

## 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	28/04/2018 13:54
Date Of Accident	27/04/2018 16:35
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7987X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAREWELL AMBULANCE SERVICES PTE LTD
Co Reg No	200905446G
Email Address	CARE@CAREWELLAMBULANCE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68580700

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5090853647
Cover Note Number	

### Driver

Name of Driver	ZULKIFLE BIN MOHAMAD
NRIC No	S1711901Z
Date Of Birth	05/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83310171
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLOCK 208 NEW UPPER CHANGI ROAD #03-675
Postcode	460208
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : SYAFIQ GENDER: : MALE
Passenger 2	NAME: : PATIENT GENDER: : MALE
Passenger 3	NAME: : NURSE GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 27/04/2018 AT ABOUT 4.37 PM, I WAS DRIVING MY AMBULANCE (CAREWELL AMBULANCE) ON THE FIRST LANE ALONG CENTRAL EXPRESSWAY (CTE) SENDING A PATIENT TO TAN TOCK SENG HOSPITAL A & E. THE TRAFFIC WAS CONGESTED AND IT WAS SLOW-MOVING AS IT WAS RAINING. SUBSEQUENTLY, THE CAR IN FRONT OF MY AMBULANCE DID A JAM BRAKE. I MANAGED TO BRAKE AND AVOIDED ANY COLLISION. HOWEVER, THERE WAS A CAR THAT HIT AT THE REAR OF MY AMBULANCE. I WENT OUT TO MAKE A CHECK AND DISCOVERED THAT THERE WAS A CHAIN COLLISION. THERE WAS VEHICLE A (HYUNDAI-SJQ5828M) WHICH HAD HIT VEHICLE B (NISSAN- SLA799G). VEHICLE B THEN HIT MY AMBULANCE. THE PASSENGER IN VEHICLE B WAS INJURED AND WAS CONVEYED BY AMBULANCE. I MANAGED TO GET PARTICULARS OF BOTH DRIVERS AND I WENT OFF TO SEND MY PATIENT TO TAN TOCK SENG HOSPITAL. NO TRAFFIC POLICE AT SCENE. NONE OF MY PASSENGERS WERE INJURED. HOWEVER THERE WAS A SLIGHT DENT AT THE REAR BUMPER OF MY AMBULANCE. THUS I AM LODGING THIS 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 SLA799G  
Vehicle Make/Model/Colour NISSAN  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver SEET SIEW KIAM, VICTOR  
NRIC/Passport Number S1252390D  
Contact Number 96364188  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJQ5828M  
Vehicle Make/Model/Colour HYUNDAI  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver LAU TIANG WEE  
NRIC/Passport Number S8330519C  
Contact Number 87203018  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2

#### DETAILS OF INJURED PERSON 1

Name SLA799G'S PASSENGER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SLA799G  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

CAREWELL AMBULANCE SERVICES PTE LTD  
Blk 531 Serangoon North Ave 4  
#07-269 Singapore 550531  
Tel: 6858 0000 Fax: 6858 0601  
Email: carewell@carewellambulance.com.sg  
Reg No: 2009054277

Policyholder's Signature  
Date & Time: 28/4/18 11:54h

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28/4/18 11:54h

Reporting Centre Personnel's Signature  
Name: April  
NRIC/FIN No.: 28/4/18

# Accident Sketch Plan

## SKETCH PLAN

Accident Date: 27-4-18

A = SLM 7987 X

B = SLA 799 G

C = SJQ 5828 M

CTE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attached Police Report No: T/20180427/2154.

