

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 Authorised 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 ability.
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 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 Report	22/11/2017 12:50
Date Of Accident	10/11/2017 14:10
Exact Location Of Accident	SLIP RD FROM NORTH BUONA VISTA INTO AYE CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3089Z
Insured/Policyholder	
Name Of Registered Owner	NATIONAL UNIVERSITY HOSPITAL (S) PTE LTD
Co Reg No	-
Email Address	KE_YOON_HO@NUHS.EDU.SG
Mobile Phone No	(LOCAL) +65-96962429
Alternative Phone No	OFFICE-96962429

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SPRINTER
Exact Purpose for which vehicle was being used at time of accident	AMBULANCE SENDING PATIENT
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 28865017 MKC
Cover Note Number	

Driver

Name of Driver	SYAHRUDDIN BIN ESA
NRIC No	S9225646D
Date Of Birth	27/07/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96962429
Fax Number	
Contact Number	OTHERS-96962429
Email Address	KE_YOON_HO@NUHS.EDU.SG

Address	BLK 151 JALAN TECK WHYE #09-37
Postcode	680151
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFC2577L
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

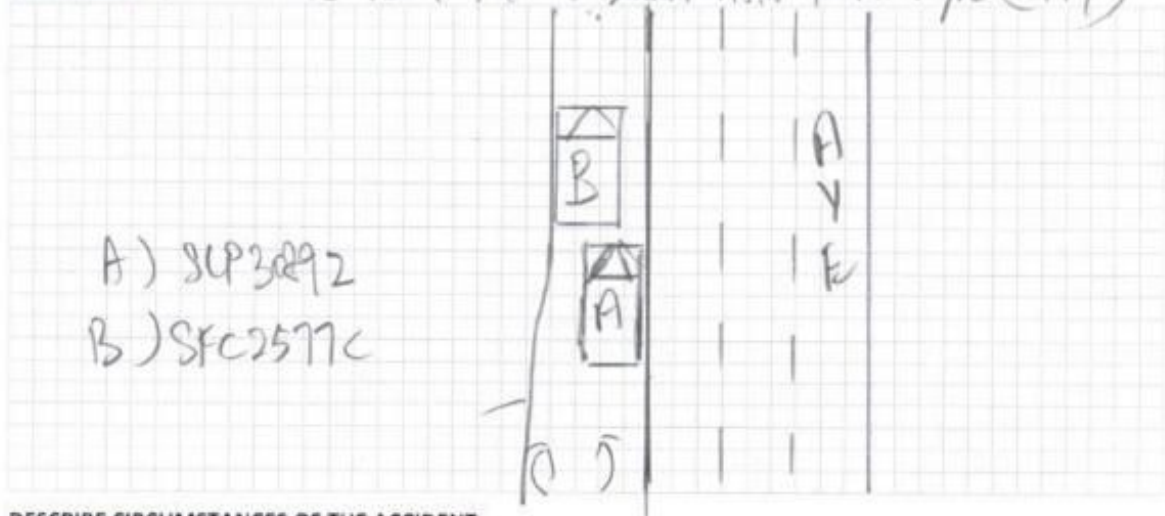
Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/11/17

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: 4021 W0003

Sketch Plan #2

SKETCH PLAN

SLIP ROAD FROM NORTH BUENA VISTA INTO AYRE (CITY)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Reference to Annex 1

DECLARATION

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

Policyholder
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 21/11/17

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

22/11/2017
Resal WATONS

SGS/001, Third Edition, 2012

Sketch Plan #3



Incident summary on Friday, 10th of November 2017

Vehicle Number: SLP3089Z (Ambulance) SFC2577C (Civilian Car)

Time and Location: 1408hrs, Acceleration lane to AYE.

Weather: Heavy downpour

Incident:

Acceleration lane was jammed with vehicles moving slow and braking constantly. Two vehicles directly in front of Ambulance made way for Ambulance to pass. Upon doing so, civilian vehicle SFC2577C wasn't moving to the left enough to make way for Ambulance. At the same time, I was checking right for possible clearance to proceed on but particular car wasn't giving way and was braking constantly with ample of space in front. As that happens, I braked suddenly as well to my judgement, there was no impact felt but I went down the Ambulance to check for any damage anyway. No damage on Ambulance but scratch on particular car, oddly with yellow paint stains on it. Driver of SFC2577C didn't come out of his car until I approach him asking him whether he wants to check or not. Questioned him whether it was as new or an old damage, he admitted it as a new one. Proceed to take pictures of our 'point of contact' and my fault for not taking his identification down and contact number as well to get contact regards to this but I was I was worried due to having an elderly patient in the Ambulance to send off. He took a photo of my staff pass and signaled him a thumbs up and proceed to move.

