

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	30/01/2023 18:03 (SGT)
Reported by	Driver
Date of Accident	24/01/2023 09:45 (SGT)
Exact Location of Accident	Jurong Town Hall Rd, Singapore
Additional Location Information	JURONG TOWN HALL SLIP RD TO AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK1458U
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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	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1794

INSURANCE COMPANY

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

DRIVER

Name of Driver	M SOUNDARA RJAN
NRIC No	S1337312D
Date Of Birth	28/01/1958
Occupation	Outdoor

Date Of Driving Pass	02/12/1991
Driving experience	31 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97703115
Alt. Phone Number	-
Email Address	SOUNDARAQU37@GMAIL.COM
Address	BLK 209 CHOA CHU KANG CENTRAL
Address complement	#04-150
Postcode	680209
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	Raining
Road Surface	Wet

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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT ATTACHED

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	YP6938A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	M SOUNDARA RJAN
Gender	Male
Phone No	(Phone) +65-97703115
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SMK1458U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

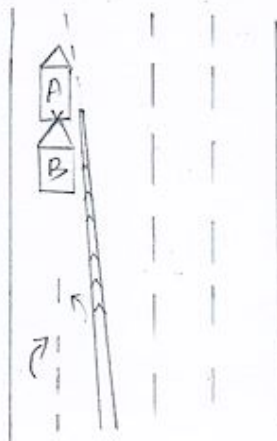
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A : SMK1458U

Vehicle B : YP6938A

Describe Circumstances of the Accident

REFER TO POLICE REPORT

D/20230130/7020

Declaration

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



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



D/20230130/7020

1 of 1

POLICE REPORT (NP299)

Report No. D/20230130/7020

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 30/01/2023 14:11	Vide Report No.	Station Diary No.
Name Of Informant M SOUNDARA RJAN	Address 209 CHOA CHU KANG CENTRAL #04-150 SINGAPORE 680209	
ID Type / ID No. NRIC NO / S1337312D	Contact No. Home/Office:	Mobile: 97703115
Nationality SINGAPORE CITIZEN	Email Address SOUNDARAQU37@GMAIL.COM	
Occupation Private-hire car driver	Sex Male	Age 65
Institution/School Name	Date of Birth 28/01/1958	Race Indian
Date/Time Of Incident 24/01/2023 09:45 - 24/01/2023 09:50	Location Of Incident 10 TEBAN GARDENS CRESCENT SINGAPORE 608923	

Brief details.

On 24/01/2023 09.45am, I was driving car plate bearing SMK1458U Toyota Wish at along 10 TEBAN GARDENS CRESCENT slip road. My car was stationary it was road work before merging road, when suddenly a lorry car plate bearing YP6938A Isuzu collided into the rear of my vehicle. This caused damages to my vehicle and I was given 3 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: 30/01/2023 14:11
Officer In-Charge Of Case:	Classification Of Case:



OFFICIAL RECEIPT (No: 146931)

Received from M SOUNDARA RJAN

Consultation	- \$	40.00
Medicine	- \$	22.00
Total:	\$	62.00

Date: 30/01/23



FONG
CLINIC

BLOCK 162, #01-361
MEI LING STREET
SINGAPORE 140162
TEL: 6474 5993

MEDICAL CERTIFICATE

This is to certify that:
M SOUNDARA RJAN
is unfit for work for 3 days
from 30/01/23 to 01/02/23

Date: 30/01/23

DR. FONG SENG YEW M.B.B.S.
Family Physician
Designated Workplace Doctor
MCR 045480

(This certificate is not valid for absence from court)



FONG
CLINIC

BLOCK 162, #01-361
MEI LING STREET
SINGAPORE 140162
TEL: 6474 5993

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 30/10/2022 (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

M Soundara Rjan

(Name of main hirer / hereinafter "Hirer")

S1337312D

(Singapore NRIC No. / Driving License No.)

Blk 204 Choa Chu Kang Central #04-150 S(680209)

(Residential/Mailing Address*)

97703115

(Contact No.)

shan

(Emergency contact No.)

9770102

Daughter

(Relationship) /

AND

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

(Singapore NRIC No. / Driving License No.)

(Residential/Mailing Address*)

(Contact No.)

Harun

(Emergency contact No.)

97896004

Son

(Relationship) /

Authorised Vehicle Details

Make&Model: Toyota Wish

Vehicle No: 5MK1458U

Exchanged from:

Rental Period: 30/10/2022 to 24/10/2023

(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.