

## 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	02/12/2017 14:03
Date Of Accident	02/12/2017 02:00
Exact Location Of Accident	X-JUNC OF MANDAI AVE & SEMBAWANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SK9734E
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#### Insured/Policyholder

Name Of Registered Owner	HOPE FIRST RESPONSE PTE LTD
Co Reg No	200915893N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97129731

#### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SPRINTER 316 CDI KA AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994976/100830569
Cover Note Number	

#### Driver

Name of Driver	MOHAMED NOOR FAIROZ BIN ABDUL RAHIM
NRIC No	S8523133B
Date Of Birth	15/07/1985
Occupation	OUTDOOR
Date Of Driving Pass	27/07/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86832763
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 16 MARSILING LANE #12-187
Postcode	730016
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	4

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171202/2042

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX7509U
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Name of Driver	TAY CHOON ANN
NRIC/Passport Number	S1560168Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name	MOHAMED NOOR FAIROZ BIN ABDUL RAHIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SK9734E
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.
7. By the lodgment 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.
- (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:

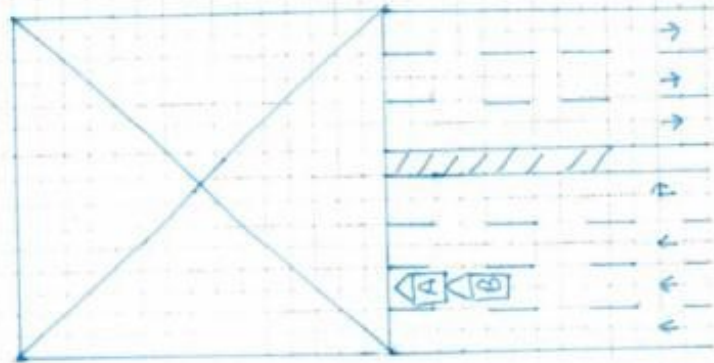
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

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

# Sketch Plan #2

## SKETCH PLAN

Mandai Ave And Sembawang Road (X-Junction).



A-SKW4734E

B-GX7509U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

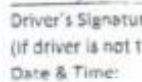
P3 per police report no. 7/20171202/2042

## DECLARATION

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

  
Policyholder's Signature

Date & Time:

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

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



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171202/2042

2 of 3

Report No. T/20171202/2042

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAY CHOON ANN		ID No. S1560168Z
Related Vehicle	GX7509U (Lorry)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MOHAMED NOOR FAIROZ BIN ABDUL RAHIM		ID No. S8523133B
Related Vehicle	SKW9734E (AMBULANCE)		Contact No. 86832763
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 02/12/2017 at about 0200hrs, I was driving an ambulance bearing license plate SKW9734E and had stopped at the junction of Mandai Avenue and Sembawang Road due to the red traffic light. All of a sudden, a lorry (Grey Nissan Cabster bearing license plate GX7509U) came from behind and collided into the rear of the ambulance. After the collision, I went down to make a check on the lorry driver and asked him to alight from the vehicle. However, both the left and right doors of the lorry were jammed. I was conveying a patient to Khoo Teck Puat hospital at the time. As such, I contacted my ops centre and requested for another ambulance. A passing patrol car also stopped to render assistance until Traffic Police arrived. The Traffic Police officer conducted an alcolizer test on the lorry driver and I was told that he had been drinking. The lorry driver was subsequently arrested by another patrol car.

I wish to state that my medic and paramedic were injured during the accident, and will be having a medical checkup. The ambulance I was driving sustained dents at the rear doors. I also wish to state that the ambulance has front and rear in-car cameras installed and were recording at the time of the accident.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo







# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171202/2042

1 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20171202/2042

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2017 11:45	Vide Report No.:	Station Diary No.: 73
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### Informant's Particulars

Name of Informant: MOHAMED NOOR FAIROZ BIN ABDUL RAHIM			Address: APT BLK 16 MARSILING LANE #12-187 SINGAPORE 730016		
ID Type / ID No.: NRIC NO / S8523133B			Contact No.: Home/Office: Mobile: 86832763		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 15/07/1985	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: Ambulance driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

### General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 02/12/2017 02:00	Type of Location: X-Junction
Location: Along Road 1 MANDAI AVENUE				
CROSS JUNCTION OF MANDAI AVENUE AND SEMBAWANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX7509U	Lorry	NISSAN	CABSTER	Grey		0
SKW9734E	AMBULANCE					3

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171202/2042

2 of 3

Report No. T/20171202/2042

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
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## CONTINUATION OF REPORT

<b>Driver</b>			
Name	TAY CHOON ANN		ID No. S1560168Z
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Police Report



SINGAPORE  
POLICE FORCE



T/20171202/2042

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Report No. T/20171202/2042

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /  
Sgt 2 CHAN XIANG DA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /  
Sgt 2 LIM HONG LEE

Contact No: 65476438

SN 163

Authentication  
NP168



Signature: \_\_\_\_\_

Singapore Police Force

Signature Of Informant:

Date/Time:  
02/12/2017 11:45

Classification Of Case: