

## 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	30/07/2020 14:31
Date Of Accident	29/07/2020 17:10
Exact Location Of Accident	MOULMEIN ROAD
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	2XXXXX446G
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	
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	20-ML000311-R00
Cover Note Number	11/05/2020 TO 10/05/2021

### Driver

Name of Driver	TAY BENG HUAT (ZHENG MINGFA)
NRIC No	SXXXX631B
Date Of Birth	05/05/1973
Occupation	OUTDOOR
Date Of Driving Pass	28/10/2009
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82063503
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 244 ANG MO KIO AVE 3 #10-1123 (S) 560244
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	CHAIN COLLISION
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	3
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : COLLEAGUE GENDER: : FEMALE

#### 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

On the mentioned date and time, our ambulance SLM7987X was stationary on the extreme right turn lane, lining up behind vehicles. Shortly, I felt an impact on our ambulance. Upon checking, SHC8983A was the taxi that collided onto our ambulance SLM7987X and SHC8983A was collided by SGK106M. After the accident, both my passenger and myself felt body pain and unwell.

#### 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	SHC8983A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA KOK HUA
NRIC/Passport Number	SXXXX119C
Contact Number	93828159
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGK106M
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH BENG THIAM
NRIC/Passport Number	SXXXX097H
Contact Number	90093276
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TAN BENG HUAT (ZHENG MINGFA)
Approximate Age	
Injuries Sustain	BODY PAIN AND UNWELL
Injured person in which vehicle?	SLM7987X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	FEMALE COLLEAGUE
Approximate Age	
Injuries Sustain	BODY PAIN AND UNWELL
Injured person in which vehicle?	SLM7987X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan Pg. 1

### 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**.
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. 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

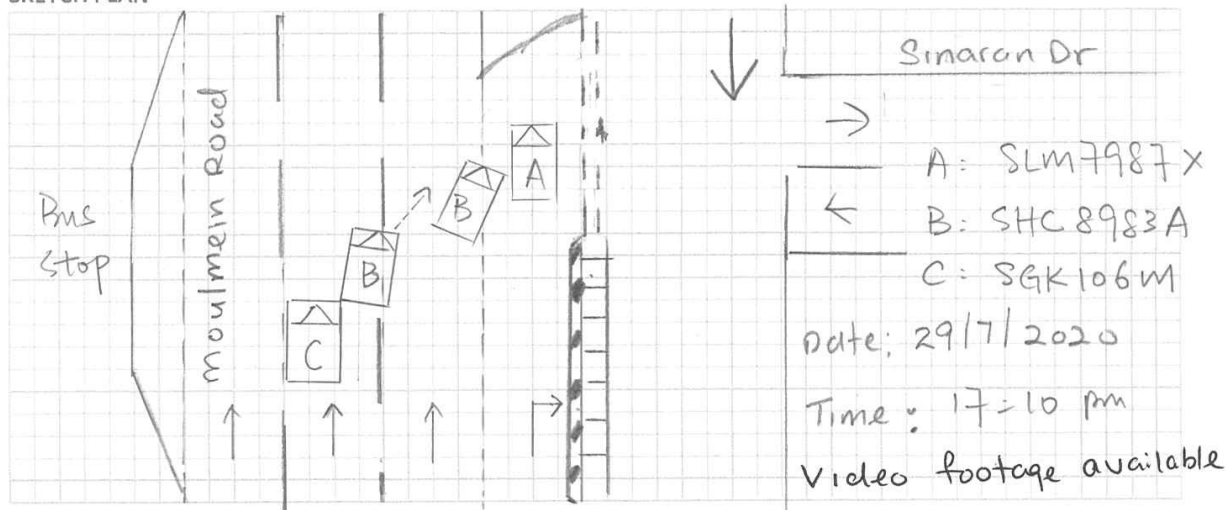
Blk 531 Serangoon North Ave 4  
#07-269, Singapore 550531  
Tel: 6858 0700 Fax: 6858 0601  
Email: care@carewellambulance.com.sg  
Police No: 200905446G  
Date & Time:

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

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

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the mentioned date and time, Our Ambulance SLM 7987X was stationary on the extreme Right turn lane, lining up behind vehicles shortly, I felt impact on our ambulance, upon checking, SHC 8983A was the taxi that collided onto our ambulance SLM 7987X. and SHC 8983A was collided by SGK106M. After the accident, both my passenger and myself felt body pain and unwell.

## DECLARATION

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

CAREWELL AMBULANCE SERVICES PTE LTD

Blk 531 Serangoon North Ave 4

#01-269 Singapore 550531

Tel: 6858 0700 Fax: 6858 0601

Email: care@carewellambulance.com.sg

Reg No: 200905446G

CIATMC SketchPlanForm\_V3

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7345631B



Name

TAY BENG HUAT  
(ZHENG MINGFA)

鄭 明 發

Race

CHINESE

Date of birth

05-05-1973

Sex

M

Country of birth

SINGAPORE

S7345631B

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S7345631B

Name:

TAY BENG HUAT  
(ZHENG MINGFA)

Birth Date: 05 May 1973

Issue Date: 29 Sep 2010





001897084K



Driving License

4643781



NRIC No. S7345631B

Date of issue  
29-09-2010

APT BLK 244 ANG MO KIO AVENUE 3 #10-1123  
SINGAPORE 560244


NRIC No: S7345631B      Date: 20/07/2012      No: 7090984

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 3    Motor Cars= $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles $\leq$ 2500kg	28 Oct 2009

