

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	28/10/2020 13:00
Date Of Accident	27/10/2020 08:20
Exact Location Of Accident	BRADDELL ROAD FLYOVER (IN FRONT OF SERANGOON)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5465K
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	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82993179
Fax Number	
Contact Number	
Email Address	NOEMAIL

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	CHAIN COLLISION
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	4
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)	2
Passenger 1	NAME: : MUZZAFFIR GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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

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	SJP3410C
Vehicle Make/Model/Colour	
Details Of Properties	REFER TO POLICE REPORT AND ATTACHED
Vehicle Category	PRIVATE CAR
Name of Driver	KOK BOON KIONG
NRIC/Passport Number	SXXXX300Z
Contact Number	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number FBF8765T
Vehicle Make/Model/Colour
Details Of Properties REFER TO POLICE REPORT AND ATTACHED
Vehicle Category MOTORCYCLE
Name of Driver DESTONIS AMUDHAN FRANCIS
NRIC/Passport Number SXXXX392H
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBE4960C
Vehicle Make/Model/Colour
Details Of Properties REFER TO POLICE REPORT AND ATTACHED
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)

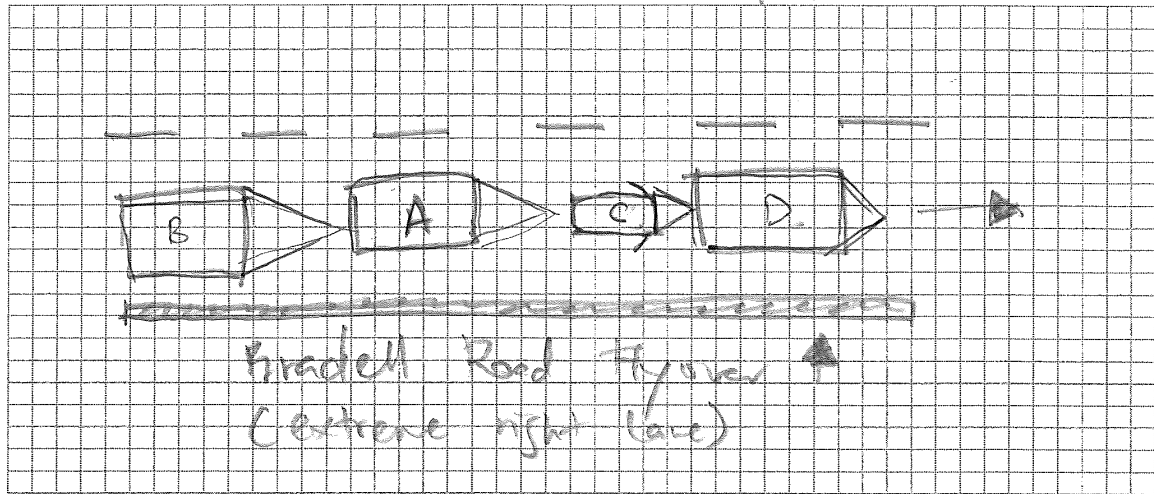
DETAILS OF INJURED PERSON 1

Name IMMANUEL ROSZINI @AZZAM ROSZINI
Approximate Age 44
Injuries Sustain REFER TO POLICE REPORT AND ATTACHED
Injured person in which vehicle? SJT5465K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address 13 TELOK KURAU ROAD #03-14
SINGAPORE
Postcode 423912

Sketch Plan Pg. 1

A - SST 5465 K | D - GRE 4960 C
C - FBF 8765 T | B - SJP 3410 C

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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.:

SKETCH PLAN

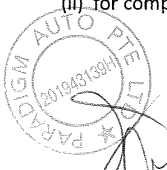
IMPORTANT NOTICE

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. 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:



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



**SINGAPORE
POLICE FORCE**



E/20201027/7028

1 of 2

POLICE REPORT (NP299)

Report No. E/20201027/7028

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 27/10/2020 16:13	Vide Report No.	Station Diary No.
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	Sex	Age
Photographer	Male	44
Institution/School Name	Date of Birth	Race
	15/10/1976	Malay
	Language English	
Date/Time Of Incident 27/10/2020 08:20 - 27/10/2020 11:00	Location Of Incident BRADDELL ROAD	

Brief details.

On 27/10/2020 at about 8:20am I was travelling along Braddell Road Flyover.

I came to a complete halt while maintaining a safe distance between my vehicle SJT5465K Hyundai Avante and a delivery van (GBE4960C) and a motorcycle (FBF8765T) when suddenly a car SJP3410C came speedily and collided into the rear of my vehicle.

My vehicle is severely damaged. Due to the accident, I suffered pain and consulted a doctor and was given 3 days MC with strong medication.

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: 27/10/2020 16:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20201027/7028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20201027/7028

Subjects Involved			
Victim			
Person Name	IMMANUEL ROSZINI		
ID Type	NRIC NO	ID No	S7634489B
Gender	Male	Age	44
Race	Malay	Language	English
Occupation	Photographer	Address	13 TELOK KURAU ROAD #03-14 SINGAPORE 423912
Mobile No	82993179	Is Informant A Victim?	Yes
Person Name	MUZZAFFIR		
Gender	Male	Race	Indian
Mobile No	91023212		
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: 27/10/2020 16:13
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



07-26



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

