

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	22/03/2022 11:53 (SGT)
Date of Accident	21/03/2022 14:26 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	QX1589J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Singapore Civil Defence Force
Company Reg No	T08GA0035G
Email Address	suhaيمي@lontorambulance.com
Mobile Phone No	(Phone) +65-94741567
Alternative Phone No	(Office) +65-94741567

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Sprinter
Variant	316CDI/3665
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
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	DMCVSNW00138992101
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ZUKHAIR BIN ABDUL RASHID
NRIC No	S9044759I

Date Of Birth	18/11/1990
Occupation	Outdoor
Date Of Driving Pass	18/01/2014
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85333961
Alt. Phone Number	-
Email Address	suhaimi@lentorambulance.com
Address	BLK 341 SEMBAWANG CLOSE #08-69
Address complement	-
Postcode	750341
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	Collision - Head to Rear
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MEDIC
Gender	Male

PASSENGER 2

Name	MEDIC
Gender	Male

PASSENGER 3

Name	MEDIC
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 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	GBL1268B
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	HIEW CHEE KEONG
NRIC No	S7773994G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

RESTRICTED



STATEMENT

Name (including aliases, if any) of person making statements Muhammad Zukhair Bin Abdul Rashid			Name in Chinese characters (if applicable) -	
Father's full name Abduk Rashid Bin Mohd Sehat			Sex Male	Age 32
Date and Place of Birth 18/11/1990 Singapore		NRIC No. S9044759I	Passport No. -	Nationality and Dialect Singaporean
Marital Status Married	No. of Children 1	Singapore Citizenship Certificate No. -		Vehicle No. QX1589J
Address Blk 341 Sembawang Close #08-69 (750341)			Occupation Ambulance Driver	
Place of Employment : Lenton Ambulance Pte Ltd			Telephone Nos. 85333961	
			Residence -	Office
Statement Recorded				
at (time) 1600		on (date) 21/03/2022		at (place) Yishun Fire Station
Language Spoken English	Interpreted By		Recorded By	Rank of Recording Officer
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				

RESTRICTED

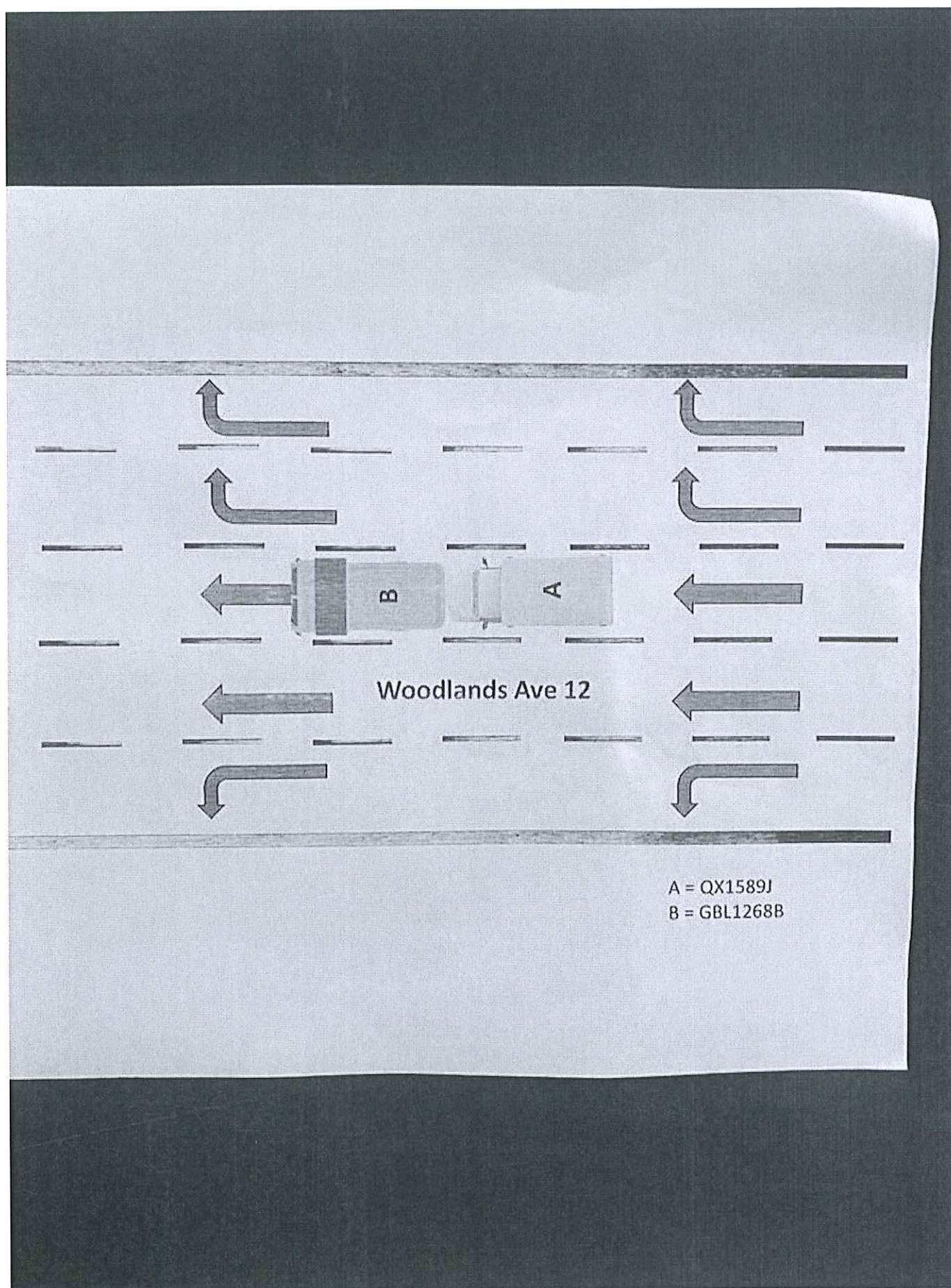
I, Muhammad Zukhair Bin Abdul Rashid was the assigned driver for ambulance, PA311, QX1589J on 21 March 2022. At around 1426hrs while return back to base from Kandang Kerbau Hospital incident number /20220321/0655, along woodlands ave 12 junction of Gambas Ave twds Woodlands Ave 10, I was traveling around 25km/hr and I was unable to stop vehicle in time and hit the lorry in front of me. I informed my PRM, Asri that I had hit the vehicle in front & proceeded to get down from my vehicle after ensuring safety. I immediately inform Lentor Ambulance Duty Manager, Rasikin of the accident. The lorry driver also get down from his vehicle & I asked if he was injured. He told me he did not sustain any injuries. We then proceeded to check for the damages on the vehicles. I exchange particular with the lorry driver, Hiew Chee Keong (S7773994G) and also handed him a copy of SCDF correspondence notice. Lorry driver was traveling alone at the time of incidents. My paramedic assessed the driver immediately after ensuring no crews was injured. No injury sustained by MOP.

