

## 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 First Submission .....	20/11/2024 14:30 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	19/11/2024 05:30 (SGT)
Exact Location of Accident .....	420 Ang Mo Kio Ave 10, Singapore
Additional Location Information .....	CAR PARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNE3280X
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	GOODWILL AMBULANCE SERVICES PTE LTD
Company Reg No .....	1XXXXX888G
Email Address .....	INFO@GOODWILLAMBULANCE.COM
Mobile Phone No .....	(Phone) +65-92995542
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	2754
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D22MFL0004207_02

#### DRIVER

Name of Driver .....	NOORAIN BINTE ROSLAN
NRIC No .....	SXXXX179B
Date Of Birth .....	05/11/1985
Occupation .....	Outdoor
Driving Pass Date .....	30/04/2018
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	6 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-87740024
Alt. Phone Number .....	-
Email Address .....	NOORAINROSLAN1985@GMAIL.COM
Address .....	420 ANG MO KIO AVE 10
Address complement .....	#03-1141
Postcode .....	560420
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Chain Collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND POLICE REPORT NO. T/20241119/2023

#### 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 .....	SGT6995B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SGY3854T
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	CLAUS
Phone .....	(Phone) +65-82075053
Email .....	-

SKETCH PLAN

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
**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

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

**Sketch Plan**

Refer to the police report T/20241119/2023



Describe Circumstance of the Accident

Refer to the Police report T/2024/1119/2023.

I (Owner/In-charge/Driver) \_\_\_\_\_, NRIC NO: \_\_\_\_\_, Vehicle No: \_\_\_\_\_

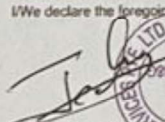

will be sending my above stated damaged vehicle to Company name: \_\_\_\_\_

for my vehicle damaged repairs and insurance claims.


GBE had clearly informed me on new GIA rules. I accepted all liabilities and discharge Goldbell Engineering Pte Ltd.

Declaration


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

Policyholder's Signature & Stamp



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

 Ken Yin Sio

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





























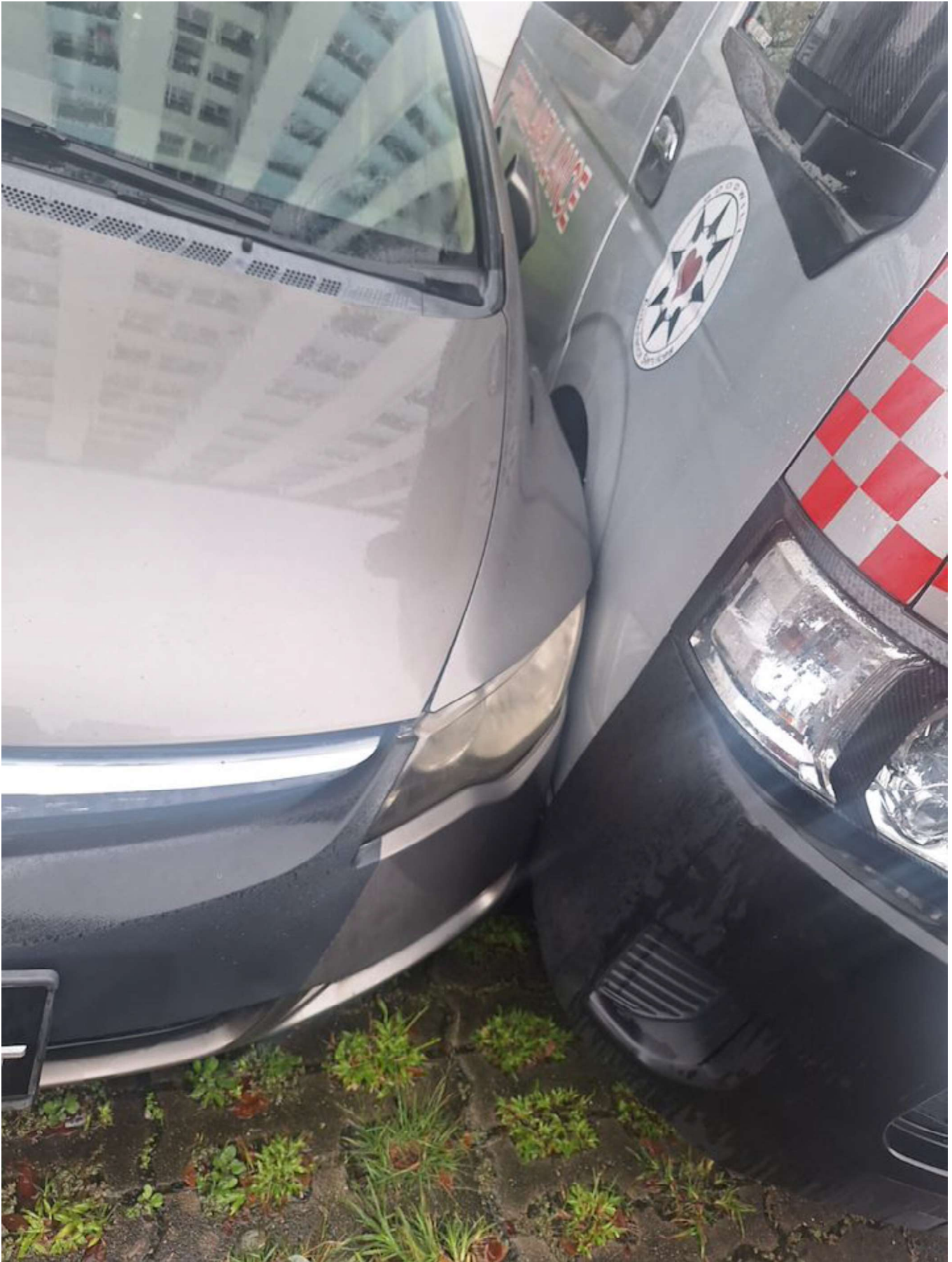


























**SINGAPORE  
POLICE FORCE**



T/20241119/2023

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Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20241119/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 19/11/2024 11:48		Vide Report No.: F/20241119/0037		Station Diary No.: 55	
<b>Informant's Particulars</b>					
Name of Informant: NOORAIN BINTE ROSLAN			Address: 420 ANG MO KIO AVENUE 10 #03-1141 SINGAPORE 560420		
ID Type / ID No.: NRIC NO / S8538179B			Contact No.: Home/Office: Mobile: 87740024		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 05/11/1985	Type of Informant: Vehicle Owner		
Race: Malay			Language:		
Occupation: Ambulance driver			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/11/2024 08:15	Type of Location: Car Park
Location:  ANG MO KIO AVENUE 10				
Weather: Clear		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGT6995B	Motor car				Slightly Damaged	0
SGY3854T	Motor car				Slightly Damaged	0
SNE3280X	Ambulance				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20241119/2023

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Report No. T/20241119/2023

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569929  
Tel No: 1800-4519999

**CONTINUATION OF REPORT**

**Brief Details.**

On 19/11/2024 at around 0815hrs, my neighbor alerted me that my ambulance had been involved in a hit-and-run accident and he saw one car (SGT6995B, driver was in a white top) hit unto the front left side of my ambulance. Due to this it caused my ambulance to hit another party (SGY3854T). Traffic police was activated to scene and was able to establish where the defendant stayed however there was no response from the unit. The front left side of my ambulance has dents and parts of it are cracked as well. Traffic Police IO Haslinda then advised me to lodge a traffic accident report regarding this issue. My ambulance was parked at carpark lot 726 Blk 420 Ang Mo Kio



**SINGAPORE  
POLICE FORCE**

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569929  
Tel No: 1800-4519999



T/20241119/2023

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Report No. T/20241119/2023

**CONTINUATION OF REPORT**

Signature of Officer Recording The F / SGT 1 Lai Shihao	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/11/2024 11:48
Officer In Charge Of Case: TP / HRT / SI IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

NP168