NP 428A

Licence No: S7345631B



**Tokio Marine Insurance Singapore Ltd.**

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MZ803

**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)**

**Policy No.:** 20-ML000311-R00 (Motor SpecialType/Cranes/Ambul)

- |   |                                     |                                       |
|---|-------------------------------------|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                               | SLM7987X                            | <b>Chassis No.:</b> JN1UC4E26Z0005326 |
| <b>2. Name of Policyholder</b>  | CAREWELL AMBULANCE SERVICES PTE LTD |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b> | 11/05/2020                          |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 10/05/2021                          |                                       |

**5. Persons or Class of Persons entitled to drive\***

Any person provided he is in the Policyholder's employ and is driving on their order or with their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**6. Limitations as to use\***

Use for ambulance purposes.

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.

The Policy does not cover:

- 1) Use for racing, pace-making, reliability trial or speed-testing.
- 2) Use for the carriage of passengers for hire or reward.
- 3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* 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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

**ADDITIONAL INFORMATION**

**Account:** 2423DDA

<b>Insurance Plan:</b>	Third Party Cover Only
<b>Policy Excess:</b>	Excess-Third Party (Sect II) SGD 5,000

**Tokio Marine Insurance Singapore Ltd.**

**Authorised Signature**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





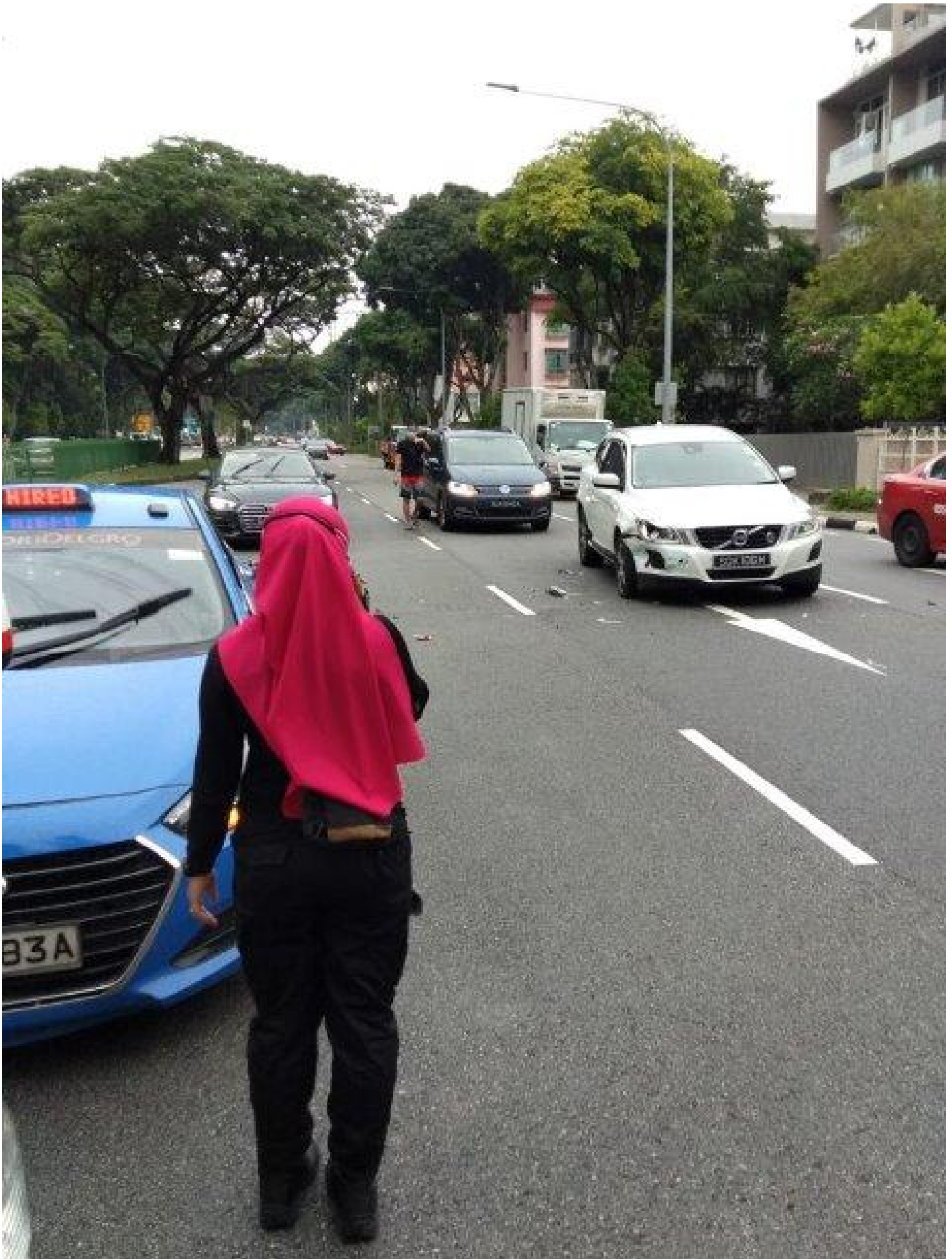
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

