

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	13/09/2022 16:39 (SGT)
Reported by	Both
Date of Accident	12/09/2022 18:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANSON RD TOWARDS LAU PA SAT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA2888X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHER KHNG JOSEPH
NRIC No	S7402473D
Email Address	FAC83830666@GMAIL.COM
Mobile Phone No	(Phone) +65-98160300
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121614618-01

DRIVER

Name of Driver	LEE CHER KHNG JOSEPH
NRIC No	S7402473D
Date Of Birth	18/01/1974
Occupation	Indoor

Date Of Driving Pass	13/11/1997
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98160300
Alt. Phone Number	-
Email Address	FAC83830666@GMAIL.COM
Address	10C, BENDEMEER RD, #39-127
Address complement	-
Postcode	333010
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Thomson Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004529999
Alt. Police Station Phone No	(Fax) +65-65535740
Police Station Address	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AATTACH POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX1437Z
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN JUN RUI DESLEY
Contact Number	(Phone) +65-91280192
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	SMU8451P
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	LEE CHER KHNG
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNA2888X
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.

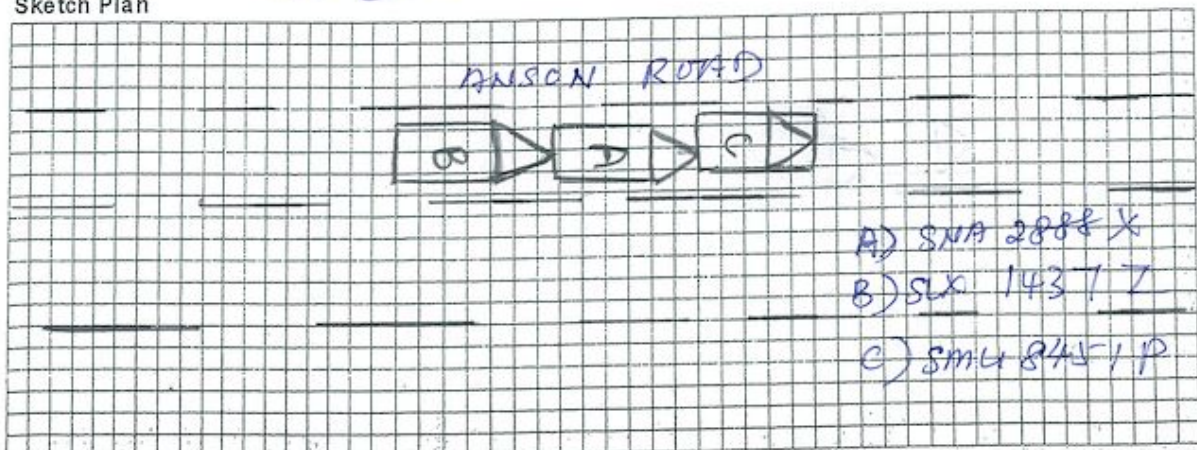
CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT

T/20220913/2015

VEHICLE REPAIR AT KUM CHEW MOTOR WORKSHOP

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)
Witnessed by Reporting Centre Personnel









