SF0F2314000A / FALCON-AIR AUTO SERVICES PTE LTD [575721] ENTRY DATE & TIME: 04/01/2023 16:53 (SGT) SUBMITTED BY: Florence Loh VERSION: 1 (04/01/2023 16:53 (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 Actual 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 04/01/2023 16:53 (SGT) Reported by Date of Accident 30/12/2022 18:50 (SGT) Exact Location of Accident Singapore Additional Location Information 20 PASIR RIS ST 71 MERIDIAN PRIMARY SCHOOL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number **SKN3588Y**

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

Model **COROLLA AXIO** Variant Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5125953312-01

DRIVER

Name of Driver **ASHARI BIN RIDWAN** NRIC No S1437866I Date Of Birth 20/10/1960 Occupation Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	08/12/1994 28 YEARS Male (Phone) +65-91374040 - ashariridwan0496@gmail.com BLK 708 TAMPINES ST 71 #04-96 - 520708 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Change/cross lane Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Gender	No 2 Yes No Yes 2 No TADA PASSENGER Female
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bedok Division Headquarters (Phone) +65-18002440000 (Fax) +65-64443009 30 Bedok North Road Singapore 469676 No
CINCUIVISTANCES OF ACCIDENT	
REFER TO POLICE REPORT.	
NOTE: VEHICLE REPAIR AT OWNER W/SHOP - AUTO AUBURN	N
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBS6523U
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Bus
Name of Driver	_
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	ASHARI BIN RIDWAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKN3588Y
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

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

Lunderstand, 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' law yers/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' law yers/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 the last yet s/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



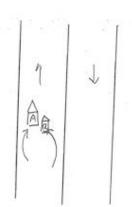
Driver's Signature (If driver is not the policyholder) / Date & Time

SIN SIN VILL

Witnessed by Reporting Centre Personnel

Sketch Plan





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Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

PARADIGM AUTO PTE LTD UEN: 201943139H LINK@AMK 3 ANG MO KIO STREET 62 #07-26 \$569139

VEHICLE RENTAL AGREEMENT

ND			
ASHARI BIN	J RIDWAN		
Name of main hirer / h	ereinafter "Hirer")		
S143786			
Singapore NRIC No. /			102
APT BIK 70	8 TAMPINES ST 71 #04-96	5(520708)	
Residential/Mailing Av	idress*)		
9137 40		*	
		in the state of	43/0
98353251	(Emergency contact No.) SON	(Relationship) /	
ND			29/9~
AND	4		
	-sinaffor "Him"	4	
Name of Co-hirer / he	remarker rines /		
	The state of the s		
Singapore NRIC No.	Driving License No.)		
		* - }	
(Residential/Mailing A	ddress*)		
	(Contact No.)		100
96426590	(Emergency contact No.) WIFE	(Relationship) /	Oa.
	(Efficigency contact No.)		Wa
			11
	<u>Details</u>		
Authorised Vehicle [PARA
Authorised Vehicle I Make&Model: Vehicle No:	Toyota Axio SKN 3548Y		PARAD

Whereas, The Company and Hirer desire to enter into a relationship in which the Company has agreed to provide car rental service to the Hirer on the terms and conditions set out in this Agreement from page 1-8. While Hirer is of the opinion that the Company has the proper and necessary qualification, experience and ability to provide car rental services to Hirer. The Hirer will also receive a copy of this Rental Agreement. The Company may change these terms and conditions at any time by revising them without prior notice. You agree to be bound by any such revisions.

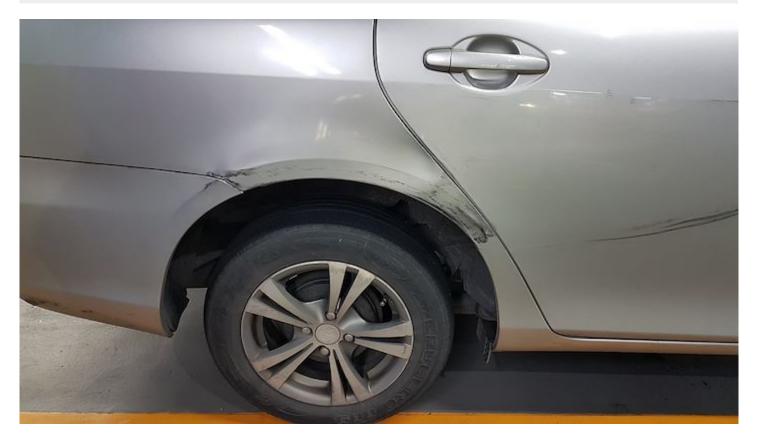
Page 1 of 8





















Report No. G/20230104/7032

POLICE REPORT (NP299)

Police Station Of Origin Bedok Division HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Date/Time Report Made 04/01/2023 14:28	Vide Report No.			Station Diary No.
Name Of Informant ASHARI BIN RIDWAN	Address		SINGADORE	
ASHANI BIN NIDWAN	708 TAMPINES STREET 71 #04-96 SINGAPORE 520708		SINGAPONE	
ID Type / ID No. NRIC NO / S1437866I	Contact Home/C		Mobile: 91374040	
Nationality SINGAPORE CITIZEN	Email Address ashariridwan0496@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Taxi driver	Male	62	20/10/1960	Boyanese
Institution/School Name	Language English			
Date/Time Of Incident 30/12/2022 18:45 - 30/12/2022 18:55	Location Of Incident 20 PASIR RIS STREET 71 MERIDIAN PRIMARY		N PRIMARY	
	SCHOOL SINGAPORE 518798			

Brief details.

On the 30/12/2022, at about 6.50pm. I was driving a Toyota Axio car plate bearing SKN3588Y. My car was infront of a Bus car plate bearing SBS6523U. It was a merging lane and when suddenly the bus tried to overtake my vehicle and tried to squeeze infront of my vehicle which then caused a severe damages to my vehicle of the right hand side from my rear bumper all the way up to my driver's door . I have seen a doctor and was given 4 days MC with strong medications.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpas No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2023 14:28		
Officer In-Charge Of Case:	Classification Of Case:		