e as necessary

I hereby declare that details provided in the above are true.

Sgt Zukhair

.....
Rank & Name with Signature



SKETCH PLAN**IMPORTANT NOTICE**

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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
4.08am

Sketch Plan 22-02-2022

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



Witnessed by Reporting Centre Personnel

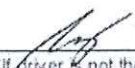
Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT ATTACHED

Declaration

We declare the foregoing particulars are true in every respect.

 
 Policyholder's Signature / Date &
 Time 11:08 AM
 22-03-2022


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

 
 Witnessed by Reporting Centre
 Personnel



**SINGAPORE
POLICE FORCE**



T/20220321/7039

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

1 of 3

Report No: T/20220321/7039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2022 21:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ZUKHAIR BIN ABDUL RASHID			Address: 341 SEMBAWANG CLOSE #08-69 SINGAPORE 750341		
ID Type / ID No.: NRIC NO / S9044759I			Contact No.: Home/Office: Mobile: 85333961		
Nationality: SINGAPORE CITIZEN			Email: zukh90@gmail.com		
Sex: Male	Age: 31	Date of Birth: 18/11/1990	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:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 21/03/2022 14:25	Type of Location: Straight Road
Location: WOODLANDS AVENUE 12				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
GBL1268B	Lorry	KIA		White	Slightly Damaged	0
QX1589J	Van					0



**SINGAPORE
POLICE FORCE**



T/20220321/7039

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

2 of 3

Report No. T/20220321/7039

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	HIEW CHEE KEONG	ID No.	S7773994G
Related Vehicle	GBL1268B (Lorry)	Contact No.	96341552
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	MUHAMMAD ZUKHAIR BIN ABDUL RASHID	ID No.	S9044759I
Related Vehicle	QX1589J (Van)	Contact No.	85333961
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

Brief Details.

I, Muhammad Zukhair Bin Abdul Rashid was a driver on that duty for PA311, QX1589J on March 21st 2022. Around 1426hrs, while returning back to base from KKH, incident number /20220321/0655 along Woodlands Ave 12, junction of Gambas Avenue towards Woodlands Ave 10, I was unable to stop vehicle in time and hit lorry (GBL 1268B) in front of me. No MOP was injured.



**SINGAPORE
POLICE FORCE**



T/20220321/7039

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

3 of 3

Report No. T/20220321/7039

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476201

NP163

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

Date/Time:
21/03/2022 21:16

Classification Of Case:



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : SJ0B223M0002 Vehicle Registration No: QX1589J
 Name (as shown in NRIC) : MUHAMMAD ZUKHAIR BIN ABUL RASHID NRIC/FIN/Passport No : S9044759I
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 341 SEMBAWANG CLOSE #08-69 Singapore (750341)
 Contact (Tel) : _____ Mobile No. : 8533 3961
 Email Address : suhaime@lontorambulance.com
 Date of Accident : 21/03/2022 Time of Accident : 14:26
 Place of Accident : WOODLANDS AVE 12
 Insurance Company : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

WEATHER CONDITION : CLEAR & DRY

 Policyholder / Driver's Signature
 Date:

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