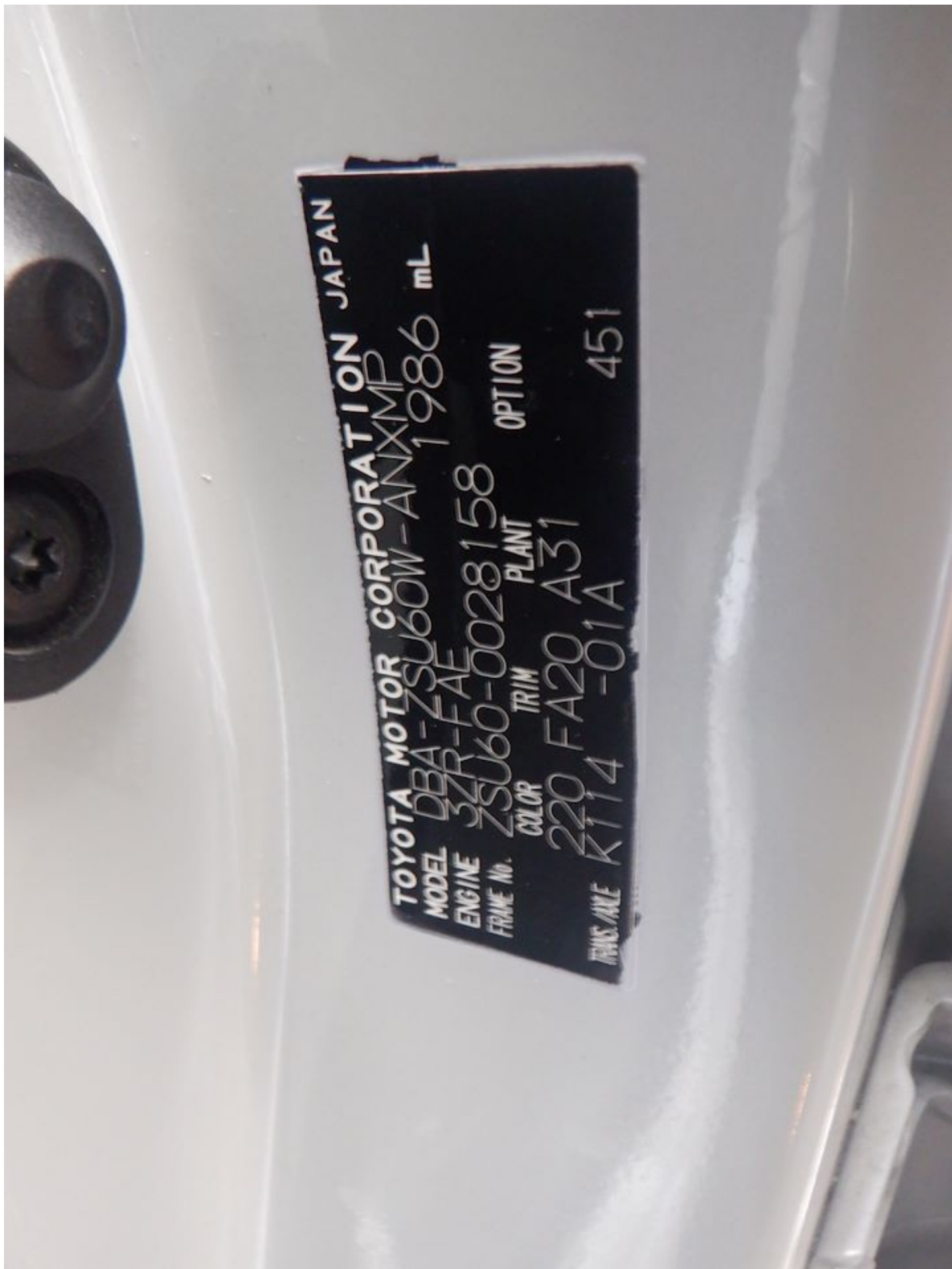














**SINGAPORE
POLICE FORCE**



T/20220913/2015

1 of 4

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20220913/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2022 15:21	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: LEE CHER KHNG JOSEPH			Address: APT BLK 10C BENDEMEER ROAD #39-127 SINGAPORE 333010	
ID Type / ID No.: NRIC NO / S7402473D			Contact No.: Home/Office:	Mobile: 98160300
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 18/01/1974	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Business development executive			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2022 18:15	Type of Location: Straight Road
Location: PARSI ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		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
SLX1437Z	Car	MAZDA	MAZDA3 HATCHBACK 1.5 AT DELUXE EU6	Blue		0
SMU8451P	Car	NISSAN	KICKS PREMIUM PLUS 1.2L E-POWER	Orange		0



**SINGAPORE
POLICE FORCE**



T/20220913/2015

2 of 4

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20220913/2015

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SNA2888X	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA2888X	NTUC Income Insurance Co-Operative Limited	5121614618-01	06/07/2022	05/07/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN JUN RUI, DESLEY		ID No. S8835492C
Related Vehicle	SLX1437Z (Car)		Contact No. 91280192
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
Driver			
Name	LEE CHER KHNG JOSEPH		ID No. S7402473D
Related Vehicle	SNA2888X (Car)		Contact No. 98160300
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	12/09/2022		Date Discharge 12/09/2022
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On 12th September 2022 at about 6.15pm, I was driving alone my vehicle registration number: SNA2888X (V1) along Anson Road towards Lau Pat Sat area. I was driving in the second lane from the left side. At the junction, the traffic light was in red at first and there was a vehicle registration number: SMU8451P (V2) ahead of me in the stationary position. When the traffic light turns green, my vehicle and V2 were still in the stationary position. The traffic was quite heavy.

Then, there was a strong impact came from my rear vehicle. Due to the impact, my vehicle moved forward and collided to V2's rear portion. I was in pain due to the impact. I alighted from my vehicle slowly



**SINGAPORE
POLICE FORCE**



T/20220913/2015

3 of 4

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20220913/2015

CONTINUATION OF REPORT.

and realized there was another vehicle registration number: SLX1437Z (V3) had collided to my rear vehicle. It was a chain collision and three vehicles involved. We exchanged particulars.

I went to seek medical attention and was given 4 days. I was advised to lodge a Police report.

Exact Location: Anson Road towards Lau Pat Sat



MEDICAL CERTIFICATE (Ref:1302869829)

DUPLICATE

NAME: LEE CHER KHNG

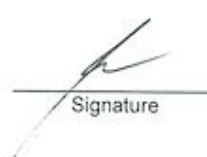
NRIC: S7402473D

Type of Medical Leave granted: **Outpatient Sick Leave**

The above-named patient is unfit for duty for 4 day(s) from 13/09/2022 to 16/09/2022 Inclusive.

The certificate is not valid for absence from court attendance.

The above named patient was in Emergency Department from 12/09/2022 20:24 to 13/09/2022 00:02.

13/09/2022
DateDr. Russelle Lacambra BALUBAL (15777E)
Issued by
Signature

Location: TTSH Emergency Department