

## 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	30/09/2020 08:34
Date Of Accident	26/09/2020 07:30
Exact Location Of Accident	BEACH ROAD OPPOSITE ST. JOHN HEAD QUARTERS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9146Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PARADIGM AUTO PTE LTD
Co Reg No	201943139H
Email Address	JEN.GENCAPITAL@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90938998

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	POLO
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### 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	NICK PARVESH S/O THANGARAJOO
NRIC No	S9242567C
Date Of Birth	30/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91735415
Fax Number	
Contact Number	OFFICE-91735415
Email Address	PARVESHNICK@GMAIL.COM

Address	APT BLK 524 JURONG WEST STREET 52 #02-255 SINGAPORE
Postcode	640524
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	AFTER RAIN
Road Surface	WET

#### 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)	4
Passenger 1	NAME: : MUHIZIN KHAN GENDER: : MALE
Passenger 2	NAME: : VICKNESHWARAN GENDER: : MALE
Passenger 3	NAME: : SAHADEV KUMAR GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	<b>ROAD:</b> 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , <b>POSTCODE:</b> 088762 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2240000 - <b>FAX NO:</b> 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO 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	SHC7079S
Vehicle Make/Model/Colour	

**Details Of Properties**

Vehicle Category	TAXI
Name of Driver	SEOW TECK CHYE
NRIC/Passport Number	S9242567C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	NICK PARVESH S/O THANGARAJOO
Approximate Age	27
Injuries Sustain	REFER POLICE REPORT (5 DAYS MC)
Injured person in which vehicle?	SJZ9146Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	APT BLK 524 JURONG WEST STREET 52 #02-255 SINGAPORE
Postcode	640524

**DETAILS OF INJURED PERSON 2**

Name	MUHIZIN KHAN
Approximate Age	
Injuries Sustain	(5 DAYS MC)
Injured person in which vehicle?	SJZ9146Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	NA NA
Postcode	NA

**DETAILS OF INJURED PERSON 3**

Name	VICKNESHWARAN
Approximate Age	
Injuries Sustain	(3 DAYS MC)
Injured person in which vehicle?	SJZ9146Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	NA NA
Postcode	NA

**DETAILS OF INJURED PERSON 4**

Name	SAHADEV KUMAR
Approximate Age	
Injuries Sustain	(7 DAYS MC)
Injured person in which vehicle?	SJZ9146Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO

Address	NA
	NA
Postcode	NA

## Sketch Plan

### 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.



Policyholder's Signature  
Date & Time:

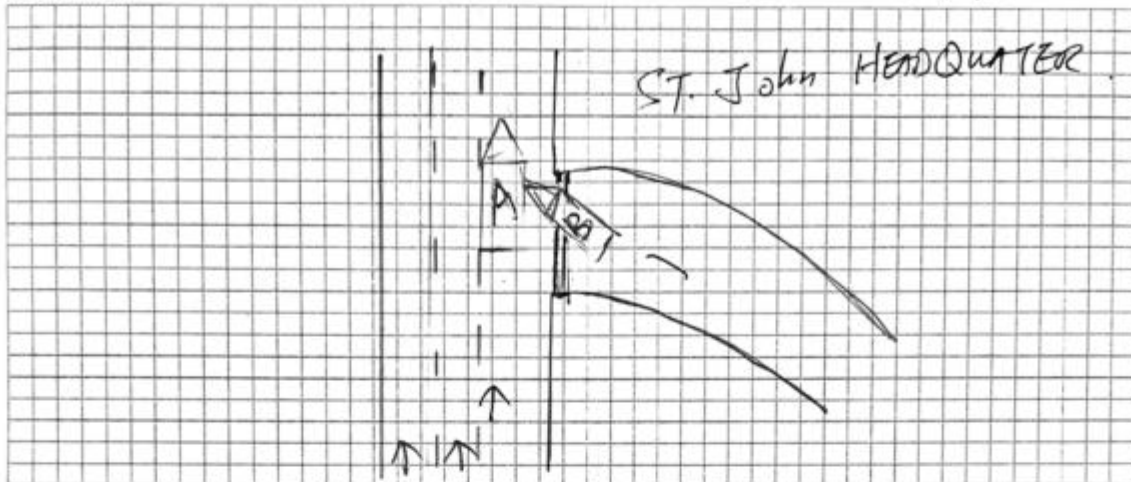
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

A - 55291462

B - 5HC70795

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report


DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature

Date & Time:

GUARMC SketchPlanForm\_V3

  
Driver's Signature

(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



A/20200929/7021

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**POLICE REPORT (NP299)**

Report No. A/20200929/7021

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No: 1800-2240000

Date/Time Report Made 29/09/2020 16:04	Vide Report No.	Station Diary No.
Name Of Informant NICK PARVESH S/O THANGARAJOO	Address 524 JURONG WEST STREET 52 #02-255 SINGAPORE 640524	
ID Type / ID No. NRIC NO / S9242567C	Contact No. Home/Office:	Mobile: 91735415
Nationality SINGAPORE CITIZEN	Email Address NICK.RAJOO.PARVESH@GMAIL.COM	
Occupation Despatch worker	Sex Male	Age 27
Institution/School Name	Date of Birth 30/10/1992	Race Indian
Date/Time Of Incident 26/09/2020 07:30 - 29/09/2020 16:00	Location Of Incident 420 BEACH ROAD SAINT JOHN HEADQUARTER SINGAPORE 199582	

**Brief details.**

on 26/09/2020 at around 0730hrs, i was driving my vehicle bearing with car plate SJZ9146Z along beach road opposite st john hq.

I was driving straight on the major road. Suddenly a yellow comfort taxi bearing with car plate SHC7079S cut into my lane while turning out from a minor road, he failed to stop at his stop sign before turning out.

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: 29/09/2020 16:04
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE  
POLICE FORCE**



A/20200929/7021

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200929/7021

the accident caused severe damages to my vehicle and i consulted my doctor and was given 5 days MC with strong medication.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

29/09/2020 16:04

Classification Of Case:



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



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