

# 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 ..... 30/08/2021 14:09 (SGT)  
Date of Accident ..... 27/08/2021 12:50 (SGT)  
Exact Location of Accident ..... Woodlands Drive 50, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH6215Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Lentor Ambulance Pte Ltd  
Company Reg No ..... 2XXXXX954H  
Email Address ..... ronnie.tang@lentorambulance.com  
Mobile Phone No ..... (Phone) +65-98357746  
Alternative Phone No ..... +65-98357746

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Urvan  
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  
Transmission ..... Auto  
CC ..... 2500

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00048542103  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Zhu Liming  
Passport No/FIN ..... GXXXX900T

Date Of Birth .....	10/11/1978
Occupation .....	Outdoor
Date Of Driving Pass .....	30/05/2013
Driving experience .....	8 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97360158
Alt. Phone Number .....	-
Email Address .....	ronnie.tang@lentorambulance.com
Address .....	Blk 555 Ang Mo Kio Ave 10 #01-1976
Address complement .....	-
Postcode .....	560555
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 .....	Hit and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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

Please refer to sketch plan

#### 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 .....	YM7652H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	Lim Ah Bah
NRIC No .....	SXXXX234I
Contact Number .....	(Phone) +65-83476597
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**

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 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.
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.



*[Signature]*  
Policyholder's Signature / Date & Time

*[Signature]* 30/04/21  
Driver's Signature (if driver is not the policyholder) / Date & Time

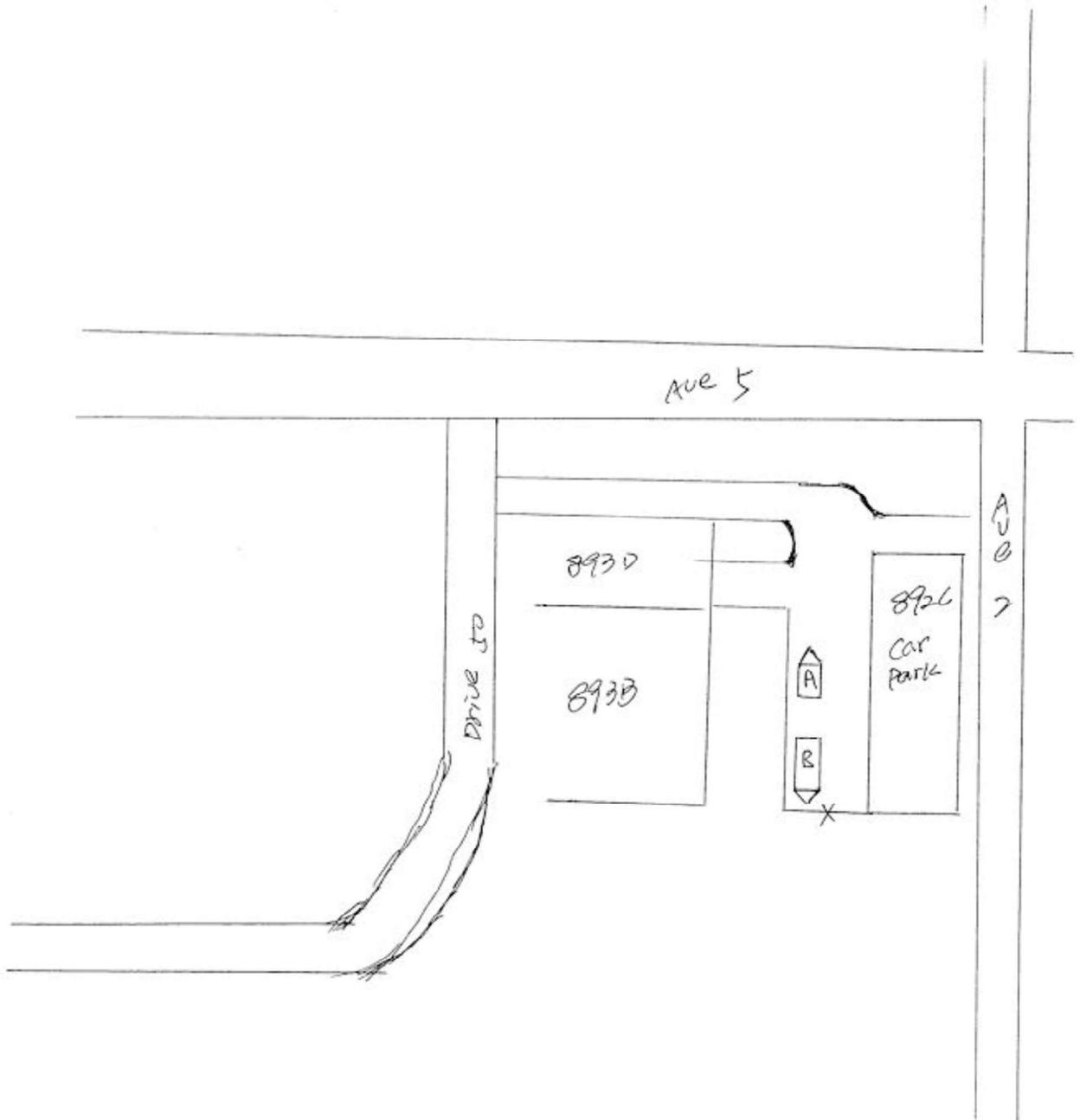
*[Signature]*  
Witnessed by Reporting Centre Personnel

Sketch Plan

Angie Soh

*Refer to drawing attachment*





Address: 892C Woodlands Drive 50  
S(732892)

(A) : SLH 6215Z

(B) : YM7652H



Incident Report

Driver : Zhu Li Ming

FIN : G5072900T

Date Time : 27 Aug 2021 @ 12:50pm

Accident location : Blk 892C Woodlands Drive 50, Singapore 732892. Near 893D driveway.

I, Zhu Li Ming, is the assigned driver for medical transport vehicle SLH6215Z on 27<sup>th</sup> Aug 2021.

I finished a NKF patient transfer case at nearby woodland. I drive to this car park area to stop to buy my take-away lunch. There was vehicle YM7652H park at the dead end. I reverse and my park my vehicle at least 2m from his vehicle rear. I saw his driver door was open (thinking he is resting inside). I switched off my vehicle and step out to lock my vehicle, and I hear a BANG sound, his vehicle has reversed and hit my vehicle rear.

My rear door and windows is damaged. We exchanged particulars. He drove off and I stay to clear off the damaged window glass. I call my office to report and return the vehicle back to office immediately.

The other party driver details : Lim Ah Bah, S1278234I, mobile YM7652H, mobile : 83476597

End of Statement.

Your sincerely,

Zhu Li Ming 27/08/21  
*Zhu Li Ming*



*Lim Ah Bah*