# **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 witholding 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.

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   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

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 Regisration 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 Driving License Validity Valid Driving experience 8 YEARS AND 6 MONTHS Gender 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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

No

Was there any video captured by Car Camera?

## **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

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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)

Lunderstand, 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.

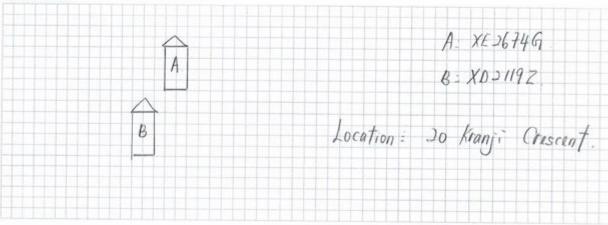


Policyholder's Signature / Date & Time ahan vian ferg

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

Witnessed by Reporting Centre

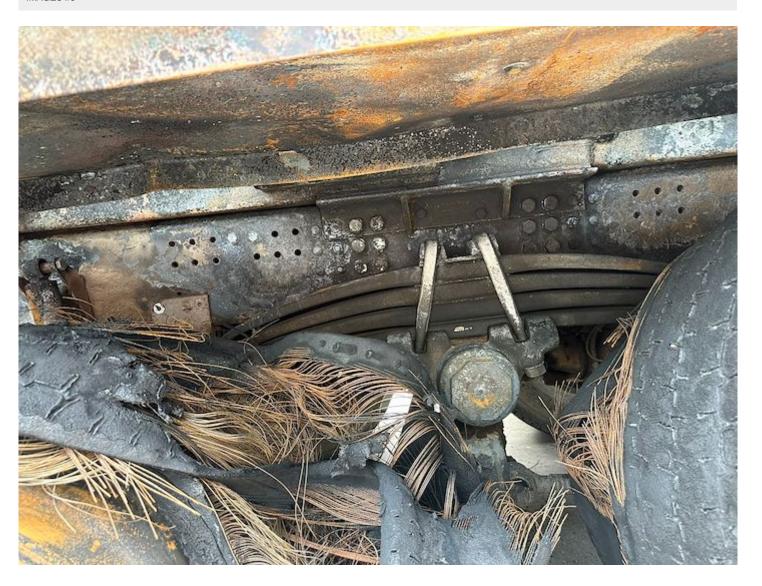
Sketch Plan



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Please Refer	- To Police Report K	et No: T/2024	108 22/ 7013.
		ALCOHOLD TO THE REAL PROPERTY.	
		/	
		<i>f</i>	
	/		
laration			
declare the formal and in the			
declare the foregoing particula	ers are true in every respect.		
DSLLSOE661 CE			20/08/2024
TAND WASHELL	1 6 1 1	- all	2/2/2019
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Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 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.:		
Informan	t's Particular	8		A CONTRACT OF THE PARTY OF THE		
Name of Informant: ZHANG JIANFENG			Address: 311 Woodlands Street 31 #11-24 SINGAPORE 730311			
ID Type / ID No.: FIN NO / G2707430N Nationality: CHINESE		l	Contact No.: Home/Office: Mobile: 90032520			
			Email: Admin@hchwaste.com.sg			
Sex: Male	Age: 37	Date of Birth: 28/02/1987	Type of Informant: Driver			
Race: Chinese Occupation: Lorry driver			Language: English			
			Driving Licence Information: Class:	Date of Expiry:		

General Information	of the Accident		THE REST OF THE PARTY OF THE PA	RECYCLE OF THE PERSON
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 CRESCEN Weather: Clear	NT	Road Surface:		
Traffic Flow: Traffic		Traffic Control: Not Controlled		fic Volume: Fraffic
Type of Collision: Moving Vehicle Against - Parked Vehicle			Any amb No	one conveyed by ulance:

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
XD2119Z	Lorry				Condition	0
XE2674G	Lorry		_			0

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



T/20240822/7013

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

2 of 3 Report No. T/20240822/7013

### CONTINUATION OF REPORT

Driver		O TOTAL		-	The Walter	AND THE RESERVE OF THE PARTY OF
Name	ZHANG JIANFENG		ID No	).	G2707430N	
Related Vehicle	XE2674G (Lorry)		Conta	act No.	90032520	
Hospital/Clinic	NIL.		Class Drivin Licen Expin	ng	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disch	arge	NIL	
No. of Days grant	ed Medical Leave (MC)	NIL	Degree of		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 .



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



3 of 3 Report No. T/20240822/7013

CONTINUATION OF REPORT

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: 22/08/2024 10:21
Officer In Charge Of Case: TP / TPIB / MUHAMMAD KHAIRI SUFRIE BIN SUHAIMI Contact No.: 96207105	Classification Of Case:
NP168	