

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 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

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 Honda
Model Civic
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 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	Male
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?	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 - 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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	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?	No
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9520G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi

Name of Driver	UNKNOWN
-	UNKNOWN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
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 MEDICAL CLINIC (S100065)
Injured person in which vehicle?	SGY2340R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


A: SGY2340R
B: SHN9520G

PRINCESS OF WALES ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20220609/2036

DECLARATION
I/We declare the foregoing particulars are true in every respect.

 Policyholder's Signature: *[Signature]*
Date & Time: 10/06/2022 1500 HRS


Driver's Signature (If driver is not the policyholder): *[Signature]*
Date & Time: 10/06/2022 1500 HRS

Reporting Centre Personnel's Signature: *[Signature]*
Name: Indira Azz
NRIC/FIN No.: S924449

SKETCH PLAN

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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: 10/06/2022
1522 HK\$

yes

Driver's Signature
(if driver is not the policyholder)
Date & Time: 10/06/2022
1500 HK\$

Reporting Centre Personnel's Signature
Name: Indira Aziz
NRIC/FIN No.: 9994049





















SINGAPORE POLICE FORCE	
Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999	1/20220609/2036 3 of 3 Report No: T/20220609/2036
CONTINUATION OF REPORT	
Sketch Plan Informant is not able to provide sketch plan	
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.	
Signature of Officer Recording The Report: D/ SGT 1 ONG JING WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2022 13:50
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:
NP168	


**SINGAPORE
POLICE FORCE**

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



T/20220609/2036

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Report No. T/20220609/2036

CONTINUATION OF REPORT

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: NIL
Date Treatment	24/05/2022	Date Discharge	24/05/2022
No. of Days granted Medical Leave	03	Degree of Injury	NIL

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 side of my car.

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 at a clinic and was given 3 days MC.

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

SINGAPORE POLICE FORCE

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

1 of 3
Report No: T/20220609/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2022 13:50	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: YOEL YONG YI JIE		Address: 12 LOYANG BESAR CLOSE #05-13 SINGAPORE 509051	
ID Type / ID No.: NRIC NO / S7890007E		Contact No.: Home/Office: Mobile: 90487739	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 43	Date of Birth: 05/12/1978	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2022 13:30	Type of Location: X-Junction
Location: PRINCESS OF WALES ROAD			
Lamp Post Number: 10			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY2340R	Car	HONDA		Grey	Slightly Damaged	0
SHA9520G	Car	HYUNDAI		Yellow	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

