

# 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 .....	02/09/2021 17:57 (SGT)
Date of Accident .....	02/09/2021 01:13 (SGT)
Exact Location of Accident .....	46 Lrg. 5 Toa Payoh, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	QX1624R
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Singapore Civil Defence Force
Company Reg No .....	T08GA0035G
Email Address .....	suhaيمي@lentorambulance.com
Mobile Phone No .....	(Phone) +65-87802241
Alternative Phone No .....	(Home) +65-87802241

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Sprinter
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 - Reporting only
Vehicle Category .....	Government
Transmission .....	Auto
CC .....	2143

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	DMCVSNW00114952000
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Muhammad Haris Bin Zakaria
NRIC No .....	S9527009C

Date Of Birth .....	02/08/1995
Occupation .....	Outdoor
Date Of Driving Pass .....	23/05/2014
Driving experience .....	7 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97773154
Alt. Phone Number .....	-
Email Address .....	suhaimi@lentorambulance.com
Address .....	No. 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 .....	Raining
Road Surface .....	Wet

#### 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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	unknown
Gender .....	Female

#### PASSENGER 2

Name .....	unknown
Gender .....	Male

#### PASSENGER 3

Name .....	unknown
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands Division Headquarters
Police Station Phone No .....	(Phone) +65-18004660000
Police Station Address .....	1 Woodlands St 12 Singapore 738622
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
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Was there any video captured by Car Camera? ..... No  
Was there any audio recorded? ..... No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SKT1012Z  
Vehicle Manufacturer ..... Mazda  
Vehicle Model ..... 6  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... Cheng Yong Hwa  
Contact Number ..... (Phone) +65-97573017  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

## RESTRICTED

All the above information is based on true facts & at the best of my knowledge.

Signature of Recorder	Signature of Interpreter	Signature of Accused
		
Rank & Name:	Rank & Name:	Rank & Name: Muhammad Haris



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Attachment 2

**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.



Policyholder's Signature / Date & Time

15:37 HRS  
2-9-21

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

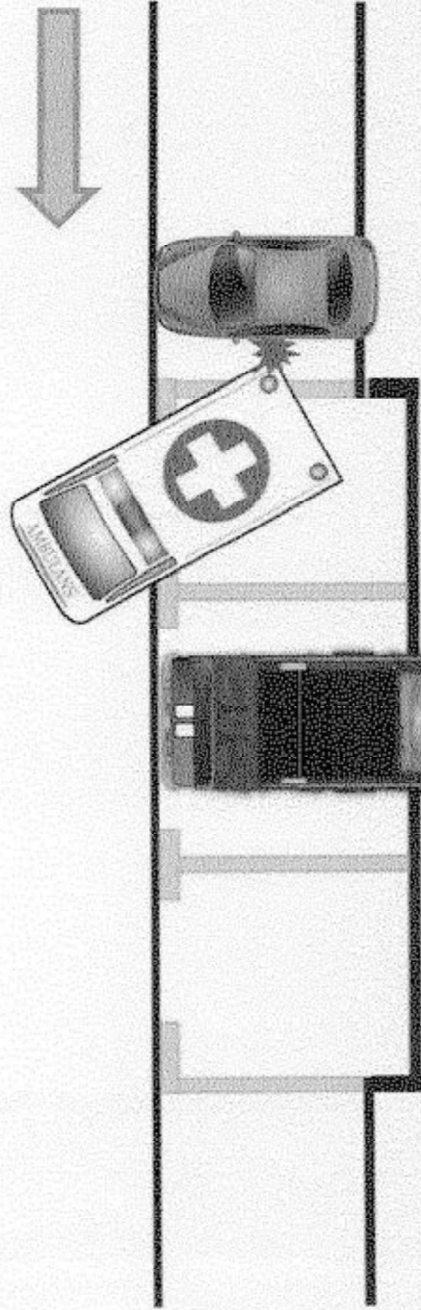
1537 hrs  
2 SEPTEMBER 2021

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Refer to Attachment 1

Blk 44 Lorong 5 Toa Payoh



Legends



— LF151



— OX1624  
OX1624R



— SKT1012  
SKT1012Z

Attachment 1



Toa Payoh Fire Post  
Blk 46 Lorong 5 Toa Payoh



## RESTRICTED

## STATEMENT

Name (including aliases, if any) of person making statement Muhammad Haris Bin Zakaria			Name in Chinese characters (if applicable) N. A	
Father's full name Zakaria Bin Abdul Lattif			Sex * Male-Female	Age 26
Date and Place of Birth 02/08/1995, Singapore		N R I C No. S9527009C	Passport No. -	Nationality and Dialect Singaporean
Marital Status Married	No. of Children N. A	Singapore Citizenship Certificate No. -		Vehicle No. N. A
Address Blk 646 Yishun Street 61 #03-354 S760646			Occupation EMT-Driver	
Place of Employment Lentor Ambulance			Telephone Nos. 97773154	
			Residence -	Handphone 97773154
			Office N. A	
Statement Recorded				
at (time)		on (date)		at (place) BISHAN FIRE STATION
Language Spoken English	Interpreted By NIL	Recorded By NA		Rank of Recording Officer NIL
NOTE: The Statement is to be signed and dated by the person making it and by the Recorder and the Interpreter, if one is used				

On 1st September 2021, I, EMT driver Muhammad Haris Bin Zakaria was assigned on night duty at Bishan Fire Station under callsign PA151, QX1624R.

Upon returning from a case incident: / 20210901/0950, at 0113hrs on 2nd September 2021 we arrived at Toa Payoh Firepost located at blk 46 Lorong 5 Toa Payoh for standby. Upon arrival, vehicle number QX1624R have to make a vertical reverse into the designated SCDF designated parking lots. While reversing, it was raining / wet weather and it affect my vision as my side window was fogging, and I felt an impact from my rear right side and noted that I accidentally hit onto red Mazda 6 vehicle number SKT1012Z. No one guided me while reversing due to raining. Before reversing, I checked side mirrors multiple times as the designated parking lots has space constraint. I noted 7-8cm scratches and dent on left front door of the Mazda6. No other damages were found on the rear of the ambulance.

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Attachment 2

















**SINGAPORE  
POLICE FORCE**

L/20210902/7003

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210902/7003

SKT1012Z. Noted 7-8cm scratches and dent on left front door of the mazda6. No other damages were found on the rear of the ambulance.

Reported to the management right after the accident and was told to take some photos of the damages. Currently assisting with SCDF for investigation.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
02/09/2021 04:01

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



L/20210902/7003

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20210902/7003

Police Station Of Origin  
Woodlands Division HQ  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No:1800-4660000

Date/Time Report Made 02/09/2021 04:01	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD HARIS BIN ZAKARIA	Address 646 YISHUN STREET 61 #03-354 SINGAPORE 760646	
ID Type / ID No. NRIC NO / S9527009C	Contact No. Home/Office:	Mobile: 97773154
Nationality SINGAPORE CITIZEN	Email Address muhammad.haris1995@hotmail.com	
Occupation Ambulance driver	Sex Male	Age 26
Institution/School Name	Date of Birth 02/06/1995	Race Malay
Date/Time Of Incident 02/09/2021 01:10 - 02/09/2021 01:15	Location Of Incident 646 YISHUN STREET 61 #03-354 SINGAPORE 760646	

**Brief details.**

On 1st september 2021, EMT driver muhammad haris bin zakaria was assigned on night duty at bishan firestation under PA151 callsign ambulance.

Upon returning from a case incident:/ 20210901/0950, at 0113hrs on 2nd september 2021 we arrived at toa payoh firepost located at blk 46 lorong 5 toa payoh for standby. Upon arrival, vehicle number QX1624R have to make a vertical reverse into the designated SCDF designated parking lots. While reversing, it was raining/wet weather and it affect my vision as my side window was fogging and i felt an impact from my rear right side and noted that i accidentally hit onto red mazda 6 vehicle number

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/09/2021 04:01
Officer In-Charge Of Case:	Classification Of Case: