# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 20/02/2018 14:28

## SINGAPORE ACCIDENT STATEMENT

## **IMPORTANT NOTICE**

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 policyliability 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
Data Of Danast	
Date Of Report	20/02/2018 11:41
Date Of Accident	18/02/2018 18:40
Exact Location Of Accident	JUNCTION OF YISHUN CENTRAL & YISHUN AVENUE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE7509K
Insured/Policyholder	
Name Of Registered Owner	HOPE FIRST RESPONSE PTE LTD
Co Reg No	200915893N
Email Address	ADMIN@HOPEAMBULANCE.COM
Mobile Phone No	
Alternative Phone No	Office-97129731
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	SPRINTER-2.1 D 316 CDI (W906) (M)
Exact Purpose for which vehicle was being used at time of accident	COMPANY USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994976/100830573
Cover Note Number	

## Driver

Name of Driver MUHAMMAD ZAKI BIN MOHAMED

NRIC No S9046424H

Date Of Birth 04/12/1990

Occupation OUTDOOR

Date Of Driving Pass 09/10/2012

Driving Experience 5 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81222862

Fax Number

Contact Number

EMail Address ZEQERIE@GMAIL.COM

Address Postcode BLK 8 MARSILING DRIVE #06-34

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

-

Insurance Company of Driver's Own Vehicle

-

NO

NO

3

YES

**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?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO Was any injured conveyed to hospital by ambulance? NO

Was any injured conveyed to hospital by ambulance? NO Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Na

Name: : BALAN Gender: : Male

Passenger 2 Name: : ROZAIMI
Gender: : Male

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] YISHUN NORTH NPC

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN / POLICE REPORT NO: T/20180218/2074

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 SHC5528B
Vehicle Make/Model/Colour TAXI

Details Of Properties

Vehicle Category TAXI
Name of Driver IBRAHIM

NRIC/Passport Number

Contact Number 92778561

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

## SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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.

Date & Time:

Policyholder's Signature Date & Time:

2.0 FEB 2018

briver's Signature (If driver is not the policyholder)

2.0 FEB 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jenny Lim S6927273H

CHARLET SECRETARIA LES VE

SKETCH PLAN	
A- Taxi B- Ambalance	
· · · · · · · · · · · · · · · · · · ·	
Yishan central → 100 100	Jishun Ave 3
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
refer to police report	
On 18/02/18 at about 1840 hrs, I was d	riving Hope ambulance
bering registration polplate number SLE 7509	K, Jalong Yishun Ave 2.1
was nearing the traffic light at X-sunction	of yishun Are 2 and
yishun central in the central in the center	lane and there was a taxi
bearing registration plate number SIAC 5528! light was showing red and I was slowing	down while glancing at
the speedometer- when I looked up, I discov	
to the impact, the radiator of my amon	
bumpler has a few don'ts and the front p	
There were no injuries sustained on me	
taxi driver, namely lbrahin, HP: 9277 8561	did not have any injuries
	eff sholder and back.
4	. The towi driver was
not conveyed to any hospital.	
٥ ٥ ,	
25514247201	
DECLARATION  I/We declare_the_topegeing particulars are true in every respect.	
No Stan Standard	W.
Policyholder's Signature	Reporting Centre Personnel's Signature
Date & Time: (If driver is not the galicyholder).  Date & Time: 20/02/18	Name: Jenny Lim NRIC/FIN No.: S6927273H

11.39am

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1 of 3

Report No. T/20180218/2074

Police Station Of Origin: Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

DEDODT	OF A	TRAFFI	C VCCIDEN	т

	Date/Time Report Made: 18/02/2018 21:19		Vide Report No.:	Station Diary No.: 69	
Informa	nt's Partic	ulars			
	Informant: MAD ZAKI	BIN MOHAMED	Address: APT BLK 8 MARSILING	DRIVE #06-34 SINGAPORE 730008	
ID Type NRIC NO	/ ID No.: D / S90464:	24H	Contact No.: Home/Office:	Mobile: 81222862	
National SINGAP	ity: ORE CITIZ	ΈN	Email:		
Sex: Male	Age: 27	Date of Birth: 04/12/1990	Type of Informant: Driver		
Race: Malay		Language: English	Institution / School Name:		
Occupation: EMERGENCY MEDICAL TECHNICIAN		Driving Licence Informati Class: 3	Date of Expiry:		

General Infor	mation of the Accident				
Type of Accident:	Non-Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 18/02/2018 18:4	0	Type of Location: X-Junction
YISHUN AVE YISHUN CEN		hun Avenue 2 Road Surface:		Roa	d Speed Limit:
Traffic Flow: Traff		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear					one conveyed by oulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHC5528B	Taxi					0
SLE7509K	Private Ambulance (HOPE)					2





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 2 of 3 Report No. T/20180218/2074

CONTINUATION OF REPORT

#### Brief Details.

On 18/02/2018 at about 1840hrs, I was driving private ambulance (HOPE Ambulance sub-con with SCDF based at Woodlands Fire Station) bearing registration plate number SLE7509K, along Yishun Avenue 2. I was nearing the traffic light at X-Junction of Yishun Avenue 2 and Yishun Central in the centre lane and there was a taxi bearing registration plate number SHC5528B in front of me. The traffic light was showing red and I was slowing down while glancing at the speedometer. When I looked up, I discovered I have hit the rear of the taxi and could not stop in time to avoid collision. Due to the impact, the radiator on my ambulance burst, the front bumper has a few dents and the front plate number has dropped. There were no injuries sustained on me or my two other crew. The taxi driver, namely Ibrahim, HP: 9277 8561, did not have any injuries but he informed he has some strains on the left shoulder and back. Ambulance and Traffic Police came to scene. The taxi driver was not conveyed to any hospital.





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Report No. T/20180218/2074

Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999

CONTINUATION OF REPORT

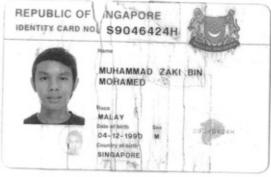
## Sketch Plan

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: F / Sgt 3 MARDIANA BINTI ABDUL MANAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2018 21:19
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	Singapore Police Force











HOTLINE TEL: (65) 6419-3000 FAX: (65) 6415-3723

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT(CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1967 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994976/100830573

WINDSCREEN EXCESS 8\$400.00 \$\$700.00

OWN DAMAGE EXCESS \$\$1,000.00 (|&||)

SUM INSURED S\$1.00

INSURING WITH COE/PARF Yes- ACD

SLE7509K

1) VEHICLE REGISTRATION NO. HOPE FIRST RESPONSE PTE LTD

2) NAME OF INSURED

12 Aug 2017 3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE 11 Aug 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

Any person who is driving on the insured's order or with their permission.

An Elderly Young and mexperienced Driver (EYIDR) Excess of S\$2,500 (unless otherwise stated) applies to any drivers (named and an amed) who is above age 69, below age 26 or has less than 2 years driving experience. If the EYIDR is not named in the policy, an additional \$\$500 unharmed driver excess will be imposed.

## Please refer to policy terms and conditions

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### 6) LIMITATION AS TO USE \*

- 1) Use in connection with the Insured's business.
- 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- 3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

LOSS OF USE NOT INCLUDED

\* NAMED DRIVER N/A

HIRE PURCHASE COMPANY NA

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued In Singapore 6 Sep 2017

AIG ASIA PACIFIC INSURANCE PTE. LTD

334025-000

LIANG SEA JOHN MIDGE

3 TAMPINES GRANDE #05-43A AIA TAMPINES SINGAPORE 528799 SP-MIDGE

Authorised Representative

ORIGINAL

SSCDSK







