

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 06/06/2022 15:11 (SGT)
Date of Accident 06/06/2022 07:30 (SGT)
Exact Location of Accident Woodlands Ave 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT9984D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SUNLIGHT AMBULANCE SERVICES LLP
Company Reg No TXXXXX758H
Email Address sunlightambulance@gmail.com
Mobile Phone No (Phone) +65-92951615
Alternative Phone No (Office) +65-92951615

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant HR MICROBUS 2.5 4DR 5AT ABS D/AB
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 NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5113231516-02-000003
Cover Note Number -

DRIVER

Name of Driver NAZRIN BIN BAHARUDDIN
NRIC No SXXXX669Z

Date Of Birth	06/06/1978
Occupation	Outdoor
Date Of Driving Pass	11/01/2000
Driving experience	22 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93248684
Alt. Phone Number	-
Email Address	sunlightambulance@gmail.com
Address	BLK 873 WOODLANDS STREET 81 #02-252
Address complement	-
Postcode	730873
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 - Change/cross lane
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)	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?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
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	SLL8281Y
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



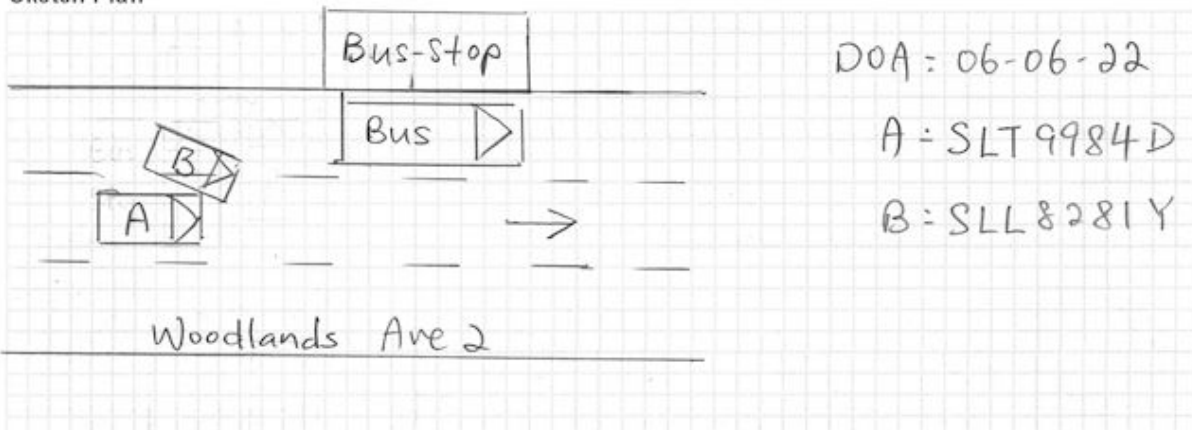
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to the attached Police Report.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

[Signature]



Witnessed by Reporting Centre Personnel







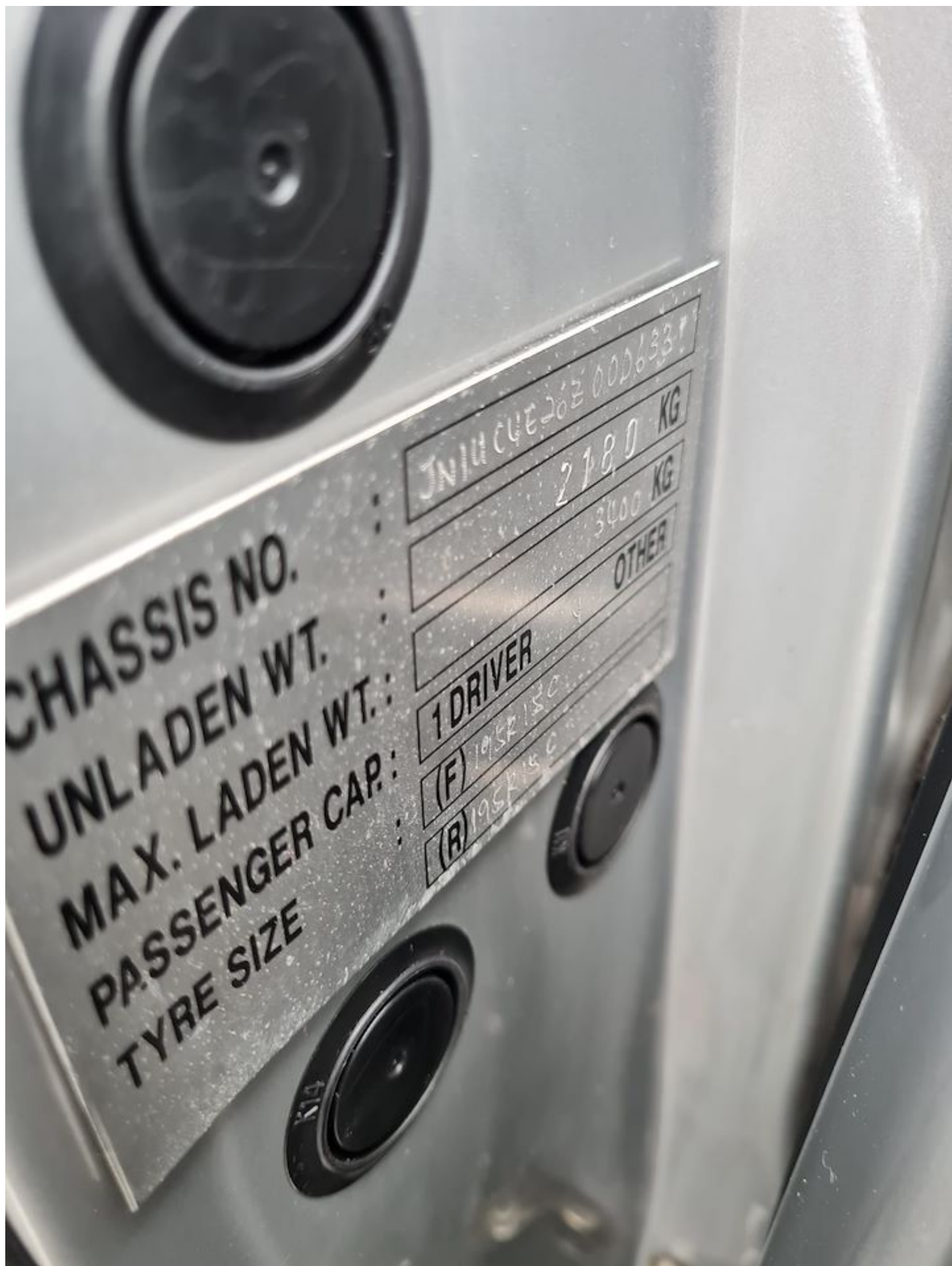






























**SINGAPORE
POLICE FORCE**



T/20220606/2013

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20220606/2013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/06/2022 10:32	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: NAZRIN BIN BAHARUDDIN			Address: APT BLK 873 WOODLANDS STREET 81 #02-252 SINGAPORE 730873		
ID Type / ID No.: NRIC NO / S7816669Z			Contact No.: Home/Office: Mobile: 93248684		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 06/06/1978	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Ambulance driver			Driving Licence Information: Class: 3		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/06/2022 07:30	Type of Location: Straight Road
Location: WOODLANDS AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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	Condition	No of Passenger
SLL8281Y	Car	HONDA	VEZEL HYBRID 1.5X AUTO	Silver	Slightly Damaged	0
SLT9984D	Private ambulance	NISSAN	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB	Silver	Slightly Damaged	0



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Report No. T/20220606/2013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NAZRIN BIN BAHARUDDIN	ID No.	S7816669Z
Related Vehicle	NIL	Contact No.	93248684
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KARUPPAIYAN MURUGANANTHAM	ID No.	S8083292C
Related Vehicle	NIL	Contact No.	83701006
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/06/2022 at about 7.30am, I was driving along Woodlands Avenue 2 towards SLE on the center lane of three lanes. There was a car (SLL8281Y) on the left lane who suddenly swerve to his right, wanting to enter my lane as there was a bus stopped at the bus stop on his lane. My vehicle was already so near to him when he swerve onto my lane which causes his right side to collide on to my vehicle's left side. Due to that, my front left bumper has scratches, front left portion has a dent and the front protector on the left side a bit came off.

No one was injured. No police or ambulance come down to scene.



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T/20220606/2013

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Report No. T/20220606/2013

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
G /
SR STAFF SGT NUR FARHANA
BINTE JAKARIA

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/06/2022 10:32

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Classification Of Case:

NP168



SINGAPORE
POLICE FORCE

SIGNATURE



















