

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	02/06/2021 14:05 (SGT)
Date of Accident	01/06/2021 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TOH GUAN ROAD AND JURONG EAST
	CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR2849C
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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	+65-90938998

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5115302429-01 (TP)
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD FARID BIN ABDUL RASHID
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NRIC No	SXXXX593G
Date Of Birth	18/12/1966
Occupation	Outdoor
Date Of Driving Pass	27/01/1996
Driving experience	25 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91467556
Alt. Phone Number	-
Email Address	rkfarid@gmail.com
Address	BLK 171 YISHUN AVENUE 7 #13-783
Address complement	-
Postcode	760171
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	Collision - Head to Rear
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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

(ATTENDED BY: JAMES NG)

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	GBF7777R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-67485200
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMAD FARID BIN ABDUL RASHID
Address	BLK 171 YISHUN AVENUE 7 #13-783
Address Complement	-
Post Code	760171
Approximate Age Years Old	54
Injuries Sustained	PAIN AND NUMBNESS IN HEAD, NECK AND RIGHT SHOULDER
Injured person in which vehicle?	SGR2849C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:

02 JUN 2021

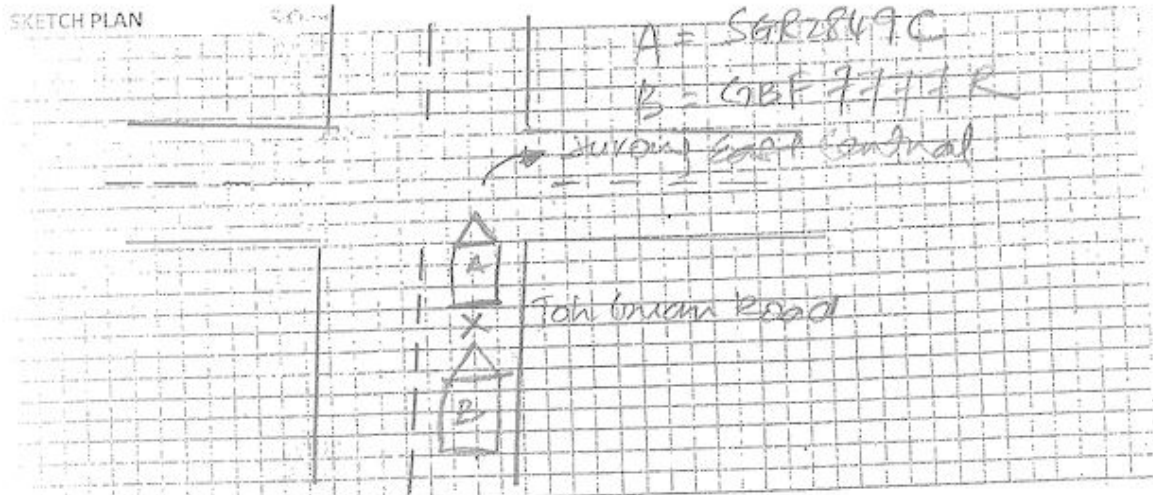
[Signature]

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



Reporting Centre Personnel's Signature
Name:

NORMING KIN JAMES
admin.vac@vicom.com.sg



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

DECLARATION

We declare the following 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/Passport No.:

