

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 Actual 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 First Submission	22/08/2024 12:56 (SGT)
Reported by	Actual Driver
Date of Accident	21/08/2024 01:00 (SGT)
Exact Location of Accident	20 Kranji Cres, Singapore 728657
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2674G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD
Company Reg No	1XXXXX775C
Email Address	admin@hchwaste.com.sg
Mobile Phone No	(Phone) +65-98763412
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P360CB6X4MHZ
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?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	12742
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VC06115009

DRIVER

Name of Driver	ZHANG JIANFENG
Passport No/FIN	GXXXX430N
Date Of Birth	28/02/1987
Occupation	Outdoor
Driving Pass Date	02/02/2016
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90032520
Alt. Phone Number	-
Email Address	admin@hchwaste.com.sg
Address	311 WOODLANDS STREET 31 #11-24
Address complement	-
Postcode	730311
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	Fire, explosion or lightning
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 T/20240822/7013

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2119Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Handwritten sketch plan on a grid background:

- Two small house-like shapes labeled 'A' and 'B' are drawn on the left side of the grid.
- Handwritten text on the right side of the grid:
 - A: XE2674G
 - B: XD2119Z
 - Location: 20 Kranji Crescent.

Describe Circumstances of the Accident

Please Refer To Police Report Ref No : T/20240822/7013.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

zhong viny feng

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

22/08/2024

Witnessed by Reporting Centre Personnel























**SINGAPORE
POLICE FORCE**



T/20240822/7013

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

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Report No. T/20240822/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2024 10:21		Vide Report No.:		Station Diary No.:
Informant's Particulars				
Name of Informant: ZHANG JIANFENG		Address: 311 Woodlands Street 31 #11-24 SINGAPORE 730311		
ID Type / ID No.: FIN NO / G2707430N		Contact No.: Home/Office: Mobile: 90032520		
Nationality: CHINESE		Email: Admin@hchwaste.com.sg		
Sex: Male	Age: 37	Date of Birth: 28/02/1987	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Lorry driver		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/08/2024 01:00	Type of Location: BLK 20 KRANJI CRESCENT
Location: KRANJI CRESCENT				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD2119Z	Lorry					0
XE2674G	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240822/7013

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

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Report No. T/20240822/7013

CONTINUATION OF REPORT

Driver			
Name	ZHANG JIANFENG		ID No. G2707430N
Related Vehicle	XE2674G (Lorry)		Contact No. 90032520
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 (MC)	NIL		Degree of Injury NIL

Brief Details.

On 21/08/24 about 1am , i finish my work & i parked my vehicle inside my company at 20 Kranji Crescent .

After that i was informed that my vehicle XE2674G & another vehicle XD2119Z caught on fire . After company person call Police & SCDF come to the scene .

in scene was no body was injured . Thats all .



**SINGAPORE
POLICE FORCE**

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



T/20240822/7013

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Report No. T/20240822/7013

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI
Contact No.: 96207105

NP168

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

Date/Time:
22/08/2024 10:21

Classification Of Case: