SN07226A000K / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 10/06/2022 15:16 (SGT) SUBMITTED BY: Indra Aziz VERSION: 1 (10/06/2022 15:16 (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.

- 4. The issue and acceptance of this is form by instrained 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 10/06/2022 15:16 (SGT) Date of Accident 24/05/2022 13:30 (SGT) Exact Location of Accident Singapore Additional Location Information PRINCESS OF WALES ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SGY2340R

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) +65-91772142 Alternative Phone No +65-91772142

VEHICLE PARTICULARS

Manufacturer

Model Civic 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

No - Claiming third party your vehicle? Vehicle Category Private hire

Transmission Auto CC 1600

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 YOEL YONG YI JIE NRIC No. S7890007E

Date Of Birth 05/12/1978 Occupation Outdoor Date Of Driving Pass 18/09/2002 Driving experience 19 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-90487739 Alt. Phone Number Email Address AUBURNAUTO.INSURANCE@GMAIL.COM Address 12 #05-13 LOYANG BESAR CLOSE Address complement Postcode 509051 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 - Major/Minor Rd Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Telok Blangah Neighbourhood Police Post Police Station Phone No (Phone) +65-18002729999 Alt. Police Station Phone No (Fax) +65-63776526 Police Station Address Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT T/20220609/2036 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 SHA9520G Vehicle Manufacturer

Yellow

Taxi

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category

Name of Driver	UNKNOWN
- Contact Number	UNKNOWN -
Address Address complement	-
Postcode	-
Insurance Company Name Nature Of Damage	-
Details of property damaged in accident No. Of Passenger (Including Driver)	-
No. Of Passenger (including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	YOEL YONG YI JIE
Gender	Male
Phone No	(Phone) +65-90487739
Address	12 #05-13 LOYANG BESAR CLOSE
Address Complement	-
Post Code	509051
Approximate Age Years Old	43
Injuries Sustained	BRUISES ON RIGHT LEG. GIVEN 3 DAYS MC FROM BLISS
Injured person in which vehicle?	MEDICAL CLINIC (S100065)
Injured person in which vehicle?	SGY2340R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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Bress	PENNCESS OF WHIES ROAD	
Value or COMS	TANCES OF THE ACCIDENT	
Today to Lo	Ober Report 7/20220609/2036	
DECLARATION		
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We declared to the going part		
(a) \$ (b)	ynel.	10
(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	yord	Splin
(a) \$ 18	Driver's Signature (If driver is not the policyholder) Date & Time: 10/06/2012	Reporting Centre Personnel's Signature Name: [Add-a A-72 NRIC/FIN No.: S994949

SKETCH PLAN

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- 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 thus

- (a) My insurer, my workship and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, osiciose and/or process my personal data/personal information set out in this (form) and any other personal information provided by one or possessed by my insurer (collectively the "Personal Information") and disclose and stransfer 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) Imy 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.

O GAN

Policyholder's Signature
Date & Time: 1)/16/2027

ISON HES

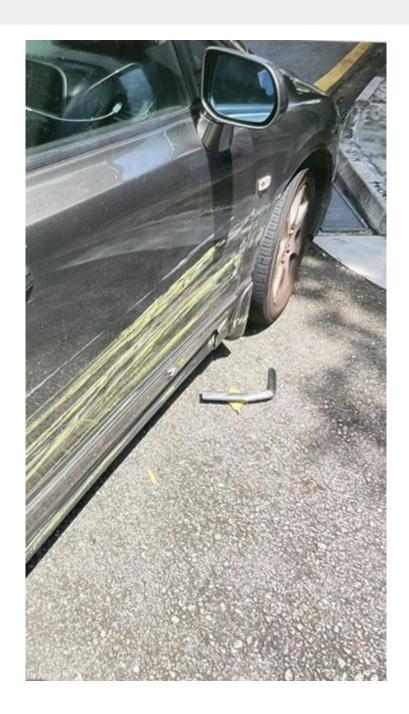
yves

Driver's Signature (if driver is not the policyholder) Date & Time: 10/06 (20)?

1500 HKS

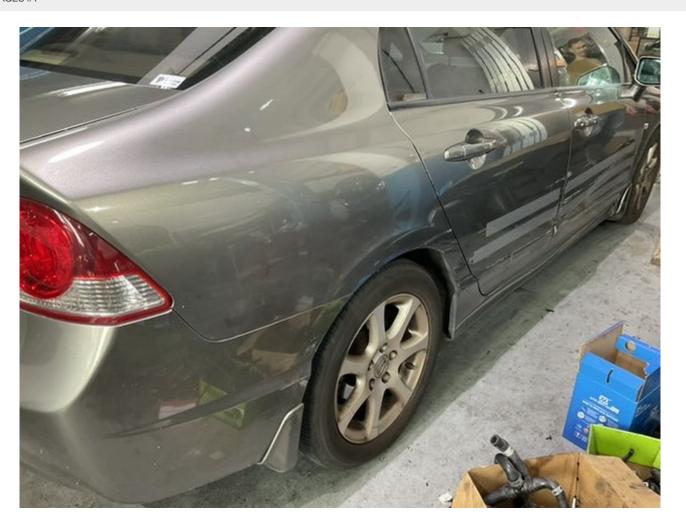
Reporting Centre Personnel's Senature Name: Individ App

NEC/FIN NO.: 3994949







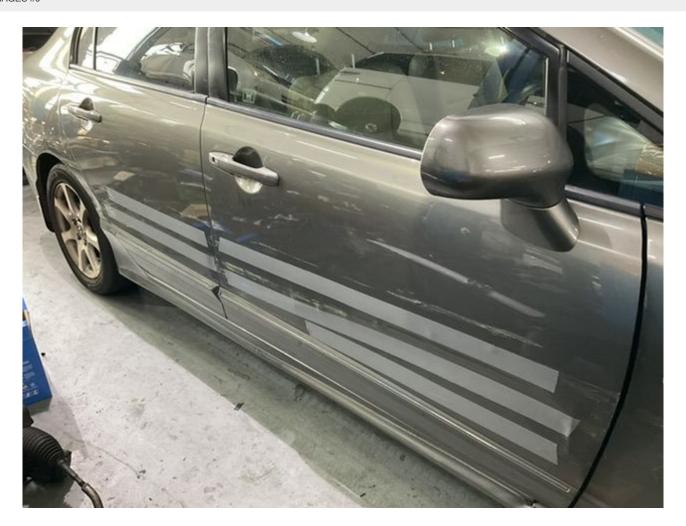




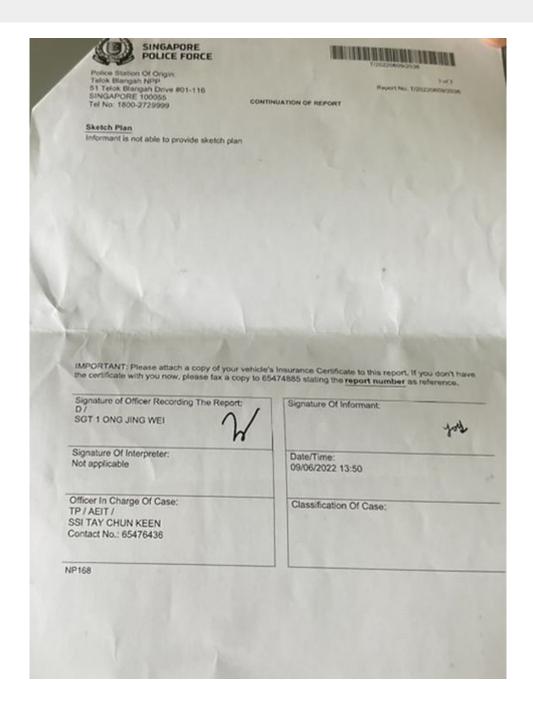














Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999



Report No. 1/20220609/2036

Driver				
Name	YOEL YONG YI JIE		ID No.	S7890007E
Related Vehicle	SGY2340R (Car)		Contact No.	90487739
Hospital/Clinic	BLISS MEDICAL CLINIC		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NII
Pate Treatment	24/05/2022	I Date Die		
o of Days granted Medical I		Date Dis	of Injury NIL	05/2022

Brief Details.
On 24/05/2022 at about 1330hrs I was working as a Grab Driver and driving my rental car (SGY2340R) along Princess of Wales Rd going towards Nanyang Primary School.

While at a non-traffic control X-junction near lamp post 10, I was travelling straight and I noticed a yellow colour taxi by the right of the junction and it was at a complete stop.

I moved my car straight to cross the junction and suddenly the taxi moved forward and collided to the right

No parties was injured at that point of time, me and the taxi driver took some photos of the damages and we reported to our individual company. At the scene the taxi driver apologize to me that is he partly at fault and we left the vicinity separately.

I did not took down the driver particulars as I assumed that the Taxi plate number will be sufficient.

My rental car does not have a in-car camera installed.

After the accident I felt pain and noticed there are some small bruise on my right leg thus I seek treatment

I reported to my car rental company and my wife was advice to lodge a police report.

