

## 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	28/10/2020 15:52
Date Of Accident	24/10/2020 11:30
Exact Location Of Accident	JUNC OF PIE & PAYA LEBAR RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG7069L
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#### Insured/Policyholder

Name Of Registered Owner	PARKWAY AMBULANCE SERVICE
Co Reg No	5XXXX029D
Email Address	NADHIRAH.AMIR@PARKWAYPANTAI.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97765397

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	OPERATING HOUR
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	H 400000482 MKF
Cover Note Number	

#### Driver

Name of Driver	YUSOFF BIN BAHARI
NRIC No	SXXXX141G
Date Of Birth	23/11/1954
Occupation	INDOOR
Date Of Driving Pass	09/06/1977
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96666178
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 158 MARIAM WAY #01-02
Postcode	507083
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : NAVIN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	<b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201024/2078

#### 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	FBG7456L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NG GAI TONG
NRIC/Passport Number	
Contact Number	88221214
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

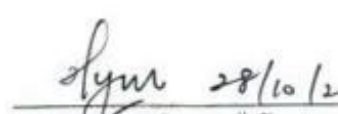
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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.

  
Policyholder's Signature  
Date & Time:

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

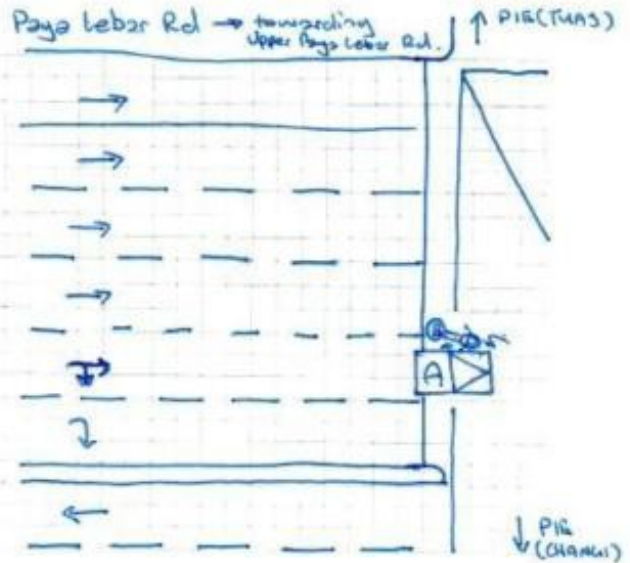
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Vehicle A  
- SGG 7069L

Vehicle B  
- FBG 7456L



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

Report Number:  
T/20201024/2078

Recording Officer

- Sgt 3 Soh Zheng Yong, Jonathan

Officer in Charge

- Staff Sgt Wong Sien Lui

Vehicle A - SGG 7069L

Vehicle B - FBG 7456L

## DECLARATION

We declare the foregoing particulars are true in every respect.

Reporting Centre Personnel's Signature  
Date & Time:

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

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



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20201024/2078

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20201024/2078

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	NG GAI TONG		ID No. NIL
Related Vehicle	FBG7456L (Motorcycle)		Contact No. 88221214
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
<b>Driver</b>			
Name	YUSOFF BIN BAHARI		ID No. S0223141G
Related Vehicle	SGG7069L (Van)		Contact No. 96666178
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 24/10/2020, at around 1130hrs, I stopped my ambulance SGG7069L at Paya Lebar Road at 2nd lane from right while waiting the green light to turn towards PIE(Changi). When the green arrow lighted up, I moved my vehicle at a very low speed when suddenly a motorcycle knocked into the left front of my vehicle. The rider then fell to the ground. My passenger(Staff Nurse Navin) and I stopped the vehicle and went down to check on the rider. We assessed the rider conditions and confirmed with him that he was alright, good to stand and move on his own. However, there was a slight abrasion on his right inner leg.

A passerby named Jack claimed that he is an insurance person who will speak to the rider and advised that we will be able to move off.

My ambulance left front door was dented and front bumper was detached due to the impact.

I requested to exchange particulars with the rider but he denied the exchange.