Name: Syahrudin Bin Esa
Employee No.: NU28500

Syahrudin
NU28500



gn 22/11/2017

Sketch Plan #4

Reporting of road traffic accident

Date : 10 Nov 2017

Time 1630hrs

Cant recall the name.

Malay officer. 3rd Sergeant.

Short height, fair skin.

Officer was in a conversation with 1 chinese lady and another indian man beside her. I went in to have a seat in the station, he questioned me what was I here for.

Told him I need to make a report due to an accident, driving under NUH, might be getting a report from a civilian that might file a claim.

He asked whether it was a government vehicle or not, no. NUH ambulance is under private vehicle.

Asked me to wait awhile while he makes a phone call. Overheard him asking about my situation. Once done, he told me there is no need to make a police report, if they file a claim, its will be directly under insurance agencies/company.

Asked him if i had to do anything else, he said no, just wait for any claims through insurance. And so i left and made a call to you.

Syahrudin
NU20500



22/11/2017

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



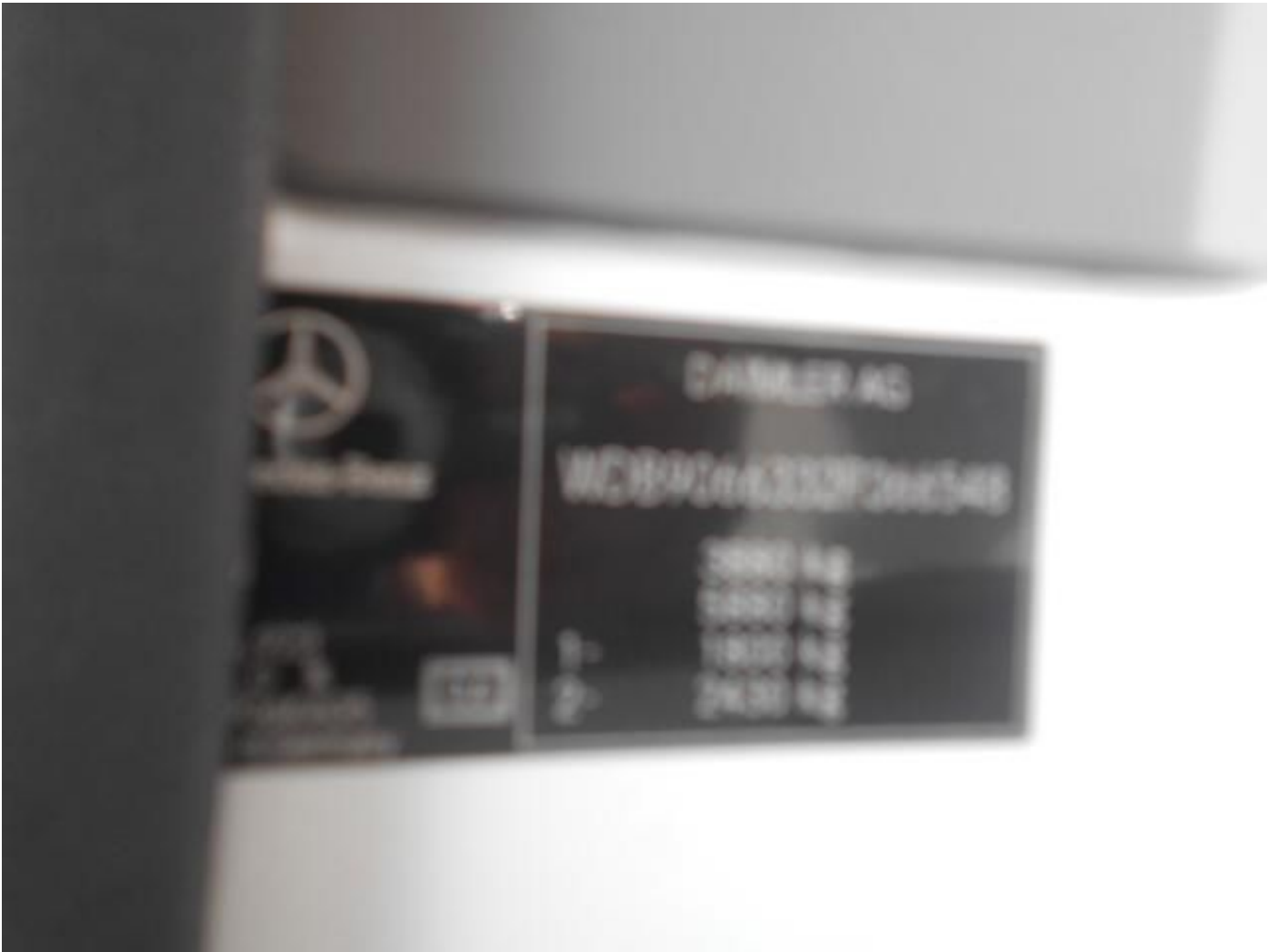
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Accident Photo



Accident Photo



Accident Photo