**DECLARATION**  
 CAREWELL AMBULANCE SERVICES PTE LTD  
 We declare the foregoing particulars are true in every respect.  
 Bldg 531, Serangoon North Ave 4  
 #07-269, Singapore 550531  
 Tel: 6858 0700 Fax: 6858 0711  
 Email: carewell@carewellambulance.com.sg

Policyholder's Signature  
 Date & Time: 28/4/18 1115 hrs

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 28/4/18 1115 hrs

Reporting Centre Personnel's Signature  
 Name: April  
 NRIC/FIN No.: 28/4/18



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180427/2154

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 4

Report No. T/20180427/2154

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 7/04/2018 22:39		Vide Report No.:		Station Diary No.: 111	
<b>Informant's Particulars</b>					
Name of Informant: ZULKIFLE BIN MOHAMAD			Address: APT BLK 208 NEW UPPER CHANGI ROAD #03-675 SINGAPORE 460208		
ID Type / ID No.: NRIC NO / S1711901Z			Contact No.: Home/Office: Mobile: 83310171		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 05/01/1965	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Ambulance driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/04/2018 16:35	Type of Location: Expressway
Location: Along Road 1 CENTRAL EXPRESSWAY Lane 1 before Moulmein Road exit				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
Q5828M	Car	HYUNDAI	I30	Grey		1
LA799G	Car	NISSAN	Sylphy	Brown	Seriously Damaged	1
SLM7987X	Ambulance van	NISSAN		White	Slightly Damaged	3

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180427/2154

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20180427/2154

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No.			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	LAU TIANG WEE	ID No.	S8330519C
Related Vehicle	SJQ5828M (Car)	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
Driver:			
Name	SEET SIEW KIAM, VICTOR	ID No.	S1252390D
Related Vehicle	SLA799G (Car)	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
Driver:			
Name	ZULKIFLE BIN MOHAMAD	ID No.	S1711901Z
Related Vehicle	SLM7987X (Ambulance van)	Contact No.	83310171
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 27/04/2018 at about 4.37pm, I was driving my ambulance (Carewell Ambulance) on the first lane along Central Expressway (CTE) sending a patient to Tan Tock Seng Hospital A&E. The traffic was congested and it was slow-moving as it was raining. Subsequently, the car in front of my ambulance did a jam brake. I managed to brake and avoided any collision.

However, there was a car that hit at the rear of my ambulance. I went out to make a check and discovered that there was a chain collision. There was vehicle A (Hyundai - SJQ 5828M) which had hit vehicle B (Nissan - SLA 799G). Vehicle B then hit my ambulance. The passenger in vehicle B was injured

Police Report



**SINGAPORE  
POLICE FORCE**



T/20180427/2154

Police Station Of Origin:  
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Report No. T/20180427/2154

**CONTINUATION OF REPORT**

and was conveyed by Ambulance. I managed to get particulars of both drivers and I went off to send my patient to Tan Tock Seng Hospital. No traffic police at scene. None of my passengers were injured. However there was a slight dent at the rear bumper of my ambulance. Thus I am lodging this report.



Police Report



SINGAPORE  
POLICE FORCE



T/20180427/2154

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469678  
Tel No: 1800-2449999

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Report No: T/20180427/2154

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 /

Sr Staff Sgt ZARIFAH ADILAH BINTE ZAINO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/04/2018 22:39

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397

Classification Of Case:

4

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

## Certificate of Insurance



### 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, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number :** 5090853647

**Cover :** Comprehensive

- |   |                                       |
|---|---------------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLM7987X                            |
| Chassis Number  | : JN1UC4E2620005326                   |
| 2. Name of Policyholder   | : CAREWELL AMBULANCE SERVICES PTE LTD |
| 3. Effective Date of Insurance  | : 11 Apr 2018                         |
| 4. Expiry Date of Insurance   | : 10 Apr 2019                         |
| 5. Persons or Classes of Persons entitled to drive#   |                                       |
| (a) The Policyholder.   |                                       |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                                       |
| 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. Limitations as to Use#   |                                       |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.   |                                       |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business.   |                                       |

This Policy does not cover

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

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

EXCESS (SECTION 1)	: S\$1,500
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: MAYBANK
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency : KINETIC INSURANCE AGENCY (00000573090)

Date of Issue : 04 May 2017 08:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Scene Photo





Scene Photo



Scene Photo





Scene Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