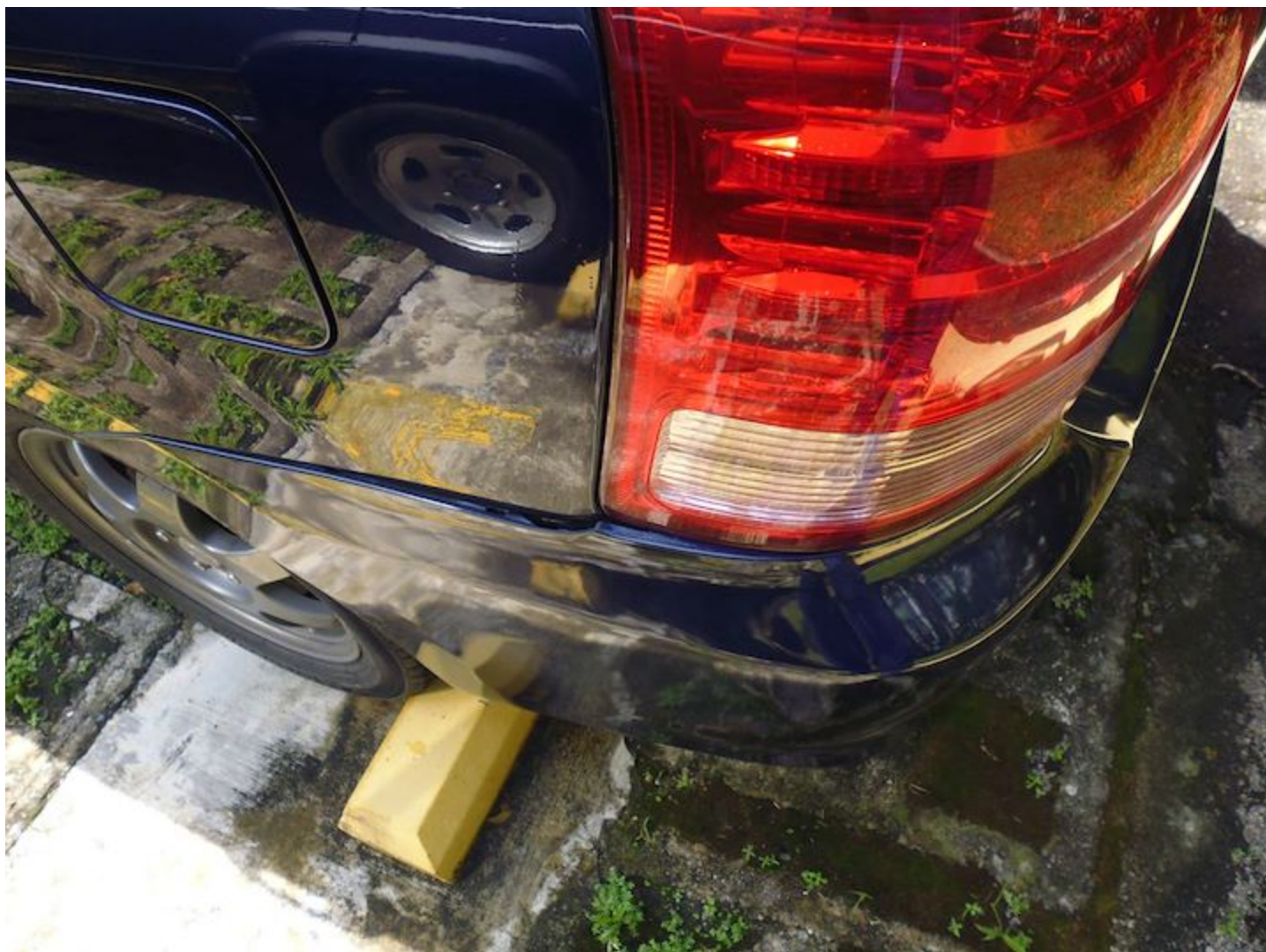
WING KIN JAMES
admin.vac@vicom.com.sg





















**SINGAPORE
POLICE FORCE**



D/20210602/7008

1 of 2

POLICE REPORT (NP299)

Report No. D/20210602/7008

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-7740000

Date/Time Report Made 02/06/2021 10:23	Vide Report No.	Station Diary No.
Name Of Informant MOHAMAD FARID BIN ABDUL RASHID	Address 171 YISHUN AVENUE 7 #13-783 SINGAPORE 760171	
ID Type / ID No. NRIC NO / S1735593G	Contact No. Home/Office:	Mobile: 91467556
Nationality SINGAPORE CITIZEN	Email Address rkfarid@gmail.com	
Occupation GRAB DRIVER	Sex Male	Age 54
Institution/School Name	Date of Birth 18/12/1966	Race Malay
Date/Time Of Incident 01/06/2021 16:50	Language English	
	Location Of Incident 286E TOH GUAN ROAD DBS TOH GUAN ROAD SINGAPORE 605286	

Brief details.

I was driving Toyota Wish car plate SGR2849C on Toh Guan Road towards Jurong East Central, while I was in a complete stop at a traffic junction as the traffic lights was red. Suddenly a lorry car plate GBF7777R came speedily and collided in the rear of the car.

The accident caused severe damages to the car.

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

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: 02/06/2021 10:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20210602/7008

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20210602/7008

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Signature Of Interpreter: Not applicable	Date/Time: 02/06/2021 10:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

