

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 28/05/2022 11:26 (SGT)
Date of Accident 25/05/2022 10:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG YISHUN AVENUE 8 BEFORE YISHUN STREET 44
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ2416R

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) +65-97908998
Alternative Phone No +65-97908998

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
Variant -
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 - 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 5125953312
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD DANIL HAIZAL BIN JEFFREE
NRIC No S9611783C

Date Of Birth	09/04/1996
Occupation	Outdoor
Date Of Driving Pass	20/09/2017
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87484248
Alt. Phone Number	-
Email Address	AUBURNAUTO.INSURANCE@GMAIL.COM
Address	BLK 347 #03-141
Address complement	KANG CHING ROAD
Postcode	610347
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?	Yes
Was any other vehicle 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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT : L/20220522/7008, L/20220522/7010 AND SKETCH PLAN

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	YP2075R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	PEH KIM HENG

NRIC No	S1492929J
Contact Number	(Phone) +65-98198758
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	MUHAMMAD DANIL HAIZAL BIN JEFFREE
Gender	Male
Phone No	(Phone) +65-87484248
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	26
Injuries Sustained	SUFFERED NECK PAIN AND BACK PAIN
Injured person in which vehicle?	SJZ2416R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

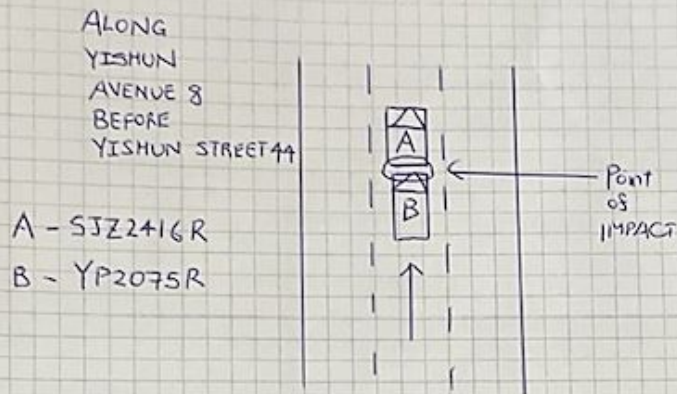


Policyholder's Signature
Date & Time: 28/05/2022
1130HRS

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/05/2022
1130HRS

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S991138

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: 28/05/2022
1130HRS

GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 28/05/2022
1130HRS

Reporting Centre Personnel's Signature
Name: VINCENT SOH
NRIC/FIN No.: S991138




















**SINGAPORE
POLICE FORCE**


L/20220522/7008

1 of 2

POLICE REPORT (NP299)

Report No. L/20220522/7008

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 22/05/2022 10:36	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD DANIL HAIZAL BIN JEFFREE	Address 347 KANG CHING ROAD #03-141 SINGAPORE 610347	
ID Type / ID No. NRIC NO / S9611783C	Contact No. Home/Office:	Mobile: 87484248
Nationality SINGAPORE CITIZEN	Email Address danielhaizal@gmail.com	
Occupation Safety and security consultant	Sex Male	Age 26
Institution/School Name	Date of Birth 09/04/1996	Race Javanese
Date/Time Of Incident 21/05/2022 00:00	Location Of Incident YISHUN AVENUE 8	

Brief details.

On the stated date and time, I was driving my vehicle SJZ2416R along Yishun Ave 8.

I had stopped at the traffic light junction of Yishun Ave 8 as the traffic light was red.

When the traffic light turned green, I was waiting for vehicles in front of me to move off when suddenly, a massive impact slammed into the rear of my vehicle.

The impact was huge as my vehicle jerked violently forward.

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: 22/05/2022 10:36
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220522/7008

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220522/7008

I was caught complete off guard by the impact and my body lurched forward only to be restrained by my seat belt.

I alighted to realise that YP2075R had crashed into my vehicle's rear.

I felt a sharp pain in my neck and back area and as such, when ambulance arrived, I was conveyed to Khoo Teck Puat Hospital.

I was discharged the same day with 4 days MC.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
22/05/2022 10:36

Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220522/7010

1 of 2

POLICE REPORT (NP299)

Report No. L/20220522/7010

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 22/05/2022 10:52	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD DANIL HAIZAL BIN JEFFREE	Address APT BLK 347 KANG CHING ROAD #03-141 SINGAPORE 610347	
ID Type / ID No. NRIC NO / S9611783C	Contact No. Home/Office: Mobile: 87484248	
Nationality SINGAPORE CITIZEN	Email Address danielhaizal@gmail.com	
Occupation Safety and security consultant	Sex Male	Age 26
Institution/School Name	Date of Birth 09/04/1996	Race Javanese
Date/Time Of Incident 21/05/2022 10:00	Location Of Incident YISHUN AVENUE 8	

Brief details.

Vide L/20220522/7008

I would like to make amendments to my initial report:

The time of accident indicated in my initial report is wrong.

Accident happened on 21/05/2022 at 1000 Hours and not 0000 Hours.

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: 22/05/2022 10:52
Officer In-Charge Of Case:	Classification Of Case:

**SINGAPORE
POLICE FORCE**

L/20220522/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220522/7010

That's all.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
22/05/2022 10:52

Classification Of Case:

