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:

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















**SINGAPORE
POLICE FORCE**



T/20230606/2014

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343-8999

Report No. T/20230606/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2023 09:41	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: OH KENG CHOON		Address: APT BLK 472C FERNSVALE STREET #10-57 SINGAPORE 793472	
ID Type / ID No.: NRIC NO / S7523227F		Contact No.:	Mobile: 90089828
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 12/08/1975	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: SALES EXECUTIVE		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: 05/06/2023 15:30	Type of Location: X-Junction
Location: ANCHORVALE STREET				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF7343R	Car	HONDA	MOBILIO SV 1.5 CVT	Blue	Seriously Damaged	0
SLM5936G	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Brown	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230606/2014

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20230606/2014

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLF7343R	ECICS LIMITED	MPC22P00184100	07/09/2022	06/09/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	OH KENG CHOON	ID No.	S7523227F	
Related Vehicle	SLF7343R (Car)	Contact No.	90089828	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	05/06/2023	Date Discharge	05/06/2023	
No. of Days granted Medical Leave	03	Degree of Injury	Serious	
Driver				
Name	CHAN JT	ID No.	NIL	
Related Vehicle	SLM5936G (Car)	Contact No.	94305698	
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 05/06/2023 at around 1530hrs, I was driving along Anchorvale Street in my car, SLF7343R. I then came to a stop at the junction of Fernvale Street and Fernvale Link as the traffic lights were red. However, I suddenly felt an impact from behind my car and then lost consciousness for a few minutes.

I regained consciousness when the driver of the car that had hit me, namely Chan JT (HP:94305698, Car Plate SLM5936G), tapped on my window and was making a check on me to see if I was alright. I then got out of the car and exchanged contact numbers with him before heading to Sengkang General Hospital which was just opposite the junction to see the doctor as I felt pain in my left leg, had a stiff neck and was feeling headache and drowsy from the accident.

I was then subsequently given three days MC from 05/06/2023 to 07/06/2023 by the doctor due to the accident.

I am lodging this report for my insurance company and my car repair workshop as well.



SINGAPORE
POLICE FORCE



T/20230606/2014

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20230606/2014

CONTINUATION OF REPORT

Signature of Officer Recording The Report: F / SGT 2 GAVIN YEO JUN YANG	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	

Signature Of Informant:	
Date/Time: 06/06/2023 09:41	
Classification Of Case:	

NP168



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SLF7343R
 Name (as shown in NRIC): OH KENG CHOON NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 05/06/2023 Time of Accident: 15.30
 Place of Accident: ANCHORVALE STREET
 Insurance Company: ECICS

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

amend email address :
darren888javin@yahoo.com.sg

 Policyholder / Driver's Signature
 Date:

YING

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



Certificate of Insurance

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 165)
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)
 Road Transport Act, 1987 (Malaysia)
 Road Transport (Amendment) Act, 2019 (Malaysia)

SGDRIVERS
 PROTECTOR PLAN

MZ300
 COMPREHENSIVE

Certificate No.:	MPC22P00184100	Chassis No.:	MRHDD4870GP000224
Agency Name:	SGDRIVERS PTE LTD	Engine No.:	L15Z12872842
Agency Code:	A0000069		

1. Index Mark and Registration Number of Vehicle: SLF7343R

2. Name of Policy Holder: OH KENG CHOON

3. Period of Insurance (both dates inclusive): 07-09-2022 to 06-09-2023

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, livery, 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 - Insured / Named Driver	SGD 500.00
Additional Excess - Other than Named Drivers:	
Section I - Unnamed Drivers	SGD 500.00
Section I - Age < 27, Age > 70 or Driving Experience < 2 years old	SGD 3,000.00

7. Hire Purchase Company: DBS BANK LTD

Signed for and on behalf of ECICS Limited


 Authorised Signatory

Important Notice

- 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.
- 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 in breach under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 165).
- The Certificate of Insurance and the Policy will cease to be valid once the Motor Car has been sold or transferred.
- 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.

ECICS Limited

A0000069 / Operations, Sgdrivers Pte Ltd / MPC22P00184100 / 07-09-2022 8:22:16 PM

111 Larn Road #09-09A Singapore Post Centre Singapore 408620 Tel: (65) 6395 0248 Fax: (65) 6391 5217 Co. Reg. No. 199013010 Email Address: enquiry@ecics.com.sg