

# 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 ..... 18/11/2021 17:27 (SGT)  
Date of Accident ..... 16/11/2021 15:20 (SGT)  
Exact Location of Accident ..... Lower Kent Ridge Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKS9790M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Ambulance Medical Services Pte Ltd  
Company Reg No ..... 200705794E  
Email Address ..... accounts@ambulanceservice.com.sg  
Mobile Phone No ..... (Phone) +65-84441499  
Alternative Phone No ..... +65-84441499

### 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  
Transmission ..... Auto  
CC ..... 2488

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNA00003052101  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Zulfadhli Bin Zainal Abidin  
NRIC No ..... S9541674H

Date Of Birth .....	04/11/1995
Occupation .....	Outdoor
Date Of Driving Pass .....	12/09/2017
Driving experience .....	4 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83284795
Alt. Phone Number .....	-
Email Address .....	zulfadhlizainal04@gmail.com
Address .....	Blk 234 Bukit Panjang Ring Road #02-13
Address complement .....	-
Postcode .....	670234
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	Awang Chik Bin Ali
Gender .....	Male

#### PASSENGER 2

Name .....	Karthigesan S/O Manimaran
Gender .....	Male

#### PASSENGER 3

Name .....	Unknown
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

#### 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 ..... SMF3738A  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... Jazz  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... Lim Kian Hoe  
NRIC No ..... S0111620G  
Contact Number ..... (Phone) +65-98795103  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... Karthigesan S/O Manimaran  
Gender ..... Male  
Phone No ..... (Phone) +65-84425331  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SKS9790M  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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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  
 Sketch Plan  
 18 NOV 2021

Driver's Signature (if driver is not the policyholder) / Date & Time  
 NUH  
 18 NOV 2021

Witnessed by Reporting Centre Personnel  
 NATIONAL UNIVERSITY OF SINGAPORE  
 ANGIE SOH  
 CENTRE FOR ORAL HEALTH



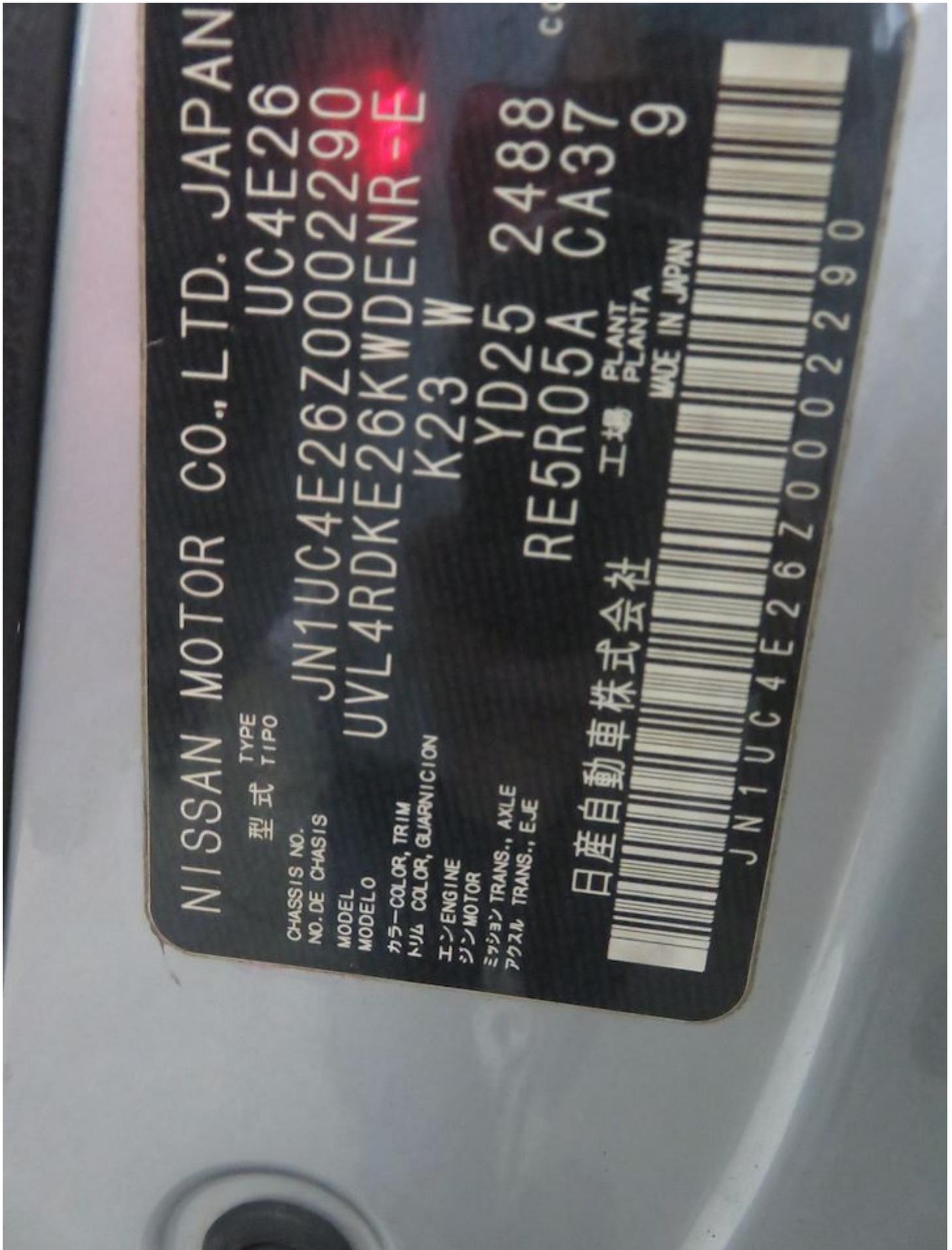












NISSAN MOTOR CO., LTD. JAPAN

型式 TIPO

CHASSIS NO.  
NO. DE CHASIS

MODEL  
MODELO

カラー-COLOR, TRIM  
ノリム COLOR, GUARNICION

エンジン  
シンMOTOR

ミッション TRANS., AXLE  
アクスル TRANS., EJE

UC4E26  
JN1UC4E26Z0002290  
UVL4RDKE26KWDENR-E

K23 W

YD25 2488  
RE5R05A CA37

工場 PLANT  
PLANTA  
MADE IN JAPAN

日産自動車株式会社



JN1UC4E26Z0002290





**SINGAPORE  
POLICE FORCE**



T/20211117/7023

1 of 4

Report No. T/20211117/7023

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/11/2021 18:54	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: ZULFADHLI BIN ZAINAL ABIDIN			Address: 234 BUKIT PANJANG RING ROAD #02-13 SINGAPORE 670234		
ID Type / ID No.: NRIC NO / S9541674H			Contact No.: Home/Office:		Mobile: 83284795
Nationality: SINGAPORE CITIZEN			Email: ZULFADHLIZAINAL04@GMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 04/11/1995	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Ambulance driver			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/11/2021 15:20	Type of Location: Roundabout
Location: LOWER KENT RIDGE ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKS9790M	Van					0
SMF3738A	Car	HONDA	Jazz	Maroon	Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20211117/7023

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

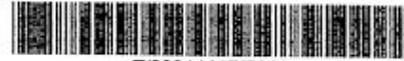
Report No. T/20211117/7023

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ZULFADHLI BIN ZAINAL ABIDIN	ID No.	S9541674H
Related Vehicle	SKS9790M (Van)	Contact No.	83284795
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Passenger</b>			
Name	PATIENT IN WHEEL CHAIR	ID No.	SXXXX752Z
Related Vehicle	SKS9790M (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
<b>Passenger</b>			
Name	KARTHIGESAN S/O MANIMARAN	ID No.	S90500611
Related Vehicle	SKS9790M (Van)	Contact No.	84425331
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE  
POLICE FORCE**



T/20211117/7023

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Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20211117/7023

## CONTINUATION OF REPORT

Driver			
Name	LIM KIAN HOE		ID No. S0111620G
Related Vehicle	SMF3738A (Car)		Contact No. 98795103
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

I have just pick up a patient from NUH Medical Centre and sending the patient in wheel chair back to his home in NTUC@Lakeside in my ambulance with a medic, Mr. Karthigesan s/o Manimaran in attendance and another escort male nurse.

As I was driving toward the roundabout to make a U turn to South Bouna Vista at a moderate speed and with due care for the my patient and medics in the rear of the ambulance, as the road in front was cleared with vehicle except there was another vehicle no: SMF3738A which was abreast with ambulance on my Left hand lane before the roundabout.

I proceed to drive normally and negotiated the roundabout keeping to my inner travelled lane as I want to U turn back to South Bouna Vista from Lower Kent Ridge Road, as we were negotiating the circle together suddenly this vehicle no: SMF3738A encroached onto my travelled lane causing his vehicle no: SMF3738A to cut into my lane and grazed my ambulance front LH bumper facial, the said vehicle SMF3738A proceed to drive straight away to Lower Kent Ridge Rd towards NUS direction without stopping his vehicle.

I immediately apply my ambulance emergence brake to avoid a collision with vehicle no: SMF3738A and I sound my horn to warn him but to no avail and after the incident he managed to stop a distance away from the roundabout. Meanwhile my patient and medics was screaming and was shocked in this accident and I had to ran to him and tell him about his carelessness and negligence driving to cause the accident to my ambulance at the said circle.

After the accident and particulars was exchanged, I checked and confirmed with my patience and medic on their wellness but my medic complaint he had hit his head against the ambulance cabinet in the accident. The medic Mr. Karthigesan will seek medical attention after we send back our patient home.



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POLICE FORCE**



T/20211117/7023

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Traffic Police  
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Report No. T/20211117/7023

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / TAY CHUN KEEN Contact No.: 65476436

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 17/11/2021 18:54
Classification Of Case:

NP168



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Motor Commercial

MZ300/C

E SN

BR0120A

Cov. Type:C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMCVSNA0003052101	Engine No.: YD25362984A Cha. No.: JN1UC4E26Z0002290
1. Index Mark and Registration Number of Vehicle	SKS9790M	
2. Name of Policy Holder	AMBULANCE MEDICAL SERVICES PTE LTD	
3. Effective date of the Commencement of Insurance for the Purposes of the Regulations, Ordinance or Enactment	06/01/2021 (00:00:00)	Excess Sect I.      S\$1,000.00 EX ON WINDSCREEN,      S\$100.00
4. Date of Expiry of Insurance	05/01/2022	
5. Persons or Classes of Persons entitled to drive*	Any person who is driving on the Policyholder's order or with their permission.  Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
6. Limitations as to use.*	(1) Use in connection with the Policyholder's business. (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. (3) Use for social, domestic or pleasure purposes.  The Policy does not cover (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.	
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.		

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: ..... Gan Li Jia Jesca  
Authorised Officer

.....  
Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)  
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com