

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

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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

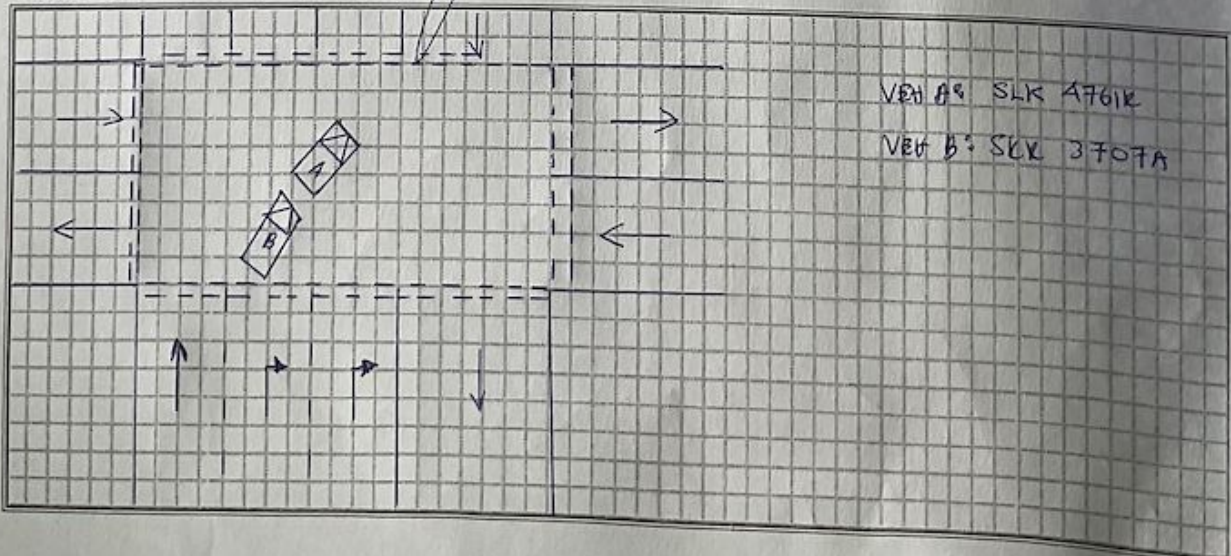
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
12/05/2017

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

[Signature]
WITNESSED BY REPORTING CENTRE PERSONNEL

Sketch Plan

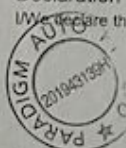


Describe Circumstance of the Accident

REFER TO GEAR REPORT

Declaration

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



Policyholder's Signature / Date & Time

12/10/2019

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

12/10/2019

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

12/10/2019













1 of 2

Report No. A/20220812/7017

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 / S6816164I	Contact No. Home/Office:	Mobile: 91818131		
Nationality SINGAPORE CITIZEN	Email Address LJESSTAN@GMAIL.COM			
Occupation Taxi driver	Sex Female	Age 54	Date of Birth 31/05/1968	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 10/08/2022 18:00 - 10/08/2022 18:15	Location Of Incident 24 BENDEMEER ROAD #10-543 SINGAPORE 330024			

On the 10/08/2022 . I was driving car plate bearing SLK4761K , Toyota Allion at along Ang mo kio Ave 1 . I was infront 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 .

Victim

Person Name	LEE HONG YEAN
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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