

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 Report	07/02/2020 09:59
Date Of Accident	03/02/2020 11:30
Exact Location Of Accident	UPPER THOMSON FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD666P
Insured/Policyholder	
Name Of Registered Owner	HISH SHU FANG
NRIC No	SXXXX405E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97669266
Alternative Phone No	OTHERS-98467955

Vehicle Particulars

Manufacturer	LAND ROVER
Model	EVOQUE
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097644860-01
Cover Note Number	

Driver

Name of Driver	LEE TECK KIM CHRISTOPHER(LI DEJIN CHRISTOPHER)
NRIC No	SXXXX337E
Date Of Birth	11/11/1975
Occupation	INDOOR
Date Of Driving Pass	23/06/1995
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	+65-98467955
Fax Number	
Contact Number	
Email Address	ARYTHAN@HOTMAIL.COM

Address	BLK 78 DAKOTA CRESCENT #16-18
Postcode	399945
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQM4254 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200203/2106

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	GBG4088K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JQM4254
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	LEE TECK KIM CHRISTOPHER(LI DEJIN CHRISTOPHER)
Approximate Age	
Injuries Sustain	LOWER LEFT RIB CAGE
Injured person in which vehicle?	SJD666P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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: 06/02/2024

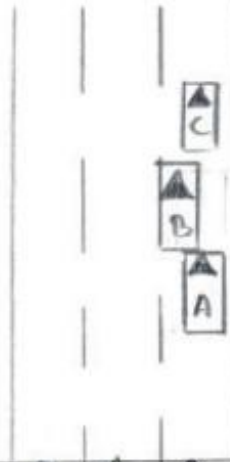

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

A - SJD 666 P
B - GBG 4088 K
C - JQM 4254

UPP THOMSON
FLYOVER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200203/2106

DECLARATION

I/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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



1/20200203/2106

2 of 3

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20200203/2106

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE TECK KIM CHRISTOPHER	ID No.	S7535337E
Related Vehicle	SJD665P (Car)	Contact No.	98487955
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3 Date of Expiry: NIL
Date Treatment	03/02/2020	Date Discharge	03/02/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	Eric Chua	ID No.	NIL
Related Vehicle	(Lorry)	Contact No.	NIL
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 the 03/02/2020 at about 1130hrs, I was driving on the extreme right lane and travelling along at 90km/h when sudden the lorry in front of me stopped all the sudden and hence I hit onto the lorry.

I then got off my vehicle, shortly afterwards ambulance came, as the airbag was deployed I was advised to be conveyed by the paramedics at scene and subsequently I was conveyed to Khoo Teck Puat Hospital along with the driver who is driving the lorry.

I am later issued with two days of MC from the 03 Feb 2020 to the 04 Feb 2020 due to pain on my lower left rib cage
FEB 2020 TO 04 FEB 2020 DUE THE PAIN ON MY LOWER LEFT RIB CAGE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Police Report



SINGAPORE POLICE FORCE

Police Station Of Origin
Mountbatten NPP
80 Dakota Crescent #01-013 SINGAPORE
390055
Tel No: 1800-34-49999



1000 Accidents

Page 1

Report No: 1000002019106

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
03/02/2023 18:38

Video Report No.

Station Diary No.

25

Informant's Particulars

Name of Informant: LEE TECK KIM CHRISTOPHER			Address: APT BLK 75 DAKOTA CRESCENT #15-15 SINGAPORE 390045		
ID Type / ID No. NRIC NO: S7535337E			Contact No. Home/Office: Mobile: 98907905		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 15/11/1975	Type of Informant: Driver		
Race: Chinese			Language: Instructor / School Name:		
Occupation: Director			Driving Licence Information: Class: 2B 2A 2 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance:	Drink Driver: No	Date/Time of Accident: 03/02/2023 11:30	Type of Location: Selegie Road
Location: Along Road 1 SELETAN EXPRESSWAY				
Towards Woodlands at Thomson road fork				Road Speed Limit:
Weather: Clear		Road Surface: Dry		Traffic Volume: Moderate
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Anyone conveyed by ambulance: Yes
Type of Collision: Between Moving Vehicles - Head To Rear				

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Seats
SJD066P	Car	LAND ROVER	RANGE ROVER EVOQUE SPOT ASS 4WD MW SR	White	Goodly Damaged	5
	Lorry					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20200203/2106

2 of 3

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No: T/20200203/2106

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE TECK KIM CHRISTOPHER	ID No	S7535337E
Related Vehicle	SJD665P (Car)	Contact No	88487955
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A 2.3 Date of Expiry: NIL
Date Treatment	03/02/2020	Date Discharge	03/02/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	Eric Chua	ID No	NIL
Related Vehicle	(Lorry)	Contact No	NIL
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


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I then got off my vehicle, shortly afterwards ambulance came, as the airbag was deployed I was advised to be conveyed by the paramedics at scene and subsequently I was conveyed to Khoo Teck Puat Hospital along with the driver who is driving the lorry.

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FEB 2020 to 04 FEB 2020 DUE THE PAIN ON MY LOWER LEFT RIB CAGE

Police Report

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin
Mountbatten SdHP
60 Dakota Crestant #01-012 SINGAPORE
990060
Tel No. 1800-3479999

Report No. 1900000105-06

CONTINUATION OF R22081

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 65474585 stating the report number as reference.

Signature Of Officer Recording The Report
G /
Sgt 2 ANG YI FENG, ELSON


Signature Of Informant

Signature Of Interpreter
Not applicable

Classification Of Case

Officer In Charge Of Case
TP / GRT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN
Contact No. 654716206

Authentication Stamp

 **UNLAWFUL
POSSESS**

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120017026 Vehicle Registration No: SD666P
Name(as shown in NRIC) : LEE TECK KIM CHRISTOPHER NRIC/FIN/Passport No : 5XXXX337E
(CHRISTOPHER CHRISTOPHER)
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 78 OAKOFA CRESCENT #16-18 Singapore(397945)
Contact (Tel) : _____ Mobile No. : 98467955
Email Address : _____
Date of Accident : 03/02/20 Time of Accident : 11:30
Place of Accident : UPP THOMSON FLYOVER
Insurance Company : NTUC

(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 VEH C NUMBER PLATE

Policyholder / Driver's Signature
Date:

shw 09/03/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: