SS02212P0004 / S & H Motor Pte Ltd
ENTRY DATE & TIME: 25/02/2021 17:06 (SGT)
SUBMITTED BY: Wong Kee Nyuk
VERSION: 1 (25/02/2021 17:06 (SGT))

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	25/02/2021 17:06 (SGT)
Date of Accident	25/02/2021 13:20 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 8, Singapore
Additional Location Information	Junction of Ang Mo Kio Ave 8 & Ang Mo Kio Ave 6
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH6267Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Lentor Ambulance Pte Ltd
Company Reg No	2XXXXX954H
Email Address	simon.low@lentorambulance.com
Mobile Phone No	(Phone) +65-81863557
Alternative Phone No	(Home) +65-81863557

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	China Taiping Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW000313020002
Cover Note Number	-

DRIVER

Name of Driver	Zhu Liming
Work Permit No	GXXXX900T
Date Of Birth	10/11/1978
Occupation	Outdoor

Date Of Driving Pass	30/05/2013
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97360158
Alt. Phone Number	-
Email Address	simon.low@lentorambulance.com
Address	51 Lentor Ave
Address complement	-
Postcode	786876
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Wang Chang Long
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of Intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

refer attached police report.

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	GBB6631E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

LEMON AMBULANCE PTE LTD SINGAPORE

Policyholder's Signature
Date & Time:
25/2/2021 1530hrs

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

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

SKETCH PLAN

ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

POLICE REPORT ATTACHED

ATTACHED

DECLARATION

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

Policyholder's Signature

Date & Time: 25/2/2021 1530hrs

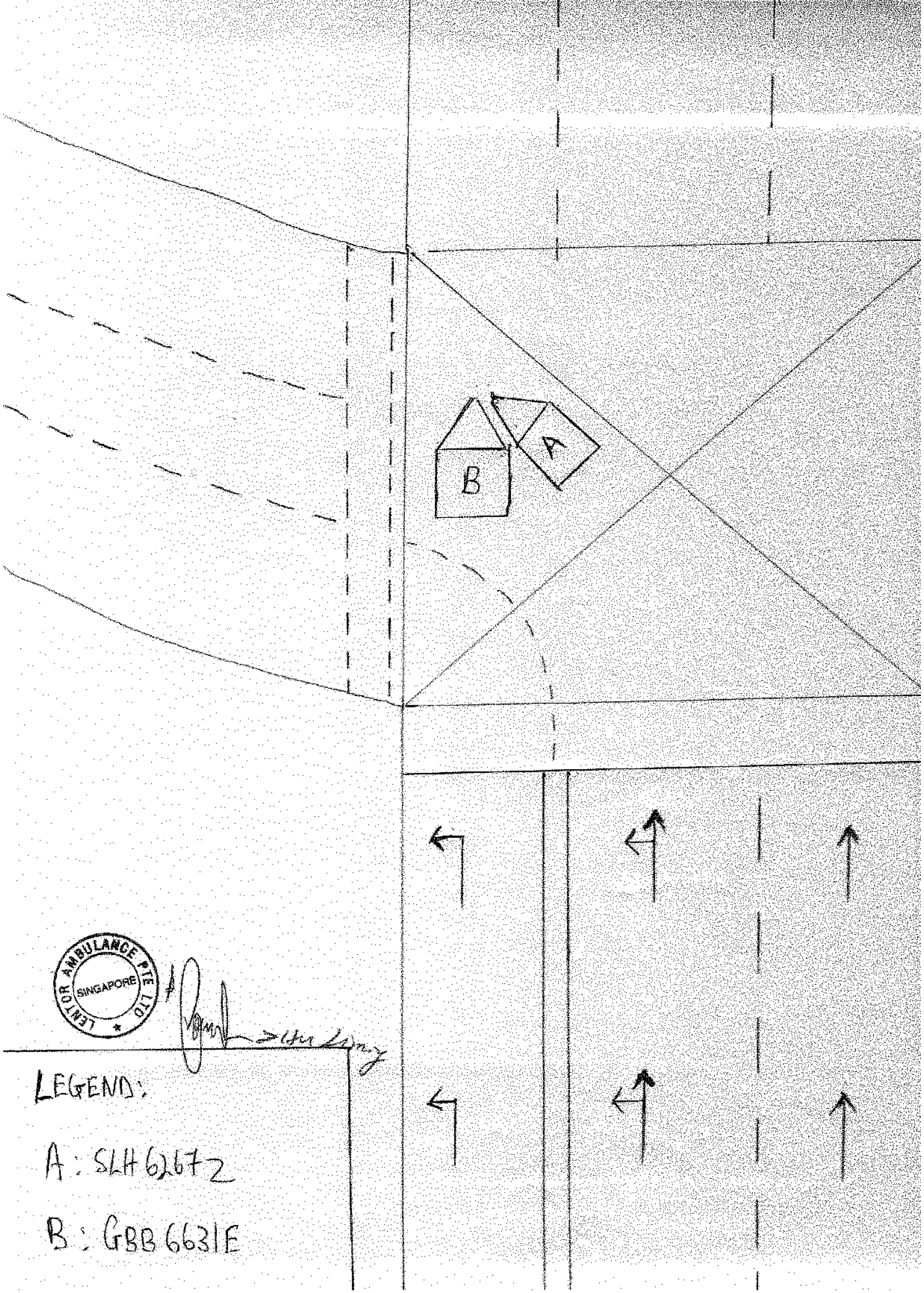
Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



LENTOR AMBULANCE PTE LTD SINGAPORE

LEGEND:

A: SLH6267Z

B: GBB6631E

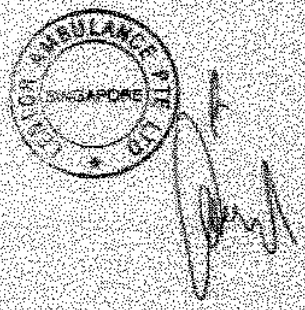
Statement for Accident (SLH6267Z)

1. On 25/02/2021, I Zhu Liming, FIN G5072900T, was on duty as ambulance driver for vehicle bearing registration number SLH6267Z.
2. At around 1320hrs, I was driving along Ang Mo Kio Avenue 6 when I reached the traffic junction of Ang Mo Kio Avenue 8.
3. I wanted to make a left turn into Ang Mo Kio Avenue 8 from the second left lane of Ang Mo Kio Avenue 6.
4. Suddenly, a vehicle bearing registration number GBB6631E sped pass my left side from the left most lane of Ang Mo Kio Avenue 8.
5. I felt my vehicle shook and realized the left front part of my vehicle has been hit by the right side of the said vehicle.
6. The other vehicle continued moving and did not seemed to attempt to stop.
7. I stopped my vehicle at the side after making the left turn to inspect for any damage.
8. I saw some scratches on the left side of my vehicle's bumper.
9. As no one was injured, I returned to my office to make the report and download the footage captured by my vehicle's dashcam.

Report by

Zhu Liming

Zhu Liming



SINGAPORE
POLICE FORCE

T/20210225/2054

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No: T/20210225/2054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No:	Station Diary No:
25/02/2021 15:07		23

Informant's Particulars

Name of Informant:			Address:
ZHU LIMING			202 ANG MO KIO AVENUE 3 ANG MO KIO VIEW SINGAPORE 560202
ID Type / ID No.:			Contact No.:
FIN NO / G5072900T			Home/Office: Mobile: 97360158
Nationality:			Email:
CHINESE			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	42	10/11/1978	Driver
Race:			Language: / Institution / School Name:
Chinese			
Occupation:			Driving Licence Information:
Ambulance driver			Class: 3 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/02/2021 13:20	Type of Location:

Location:

ANG MO KIO AVENUE 8

Weather:	Road Surface:	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume:
Type of Collision:		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBB6631E	Lorry					0
SLH6267Z	Van				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:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Driver			
Name	ZHU LIMING	ID No.	G5072900T
Related Vehicle	NIL	Contact No.	97360158
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

Brief Details.

On 25/02/2021, from 0600hrs until 1800hrs, I was on duty as an ambulance driver driving a vehicle bearing plate number SLH6267H with my partner, Wang Chang Long, G8547646M, 92344772 as my passenger.

At about 1320hrs, I was driving along Ang Mo Kio Avenue 6 when I reached the traffic junction of Ang Mo Kio Avenue 8. I was making a left turn into Ang Mo Kio Avenue 8 from the second left lane of Ang Mo Kio Avenue 6 when a vehicle bearing plate number GBB6631E sped past my left side from the left most lane of Ang Mo Kio Avenue 8.

I felt my vehicle shake and realized that the left front part of my vehicle has been hit by the right side of the said vehicle. However, the said vehicle continued moving and did not attempt to stop.

I stopped my vehicle at the side after making the left turn to inspect for any damage. There were some scratches on the left side of my vehicle's bumper. No one was injured and no ambulance was required. I have my vehicle's dashcam footage of the accident.

I am lodging this traffic accident report as required for insurance claim.

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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: F / Sgt 2 AMMARUL AQMAR BIN AMINUR RASHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2021 15:07
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476368	Classification Of Case:

Authentication Stamp

NP168 SINGAPORE POLICE FORCE SN 154

SIGNATURE