

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 17/03/2021 15:46 (SGT)
Date of Accident 16/03/2021 19:19 (SGT)
Exact Location of Accident Ang Mo Kio Street 31, Singapore
Additional Location Information along Ang Mo Kio Street 31 Opp Blk 319 turn AMK Ave 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL574S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner The Lentor Residence Pte Ltd
Company Reg No 1XXXXX446H
Email Address simon.low@lentorambulance.com
Mobile Phone No (Phone) +65-81863557
Alternative Phone No (Home) +65-81863557

VEHICLE PARTICULARS

Manufacturer Toyota
Model TOYOTA HIACE HIROOF AUTO 5 SEATER
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 DMCVSNW00077472003
Cover Note Number -

DRIVER

Name of Driver Mohamed Noordin Bin Rahmat
NRIC No SXXXX588H
Date Of Birth 17/11/1959
Occupation Outdoor

Date Of Driving Pass	11/09/1981
Driving experience	39 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81007743
Alt. Phone Number	-
Email Address	simon.low@lentonambulance.com
Address	51 Lenton 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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

refer attached 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	GBE6117H
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	Lim Lit Hong
NRIC No	SXXXX695F
Contact Number	(Phone) +65-92982768
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

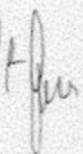
Statement for Accident (SKL574S)

1. On 16/3/2021, I MOHAMED NOORDIN BIN RAHMAT, NRIC number, S1431588H, was on duty as ambulance driver for vehicle bearing registration number SKL574S.
2. I was driving alone along Ang Mo Kio Street 31 towards Ang Mo Kio Avenue 8 after my duty. Time was around 1919hrs.
3. As I approached a pedestrian traffic crossing, a vehicle bearing registration number GBE6117H was exiting the carpark exit of Teck Ghee Court.
4. The vehicle hit the right side of my vehicle while coming out of the said exit.
5. Both the other driver and I alighted from our vehicle to check for damage.
6. I saw a long and deep dent along the whole right lower side of my vehicle.
7.  I stepped on my brakes immediately but was unable to stop in time and hit the rear end of his vehicle.
8. As no one was injured and there were traffic at that point of time was busy, we left the location after exchanging particulars.

Report by



MOHAMED NOORDIN BIN RAHMAT



SKETCH PLAN

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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' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

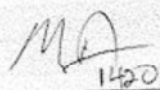
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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.


 Policyholder's Signature / Date & Time
 16/20/21

 17/3/21
 Driver's Signature (If driver is not the policyholder) / Date & Time


 Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

ATTACHED

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]
16/20/13

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

[Signature]

Witnessed by Reporting Centre Personnel

[Signature]

