

## 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	25/01/2014 10:59
Date Of Accident	24/01/2014 11:30
Exact Location Of Accident	AT JUNCTION JURONG WEST AVE 2 TWDS CORPORATION RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL1060B
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#### Insured/Policyholder

Name Of Registered Owner	THE LENTOR RESIDENCE PTE LTD
Co Reg No	199401446H

#### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 HR MICROBUS 2.5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VSX/P1425422
Cover Note Number	27/09/2013 - 26/09/2014

#### Driver

Name of Driver	MUHAMMAD SHABRI BIN SANI
NRIC No	S9116758A
Date Of Birth	15/05/1991
Occupation	Outdoor
Date Of Driving Pass	18/01/2010
Driving Experience	4 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-82991825
Fax Number	
Contact Number	
EEmail Address	MDSOIB@GMAIL.COM
Address	BLK 703 CHOA CHU KANG STREET 53 #02-60
Postcode	680703
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- Traffic Light Junction  
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  
Was there any video captured by Car Camera? No

#### 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 TO THE ATTACHED SKETCH PLAN. DRIVER ADMITTED TO HOSPITAL AND HIS COLLEAGUE CAME TO LODGE A REPORT BEHALF AND WAS AUTHORISED BY MR ALAN (AXA). AND POLICE REPORT WILL SUBMIT LATER ONCE THE DRIVER IS DISCHARGE FROM HOSPITAL.

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD5702J  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
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 MUHAMMAD SHABRI BIN SANI  
Approximate Age  
Injuries Sustain UNKNOWN (SUBMIT LATER)  
Injured person in which vehicle? SKL1060B  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name	UNKNOWN(SUBMIT LATER)
Approximate Age	
Injuries Sustain	UNKNOWN(SUBMIT LATER)
Injured person in which vehicle?	SKL1060B
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	UNKNOWN(SUBMIT LATER)
Approximate Age	
Injuries Sustain	UNKNOWN(SUBMIT LATER)
Injured person in which vehicle?	SKL1060B
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

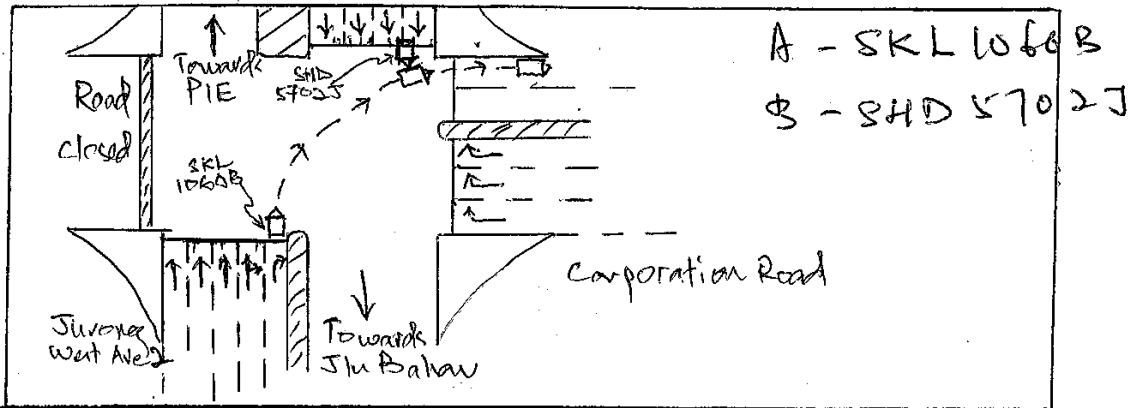
Name	UNKNOWN(SUBMIT LATER)
Approximate Age	
Injuries Sustain	UNKNOWN(SUBMIT LATER)
Injured person in which vehicle?	SKL1060B
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

**SKETCH PLAN**

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**Sketch Plan**



**Describe Circumstances of the Accident**

Refer to the attached list.

Type: Third Party claim at his own workshop.

**Declaration**

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

*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel

**NOTE: PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE INFORMATION.**

Describe Circumstances Of the Accident (Continue)

On 24/01/14 @ 1130Hrs, driver Muhammad Shabri was driving ambulance SKL10602 with 3 others to attend to emergency call. The blinter, beacon lights were on at all times from the start of the journey at the Jurong West Fire Post. Upon reaching the junction of Jurong West Ave 2 into Corporation Rd, the driver stopped to check that the road was clear. When the road (Jurong West Ave 2 opposite side) was clear and the traffic light was green, the driver 'on' the siren before making the right turn. The ambulance had cleared 3 lanes of the 4 lane road when suddenly a taxi SHD 57025 collided into the ambulance mid left side with great impact. As a result, the driver suspected to have sustained spinal injuries and unable to move all his limbs to stop the vehicle. The paramedic (front seat passenger) then pulled the hand brake to stop the ambulance about 50m from the point of impact. The road the taxi came from is a up and down gradient, with the upwards gradient ended just before the slip road into Corporation Road which is about 50m from the junction. The driver and paramedic (front seat passenger) did not see any vehicle coming from the opposite road before starting to move to make the right turn into Corporation Road. The accident resulted the driver and 3 others injured and damaged the left mid section of the ambulance badly. The taxi driver was not injured but the taxi, SHD 57025 was badly damaged its front portion.

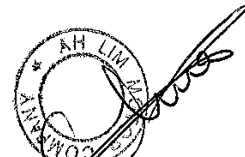
**Declaration**

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



Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Addendum Sheet Pg.1

03-02-'14 10:52 FROM- AH LIM MOTOR PTE LTD 64838170

T-117 P0001/0001 F-121

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MALM14010274 Vehicle Registration No: SK L1060B  
Name(as shown in NRIC): The Lantor Residence Pte Ltd  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

NRIC/Passport No: \_\_\_\_\_

Address: \_\_\_\_\_

Contact (Tel): \_\_\_\_\_ (H/P): \_\_\_\_\_

(Email): \_\_\_\_\_

Date of Accident: 24/1/2014 Time of Accident: 11:30

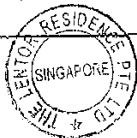
Place of Accident: At Junction Tunney West Ave & Tunde Corporation Rd

Insurance Company: AXA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I like to revert from Third Party  
claim to Own Damage claim



Signature of Vehicle Owner / Driver

Date: 3/2/14

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm