

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	04/01/2023 16:53 (SGT)
Reported by	Driver
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

Vehicle Registration Number	SKN3588Y
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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	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 your vehicle?	No - Claiming third party
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	08/12/1994
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-91374040
Alt. Phone Number	-
Email Address	asharidwan0496@gmail.com
Address	BLK 708 TAMPINES ST 71 #04-96
Address complement	-
Postcode	520708
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 - Change/cross lane
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)	2
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	-

PASSENGER 1

Name	TADA PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - AUTO AUBURN

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	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

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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.



[Handwritten signature]

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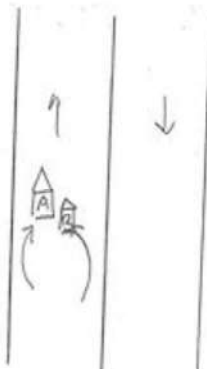
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

[Handwritten note: P. 1000 P. 1000]



A: SKN 3588-1

B: SBS 6523 U

Describe Circumstances of the Accident

AUBURN AUTO, INSURANCE @GMAIL.COM

Declaration

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



[Signature]

[Signature]

Policyholder's Signature / Date & Time

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



[Signature]

Witnessed by Reporting Centre Personnel

PARADIGM AUTO PTE LTD
 UEN: 201943139H
 LINK@AMK
 3 ANG MO KIO STREET 62 #07-26 S569139

VEHICLE RENTAL AGREEMENT

THIS VEHICLE RENTAL AGREEMENT ("AGREEMENT") EFFECTIVE AS OF 24/9/2022 (DD/MM/YYYY), IS MADE AND ENTERED INTO BETWEEN PARADIGM AUTO PTE LTD (hereinafter "The Company") (SINGAPORE COMPANY REGISTRATION NO. 201943139H, A COMPANY ORGANISED AND EXISTING IN SINGAPORE, WITH OFFICES LOCATED AT LINK@AMK, 3 ANG MO KIO STREET 62 #07-26, SINGAPORE 569139

AND

ASHARI BIN RIDWAN
 (Name of main hirer / hereinafter "Hirer")

S14 37866I
 (Singapore NRIC No. / Driving License No.)

APT BIK 708 TAMPINES ST 71 #04-96 S5207082
 (Residential/Mailing Address*)

9137 4040 (Contact No.)

98353251 (Emergency contact No.) SON (Relationship) /

AND

(Name of Co-hirer / hereinafter "Hirer")

(Singapore NRIC No. / Driving License No.)

(Residential/Mailing Address*)

(Contact No.)

96426590 (Emergency contact No.) WIFE (Relationship) /

Authorised Vehicle Details

Make&Model: Toyota Axió

Vehicle No: SKN3588Y

Exchanged from:

Rental Period: 24/9/2022 to 28/03/2023
 (dd/mm/yyyy) (dd/mm/yyyy)



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.













**SINGAPORE
POLICE FORCE**



G/20230104/7032

1 of 1

POLICE REPORT (NP299)

Report No. G/20230104/7032

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 708 TAMPINES STREET 71 #04-96 SINGAPORE 520708	
ID Type / ID No. NRIC NO / S1437866I	Contact No. Home/Office:	Mobile: 91374040
Nationality SINGAPORE CITIZEN	Email Address ashariridwan0496@gmail.com	
Occupation Taxi driver	Sex Male	Age 62
	Date of Birth 20/10/1960	Race 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 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 in front 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 in front 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 Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/01/2023 14:28
Officer In-Charge Of Case:	Classification Of Case:

