

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 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	16/04/2018 14:24
Date Of Accident	13/04/2018 12:00
Exact Location Of Accident	CTE TOWARDS CITY NEAR 7.5KM MARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP7941K
Insured/Policyholder	
Name Of Registered Owner	LENTOR AMBULANCE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98380683
Alternative Phone No	OFFICE-98380683

Vehicle Particulars

Manufacturer	NISSAN
Model	-
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1809331800
Cover Note Number	

Driver

Name of Driver	CHEW WAH SENG
NRIC No	S1130377C
Date Of Birth	23/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	18/03/1975
Driving Experience	43 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98380683
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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
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 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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

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

refer attached report.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8316B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN TONG HING
NRIC/Passport Number	S0184948D
Contact Number	93898929
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

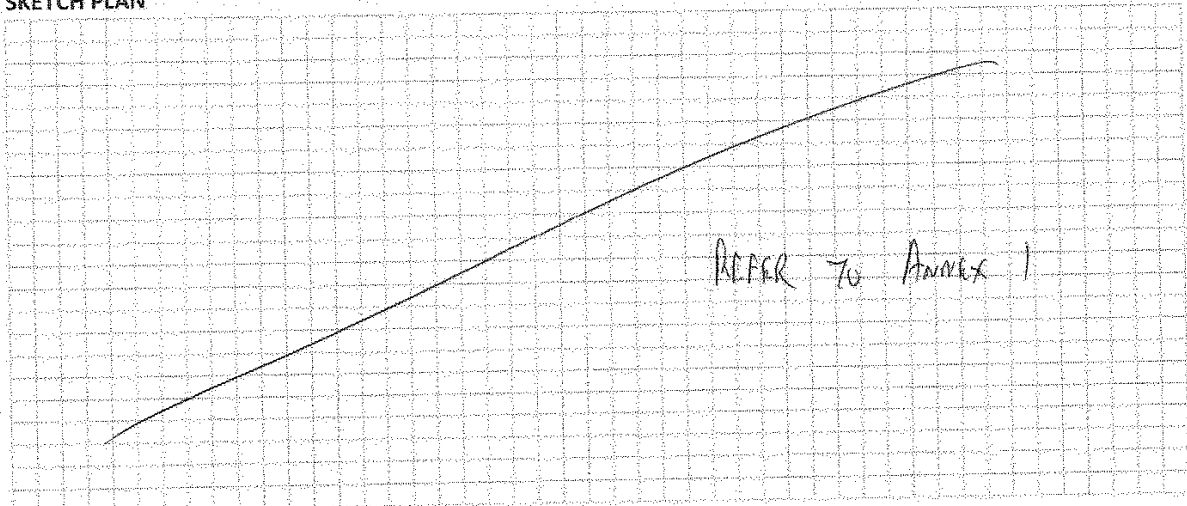
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 13/4/2018
1530HRS

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/2018
1530HRS

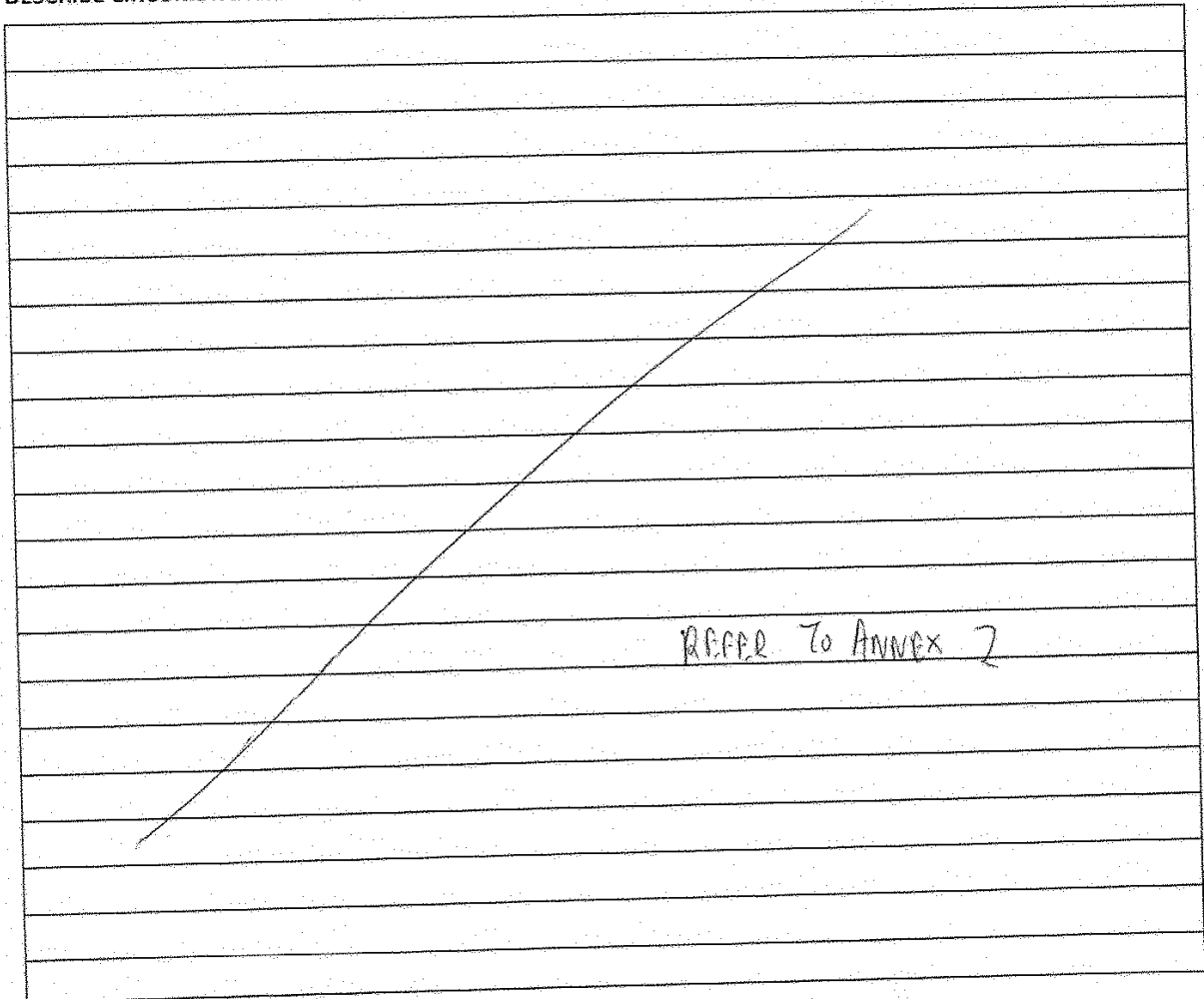
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



REFER TO ANNEX 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



REFER TO ANNEX 2

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 13/4/2018

1301H21

Signature: Sketch Plan #2 Pg. 1

Driver's Signature

(If driver is not the policyholder)

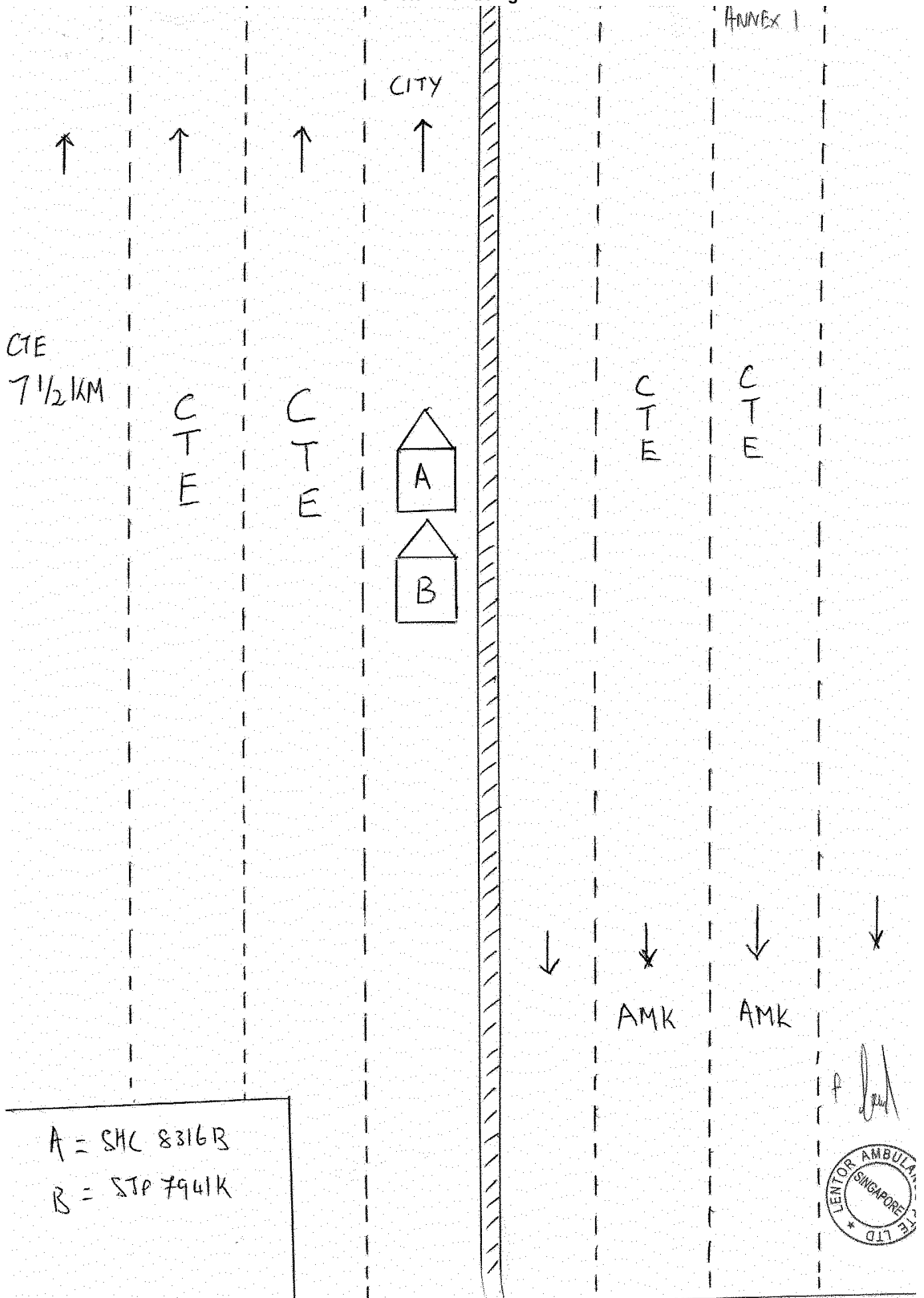
Date & Time: 13/4/2018

1530H21

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



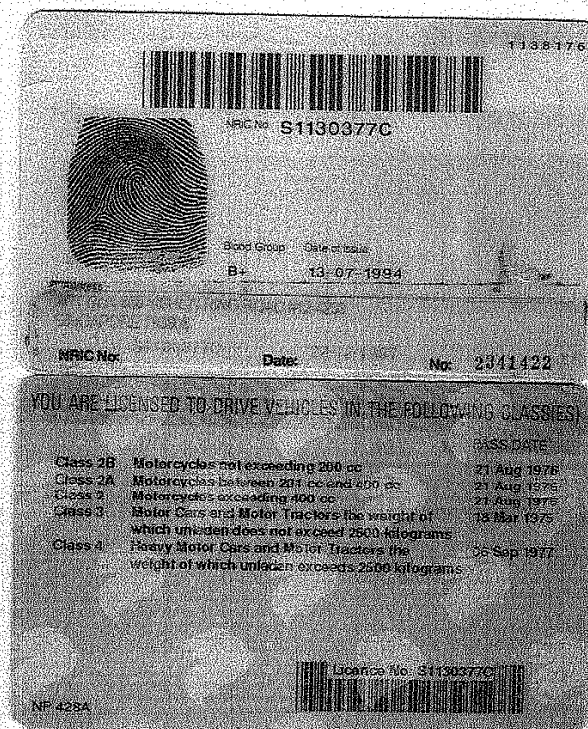
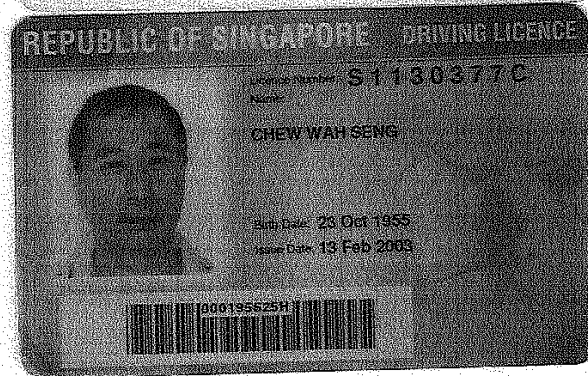
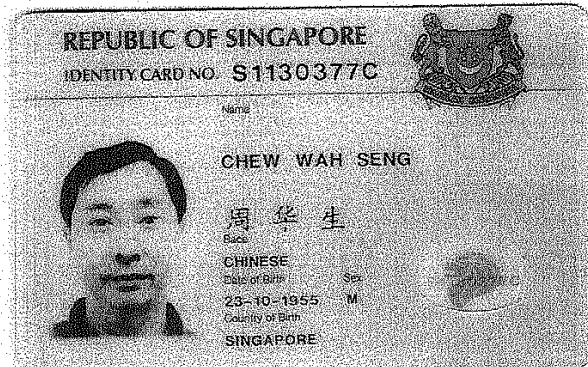
Statement for Accident (SJP7941K)

1. On 13/4/2018, I Chew Wah Seng, NRIC number, S1130377C, was on duty as ambulance driver for vehicle bearing registration number SJP7941K.
2. I was conveying a patient back home to Jamiyah Nursing Home (West Coast) at around 12.00pm from 19 Upper Boon Keng Road NKF dialysis center. My medic Zhang Fengchao was with the patient in the rear cabin of the ambulance.
3. I was driving along CTE after exiting from PIE towards city when I started filtering slowly to the right most lane.
4. A taxi bearing registration number SHC8316B was travelling in front of me when it came to an abrupt stop.
5. I stepped on my brakes immediately but was unable to stop in time and hit the rear end of his vehicle.
6. Both of us alight to check for damage.
7. The rear end of his vehicle sustained dents and my vehicle has dents at the front.
8. As no one was injured due to the accident, I left the accident location after taking pictures and exchanging particulars with the driver of the other vehicles.

Report by


Chew Wah Seng





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