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

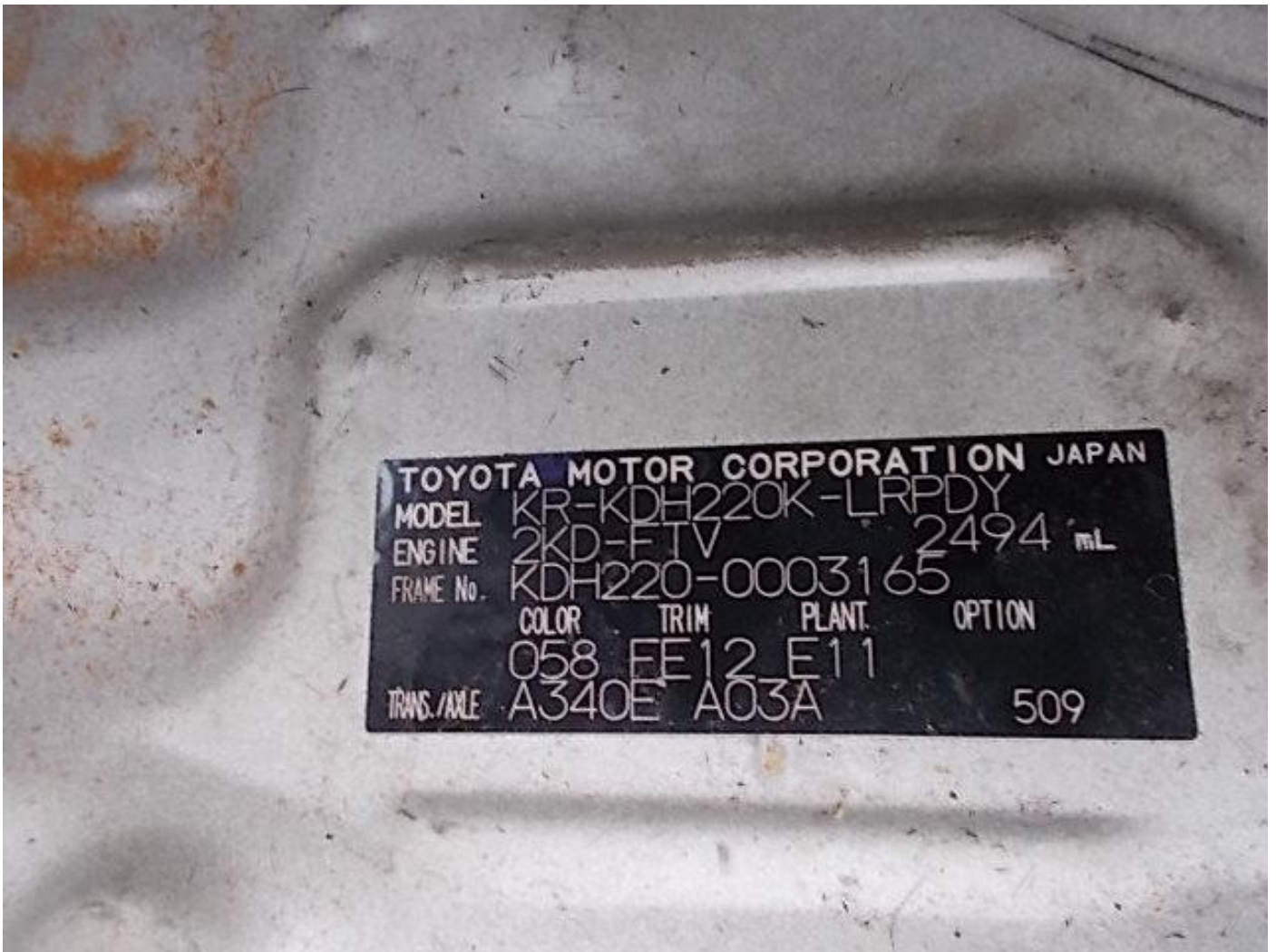




Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201024/2078

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20201024/2078

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2020 18:42	Vide Report No.:	Station Diary No.: 30
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### Informant's Particulars

Name of Informant: YUSOFF BIN BAHARI	Address: APT BLK 158 MARIAM WAY #01-02 SINGAPORE 507083		
ID Type / ID No.: NRIC NO / S0223141G	Contact No.: Home/Office: Mobile: 96699178		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 85	Date of Birth: 23/11/1954	Type of Informant: Driver
Race: Boyanese	Language: English	Institution / School Name:	
Occupation: Ambulance Driver	Driving Licence Information: Class: 2,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 24/10/2020 11:30	Type of Location: Straight Road
Location:  PAYA LEBAR ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG7455L	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0
SGG7068L	Van	TOYOTA	HIACE 2.5 A	White		1

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20201024/2078

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3  
Report No: T/20201024/2078

## CONTINUATION OF REPORT

Rider			
Name	NG GAI TONG		ID No. NIL
Related Vehicle	FBG7458L (Motorcycle)		Contact No. 88221214
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	YUSOFF BIN BAHARI		ID No. S0223141G
Related Vehicle	SGG7069L (Van)		Contact No. 96666178
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2,3 Date of Expiry: NIL
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Police Report



**SINGAPORE  
POLICE FORCE**



T/20201024/2078

3 of 3

Report No: T/20201024/2078

Police Station Of Origin:

Tampines N.P.C

Tampines Avenue 4 SINGAPORE 529682

No: 1800-6871999

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 /

Sgt 3 SOH ZHENG YONG, JONATHAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65478151

Authentication Stamp  
NR160

Signature Of Informant:

Date/Time:  
24/10/2020 18:42

Classification Of Case: