

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 liability.
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	04/05/2020 16:11
Date Of Accident	04/05/2020 14:00
Exact Location Of Accident	CTE EXIT 7A TO MOULMEIN ROAD --> THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8358J
Insured/Policyholder	
Name Of Registered Owner	HOPE FIRST RESPONSE PTE LTD
Co Reg No	-
Email Address	ADMIN@HOPEAMBULANCE.COM
Mobile Phone No	
Alternative Phone No	Office-97129731

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	SPRINTER AMBULANCE
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?	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	NO
Policy Number	100830498-00000
Cover Note Number	

Driver

Name of Driver	BAHARUDIN BIN KATON
NRIC No	S1744877C
Date Of Birth	23/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2005
Driving Experience	14 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97235510
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 416 CLEMENTI AVENUE 1 #25-275
Postcode	120416
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 (including own vehicle) involved in the accident	2
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: : PATIENT Gender: : Male
Passenger 2	Name: : NUR QURRATU Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	MOULMEIN NPP
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20200504/2044

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	SLE7243B
Vehicle Make/Model/Colour	TOYOTA / WHITE

Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	EUGENE LEE HUEI YAW
NRIC/Passport Number	
Contact Number	96264846
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN


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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: - 5 MAY 2020



Driver's Signature
(If driver is not the policyholder)
Date & Time: - 5 MAY 2020


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

Hand-drawn sketch map showing the location of the crime scene. The map includes a road labeled "To Maulmein Rd TISH" with an arrow pointing left. A road labeled "CTE to Maulmein" runs vertically. A road labeled "SKS 83583" runs horizontally. A road labeled "SLE 72438" runs diagonally. A small building is marked on the road labeled "SLE 72438".

Refer to Police Report No: T120200504/2044

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

Driver's Signature
(If driver is not the policyholder)
Date & Time:
- 5 MAY 2020

Police Report



Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20200504/2044

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/05/2020 15:22		Vide Report No.:		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: BAHARUDIN BIN KATON			Address: APT BLK 416 CLEMENTI AVENUE 1 #25-275 SINGAPORE 120416		
ID Type / ID No.: NRIC NO / S1744877C			Contact No.: Home/Office: Mobile: 97235510		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 23/03/1966	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Ambulance driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/05/2020 14:00	Type of Location: Filter lane
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY MOULMEIN ROAD CTE Exit 7A to Moulmein Road towards Thomson Road, filter lane				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE8358J	Private ambulance	MERCEDES BENZ		White	Slightly Damaged	2
SLE7243B	Car	TOYOTA		White	Slightly Damaged	1

Details of Person Involved

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



Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

CONTINUATION OF REPORT

Driver				
Name	BAHARUDIN BIN KATON		ID No.	S1744877C
Related Vehicle	SKE8358J (Private ambulance)		Contact No.	97235510
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Eugene Lee Huei Yaw		ID No.	NIL
Related Vehicle	SLE7243B (Car)		Contact No.	96264846
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	Slight

Brief Details.

I am a private ambulance driver with Hope Medical.

On 4/05/2020 at about 2pm, I was driving my private ambulance, SKE8358J enroute to TTSH, NCID. I was conveying a patient and there was a paramedic with me.

I had exited CTE to Moulmein Road, and came to a stop at the filter lane to Moulmein Road, towards Thomson Road as the car, SLE7243B had stopped in front of me.

When the car was filtering out to Moulmein Road towards Thomson, I follow suit. However, the said car suddenly jammed brake. I did not managed to stop in time and the front portion of my ambulance collided into the rear portion of the said car.

When I asked the driver why he jammed brake suddenly and he informed that he misjudged the speed of the oncoming vehicles.

I observed that the driver of the said car had a small cut above his right eyebrow however he informed that he does not require any medical assistance. He informed that he just wanted to notify Traffic Police. There was a passenger in the said car and it was his son. No other person was injured.

As such, I called the Police Hotline and was advised to lodge a traffic accident report.



**SINGAPORE
POLICE FORCE**



T/20200504/2044

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

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Report No. T/20200504/2044

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20200504/2044

4 of 4

Police Station Of Origin:
Moulmein NPP
101 Jalan Rajah #01-01 SINGAPORE
321101
Tel No: 1800-25089999

Report No. T/20200504/2044

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:
E /
Sr Staff Sgt MAK CHUNG KIT

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
04/05/2020 15:22

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE
SAFEGUARDING EVERY DAY

SN 80

SIGNATURE

Identification Card



Driving License



Certificate of Insurance



HOTLINE TEL: (65) 6419-3000

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)

M.Z.300

COMPREHENSIVE COMMERCIAL MOTOR

CERTIFICATE NO. 999994043/100830498-00000

OWN DAMAGE EXCESS S\$1,000.00 (I & II)

WINDSCREEN EXCESS S\$100.00

(for policies with effect from 1st November 2002)

SUM INSURED S\$1.00

INSURING WITH COE/PARF YES

1) VEHICLE REGISTRATION NO.

SKE8358J

2) NAME OF INSURED

HOPE FIRST RESPONSE PTE LTD

3) EFFECTIVE DATE OF THE COMMENCEMENT
OF INSURANCE FOR THE PURPOSES OF THE ACT

12 Aug 2019

4) DATE OF EXPIRY OF INSURANCE

11 Aug 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE *

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

An additional Young and Inexperienced Driver (YIDR) Excess of S\$3,000 (unless otherwise stated) applies to any drivers (named and unnamed) who is below age 23 or has less than 2 years driving experience.

DELETED

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 At Singapore 27 Aug 2019

AIG ASIA PACIFIC INSURANCE PTE. LTD.

334025-000
LIANG SEA JOHN MIDGE
3 TAMPINES GRANDE
#05-43G AIA TAMPINES
SINGAPORE 528799
SP-MIDGE-ELMFORTFINANCIAL


Authorized Representative

ORIGINAL

SSCDSK

Accident Photo



Accident Photo



Accident Photo



Chassis Number

