

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 Submission 08/02/2021 11:36 (SGT)
Date of Accident 26/01/2021 11:10 (SGT)
Exact Location of Accident Victoria St, Singapore
Additional Location Information ALONG VICTORIA STREET TOWARDS JALAN BESAR
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU8839E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PARADIGM AUTO PTE LTD
Company Reg No 2XXXXX139H
Email Address auburnauto.insurance@gmail.com
Mobile Phone No (Phone) +65-90938998
Alternative Phone No (Office) +65-90938998

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy Yes
Policy Number 5115302429-01
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD SALIM SHAHNAWAZ S/O MOHAMAD NOOR
NRIC No SXXXX763C
Date Of Birth 26/12/1987
Occupation Outdoor

Date Of Driving Pass	01/03/2011
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91478007
Alt. Phone Number	-
Email Address	salimsheeda@gmail.com
Address	APT BLOCK 32 MARSILING DRIVE #05-341
Address complement	-
Postcode	730032
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material 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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
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 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	GBK365R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REFER TO POLICE REPORT AND ATTACHED
Details of property damaged in accident	REFER TO POLICE REPORT AND ATTACHED
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD SALIM SHAHNAWAZ S/O MOHAMAD NOOR
Address	APT BLOCK 32 MARSILING DRIVE #05-341
Address Complement	-
Post Code	730032
Approximate Age Years Old	33
Injuries Sustained	REFER TO POLICE REPORT
Injured person in which vehicle?	SMU8839E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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: 27/01/21


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



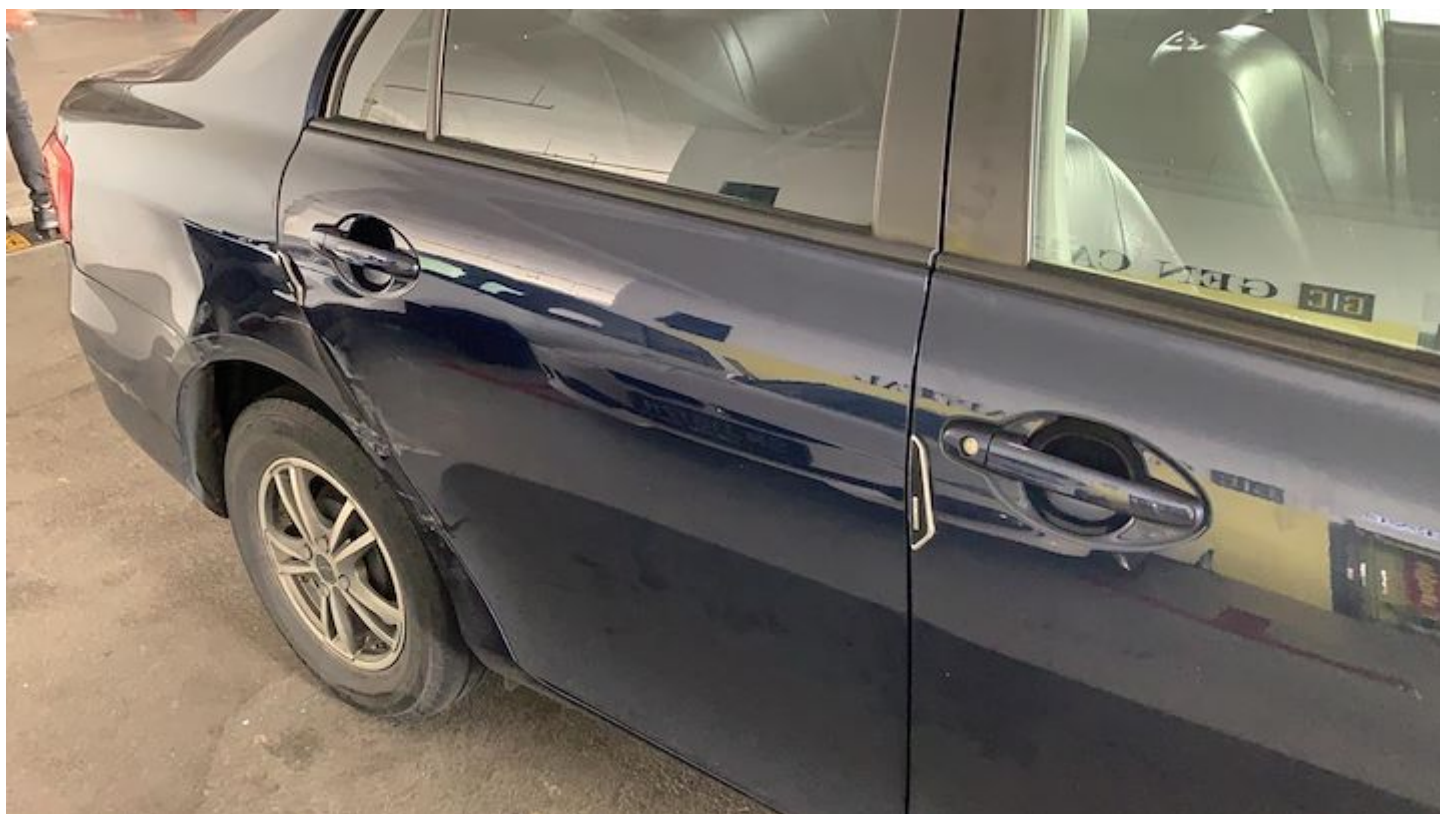














**SINGAPORE
POLICE FORCE**



A/20210127/7020

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POLICE REPORT (NP299)

Report No. A/20210127/7020

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 27/01/2021 14:49	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD SALIM SHAHNAWAZ S/O MOHAMAD NOOR	Address 32 MARSILING DRIVE #05-341 SINGAPORE 730032	
ID Type / ID No. NRIC NO / S8742763C	Contact No. Home/Office:	Mobile: 91478007
Nationality SINGAPORE CITIZEN	Email Address SALIMSHEEDA@GMAIL.COM	
Occupation	Sex Male	Age 33
Driver	Date of Birth 26/12/1987	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 26/01/2021 11:00 - 26/01/2021 12:00	Location Of Incident VICTORIA STREET - ERP(1)	

Brief details.

On 26th January 2021 at 11.10am, I was driving Toyota Axio SMU8839E along Victoria street. While I was driving straight on a straight road, a 10 feet lorry bearing car plate GBK365R swerved left and hit onto the rear right side of my car.

The accident caused severe damages to my car.

I have consulted my doctor and was given 3 days MC with strong medications.

Subjects Involved	
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: 27/01/2021 14:49
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



A/20210127/7020

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210127/7020

Victim			
Person Name	MUHAMMAD SALIM SHAHNAWAZ S/O MOHAMAD NOOR		
ID Type	NRIC NO	ID No	S8742763C
Gender	Male	Age	33
Race	Indian	Language	English
Occupation	Driver	Address	32 MARSILING DRIVE #05-341 SINGAPORE 730032
Mobile No	91478007	Is Informant A Victim?	Yes
Person Name	MUHAMMAD SALIM SHAHNAWAZ S/O MOHAMAD NOOR (Informant)		

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:

27/01/2021 14:49

Classification Of Case:

