SV0M216S000B / VICOM LTD (VAC) - Sin Ming [575718] ENTRY DATE & TIME: 28/06/2021 16:48 (SGT) SUBMITTED BY: Christina Ong Mui Lan VERSION: 1 (28/06/2021 16:48 (SGT))

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.

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 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 28/06/2021 16:48 (SGT) Date of Accident 24/06/2021 23:05 (SGT) Exact Location of Accident Singapore Additional Location Information KILLINEY ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMZ3064F

INSURED/POLICYHOLDER

Is company? Yes

Name Of Registered Owner PARADIGM AUTO PTE LTD

Company Reg No 201943139H

Email Address auburnauto.insurance@gmail.com

Mobile Phone No (Phone) +65-90938998

Alternative Phone No +65-90938998

VEHICLE PARTICULARS

Manufacturer Hyundai Model 145

Variant

Exact purpose for which vehicle was being used at time of Private hire accident

Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party

Vehicle Category Private hire

Transmission Auto

CC 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd

Type of Coverage ThirdParty

Fleet Policy

Policy Number 5115302429-01 (TP)

Cover Note Number

DRIVER

Name of Driver NORISMAN BIN RAHMAT

NRIC No. S8805237D Date Of Birth 19/02/1988 Occupation Outdoor Date Of Driving Pass 24/11/2009 Driving experience 11 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-91222440 Alt. Phone Number Email Address norisman@digitalifesolutions.com Address BLK 471B UPPER SERANGOON CRESCENT #03-364 Address complement Postcode 532471 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 - Change/cross lane Weather Conditions AFTER RAIN Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Tanglin Division Headquaters Police Station Phone No (Phone) +65-18003910000 Alt. Police Station Phone No (Fax) +65-63964900 Police Station Address 21 Kampong Java Road Singapore 228892 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT NO. E/20210628/7016 ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHF7577 Vehicle Manufacturer Vehicle Model

Taxi

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	YEN WEE SOONG
Contact Number	(Phone) +65-90622537
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

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
- 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)
 - (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
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their 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.
- 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.
- 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.

2019431961

Policyholder's Signature Date & Time:

28 JUN. 2021

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIG/FIN No.: Sillin.

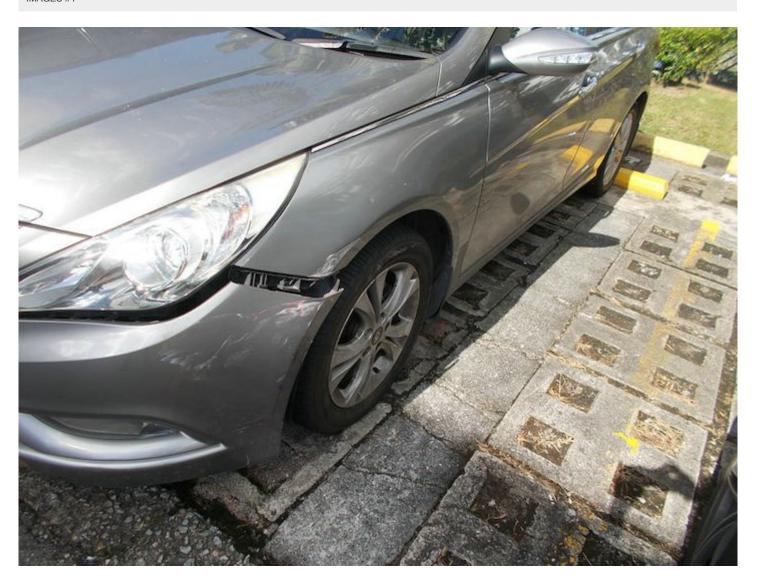
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1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892 Tel No:1800-3910000 Report No. E/20210628/7016

Date/Time Report Made 28/06/2021 12:21	Vide Report No.			Station Diary No.
Name Of Informant NORISMAN BIN RAHMAT	Address 471B UPPER SERANGOON CRESCENT #03-364 SINGAPORE 532471			
ID Type / ID No. NRIC NO / S8805237D	Contact No. Home/Office: Mobile: 91222440			
Nationality SINGAPORE CITIZEN	Email Address NORISMAN@DIGITALIFESOLUTIONS.COM			
Occupation	Sex	Age	Date of Birth	Race
IT service manager	Male	33	19/02/1988	Javanese
Institution/School Name	Language English			
Date/Time Of Incident 26/06/2021 23:05 - 26/06/2021 23:05	Location Of Incident 1 KILLINEY ROAD #00-00 KILLINEY ROAD POST OFFICE SINGAPORE 239518			

Brief details.

On 24th July 2021 at 2305hrs, I was driving Hyundai i45 bearing car plate SMZ3064E along killiney road in front of singapore post office. While I was driving straight on the straight road, a taxi bearing car plate SHF757Z cut into my lane abruptly and without signaling collided into my car.

The accident cause severe damages to my car.

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/06/2021 12:21
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20210628/7016

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

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/06/2021 12:21
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

