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 witholding 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	14/04/2020 12:56
Date Of Accident	13/04/2020 13:20
Exact Location Of Accident	48 HOUGANG AVENUE 8 SINGAPORE 538793
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV3444Z
Insured/Policyholder	
Name Of Registered Owner	PARADIGM AUTO PTE LTD
Co Reg No	2XXXXX139H
Email Address	JEN.GENCAPITAL@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90938998
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5115302429
Cover Note Number	
Driver	
Name of Driver	IMMANUEL ROSZINI @AZZAM ROSZINI
NRIC No	SXXXX489B
Date Of Birth	15/10/1976
Occupation	OUTDOOR
Date Of Driving Pass	30/04/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82993179
Fax Number	
Contact Number	
EMail Address	IMMANUELROSZINI@GMAIL.COM

Address	13 TELOK KURAU ROAD #03-14 SINGAPORE
Postcode	423912
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	**ROAD**: 51 ANG MO KIO AVENUE 9 , **POSTCODE:** 569929 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2180000 - **FAX NO**: 64814246
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT AND ATTACHED; REMARKS:TYPE OF ACCIDENT PLEASE REFER TO POLICE REPORT AND ATTACHED

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	SGK473C
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO POLICE REPORT AND ATTACHED
Vehicle Category	PRIVATE CAR
Name of Driver	CHRISTOPHER LONG
NRIC/Passport Number	
Contact Number	93868969
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	IMMANUEL ROSZINI @AZZAM ROSZINI
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT AND ATTACHED
Injured person in which vehicle?	SJV3444Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

PARADIGM AUTO PTE LTD 201943139H

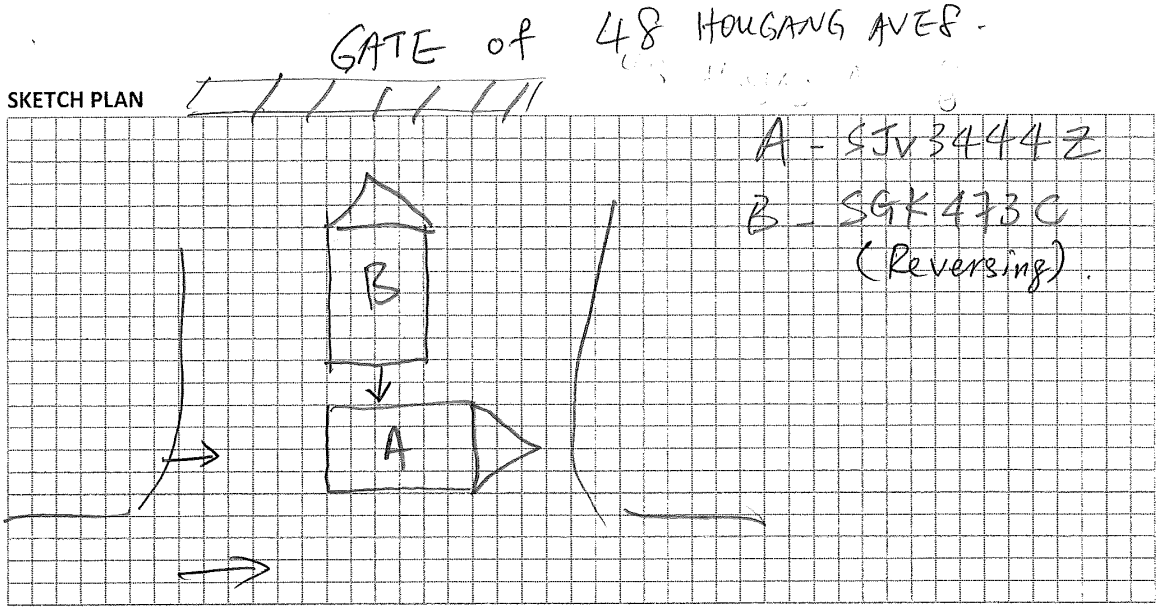
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/4/2021, at about 1320 hours, my vehicle Hyundai Avante was stationary along 48 Hougang Avenue 8 S538793.

A Vehicle Toyota Vios SGK473C, collided speedily into my vehicle. It caused some damages to my car.

Due to the injured, I consulted my doctor and was given 3 days MC with strong medications.

The driver of SGK473C has acknowledged the accident and is willing to take responsibility

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.:

SINGAPORE POLICE FORCE

F/20200414/7015

POLICE REPORT (NP299)

Report No. F/20200414/7015

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made	Vide Report No.	Station Diary No.
14/04/2020 09:48		

Name Of Informant IMMANUEL ROSZINI	Address 13 TELOK KURAU ROAD #03-14 SINGAPORE 423912			
ID Type / ID No. NRIC NO / S7634489B	Contact No. Home/Office: Mobile: 82993179			
Nationality SINGAPORE CITIZEN	Email Address immanuelroszini@gmail.com			
Occupation GO JEK DRIVER	Sex Male	Age 43	Date of Birth 15/10/1976	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 13/04/2020 13:20	Location Of Incident 48 HOUGANG AVENUE 8 THK NURSING HOME @ HOUGANG SINGAPORE 538793			

Brief details.

On 13/04/2020 at about 1320 hours, my vehicle Hyundai Avante was stationery along 48 Hougang Avenue 8 S538793.

A vehicle Toyota Vios SGK473C collided speedily into my vehicle. It caused severe damages to my car.

Due to the impact, I consulted my doctor and was given 3 days MC with strong medications.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2020 09:48
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

F/20200414/7015

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

Report No. F/20200414/7015

The driver of SGK473C has acknowledged the accident and is willing to take responsibility.

Subjects Involved			
Victim			
Person Name	IMMANUEL ROSZINI		
ID Type	NRIC NO	ID No	S7634489B
Gender	Male	Age	43
Race	Malay	Language	English
Occupation	GO JEK DRIVER	Address Type	
Address	13 TELOK KURAU ROAD #03-14 SINGAPORE 423912	Mobile No	82993179
Is Informant A Victim?	Yes		
Person Name	IMMANUEL ROSZINI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2020 09:48
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Driving License

Accident Photo

Accident Photo

Accident Photo