

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 Submission 23/12/2020 14:40 (SGT)
Date of Accident 22/12/2020 13:12 (SGT)
Exact Location of Accident 11 Jln Tan Tock Seng, Singapore 308433
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL6427H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SUNLIGHT AMBULANCE SERVICES LLP
Company Reg No TXXXXX758H
Email Address SUNLIGHTAMBULANCE@GMAIL.COM
Mobile Phone No (Phone) +65-92951615
Alternative Phone No +65-92951615

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5113231516-01
Cover Note Number -

DRIVER

Name of Driver WONG JONG KUAN
NRIC No SXXXX646Z
Date Of Birth 03/06/1962
Occupation Outdoor

Date Of Driving Pass	03/01/1983
Driving experience	37 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83095779
Alt. Phone Number	-
Email Address	SUNLIGHTAMBULANCE@GMAIL.COM
Address	BLK510B YISHUN STREET 51 #13-609
Address complement	-
Postcode	762510
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	COLLEAGUE
Gender	Male

PASSENGER 2

Name	NURSE
Gender	Female

PASSENGER 3

Name	PATIENT
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE MENTIONED DATE & TIME, I WAS TRAVELLING AT THE EXTREME LEFT LANE OF JALAN TAN TOCK SENG, VEHICLE B (SHB2377U) WAS DRIVING AT MY RIGHT SIDE SUDDENLY CUT INTO MY LANE. ITS LH SIDE COLLIDED ONTO MY VEHICLE'S FRONT RIGHT PORTION. NO ONE WAS INJURED.

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	SHB2377U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

23/12/20
12:20 pm.

DOA: 22/12/2020
Time: 13:12 pm
A: SLL6427H
B: SHB2377U

Jalan Tan Tock Seng

Describe Circumstances of the Accident

On the mentioned date & time, I was travelling at the extreme left lane of Jalan Tan Tock Seng, vehicle B (SHB2377U) was driving at my right side suddenly filtered into my lane. Its Lt side collided onto my vehicle front right portion. No one was injured. *dy*

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

dy
SUNLIGHT AMBULANCE SERVICES LLP

23/12/20
12:20 pm

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

dy

WITNESSED BY REPORTING CENTRE PERSONNEL

Witnessed by Reporting Centre Personnel