

## 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 Actual 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 ..... 12/08/2022 13:05 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 10/08/2022 18:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG ANG MO KIO AVE 1  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLK4761K

#### 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 ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Allion  
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 ..... 1500

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Policy Number / Cover Note Number ..... 5115302429-02

#### DRIVER

Name of Driver ..... LEE HONG YEAN  
NRIC No ..... S6816164I  
Date Of Birth ..... 31/05/1968  
Occupation ..... Indoor

Date Of Driving Pass .....	19/09/1989
Driving experience .....	32 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91818131
Alt. Phone Number .....	-
Email Address .....	AUBURNAUTO.INSURANCE@GMAIL.COM
Address .....	24 BENDEMEER ROAD
Address complement .....	#10-543
Postcode .....	330024
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 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO POLICE REPORT AND SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKR3707A
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHAU KAH FAN
NRIC No .....	S2550958G
Contact Number .....	(Phone) +65-96499128
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 .....	LEE HONG YEAN
Gender .....	Female
Phone No .....	(Phone) +65-91818131
Address .....	24 BENDEMEER ROAD
Address Complement .....	#10-543
Post Code .....	330024
Approximate Age Years Old .....	54
Injuries Sustained .....	NECK PAIN AND CHEST PAIN
Injured person in which vehicle? .....	SLK4761K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**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.



Policyholder's Signature / Date & Time

*[Signature]* 12/05/2017

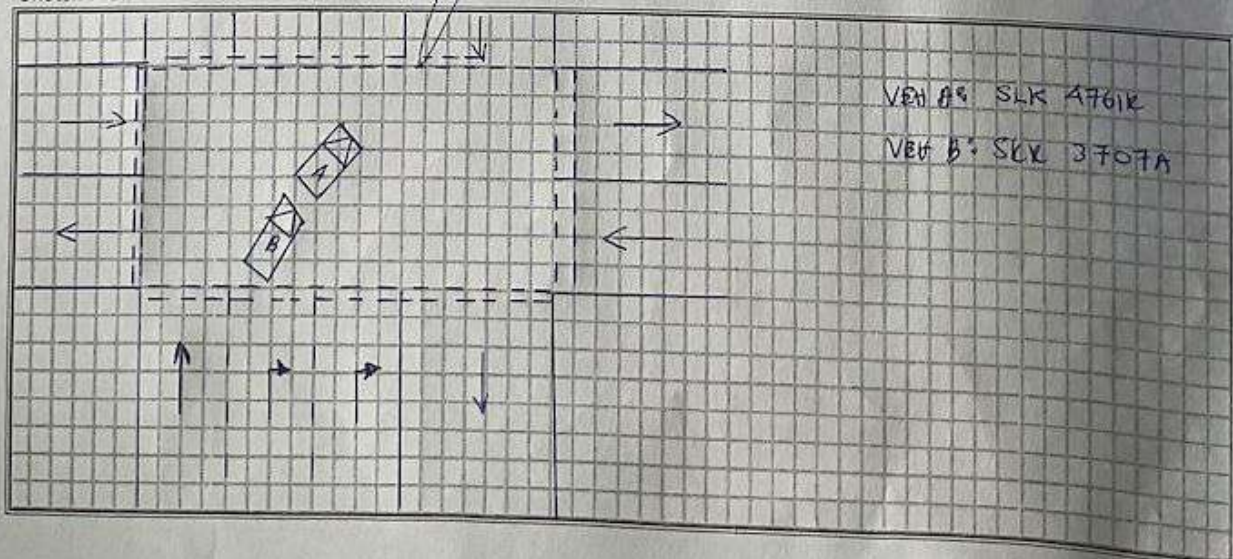
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 12/05/2017

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

*[Signature]* 12/05/2017

**Sketch Plan**





Describe Circumstance of the Accident

REFER TO GEARS REPORT

Declaration

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



Policyholder's Signature / Date & Time

6/10/20 12:00pm

Driver's Signature (if driver is not the policyholder) / Date & Time

6/10/20 12:00pm

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

6/10/20 12:00pm



**SINGAPORE  
POLICE FORCE**



A/20220812/7017

1 of 2

## POLICE REPORT (NP299)

Report No. A/20220812/7017

Police Station Of Origin  
Central Division HQ  
391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 12/08/2022 12:14	Vide Report No.	Station Diary No.
Name Of Informant LEE HONG YEAN	Address 24 BENDEMEER ROAD #10-543 SINGAPORE 330024	
ID Type / ID No. NRIC NO / S68161641	Contact No. Home/Office:	Mobile: 91818131
Nationality SINGAPORE CITIZEN	Email Address LJESSTAN@GMAIL.COM	
Occupation Taxi driver	Sex Female	Age 54
Institution/School Name	Date of Birth 31/05/1968	Race Chinese
Date/Time Of Incident 10/08/2022 18:00 - 10/08/2022 18:15	Location Of Incident 24 BENDEMEER ROAD #10-543 SINGAPORE 330024	

**Brief details.**

On the 10/08/2022 . I was driving car plate bearing SLK4761K , Toyota Allion at along Ang mo kio Ave 1 . I was in front of the traffic light when suddenly a car behind me car plate bearing SKR3707A suddenly sped up and hit my vehicle from the rear. This caused severe damages to my vehicle and i was given 3 days MC with strong medications .

**Subjects Involved****Victim**

Person Name LEE HONG YEAN

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:  
12/08/2022 12:14

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



A/20220812/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220812/7017

ID Type	NRIC NO	ID No	S6816164I
Gender	Female	Age	54
Race	Chinese	Language	English
Occupation	Taxi driver	Address	24 BENDEMEER ROAD #10- 543 SINGAPORE 330024
Mobile No	91818131	Is Informant A Victim?	Yes
Person Name LEE HONG YEAN (Informant)			

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:  
12/08/2022 12:14

Classification Of Case:



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN07228C000I Vehicle Registration No: SLK4761K  
 Name (as shown in NRIC): PARADIGM AUTO PTE LTD NRIC/FIN/Passport No: 201943139H  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 176 SING MING DR #04-18 Singapore (575721)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 91772142  
 Email Address: Auburn auto.insurance@gmail.com  
 Date of Accident: 10/08/2022 Time of Accident: 1800  
 Place of Accident: ALONG ANG MO KIO AVE 1  
 Insurance Company: NTUC INCOME

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS: AUBURNAUTO.INSURANCE@GMAIL.COM

Policyholder / Driver's Signature  
 Date: 13/08/2022

Reporting Centre Personnel's Signature  
 Name: AHMAD SUFIYAN ASSURI B MUSTAFFA  
 NRIC/FIN No.: S992991  
 Date: 13/08/2022