

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 16:23 (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	XD2119Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOCK CHUAN HONG WASTE MANAGEMENT PTE LTD
Company Reg No	199305775C
Email Address	admin@hchwaste.com.sg
Mobile Phone No	(Phone) +65-98763412
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	Cyz52l
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	Manual
CC	15681
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	Z23VC06114984

DRIVER

Name of Driver	CUI XIN MIN
Passport No/FIN	G6698786N
Date Of Birth	02/03/1973
Occupation	Outdoor
Driving Pass Date	30/12/2014
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98618163
Alt. Phone Number	-
Email Address	admin@hchwaste.com.sg
Address	20 KRANJI CRESCENT
Address complement	-
Postcode	728657
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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH AND POLICE REPORT L/20240821/2029

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	XE2674G
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**

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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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

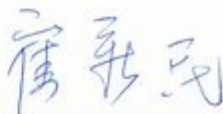
Please Refer To Police Report Ref No: L/20240821/2029

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 XD2119Z & another vehicle. YE2674G Caught on fire & company person call police & SCDF come to the scene.

In scene was no body was injured.

We declare the foregoing particulars are true in every respect.



22/08/2024

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



L/20240821/2029

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POLICE REPORT (NP299)

Report No. L/20240821/2029

Police Station Of Origin
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Date/Time Report Made 21/08/2024 14:50	Vide Report No.		Station Diary No. 36	
Name Of Informant CUI XINMIN	Address C/O APT BLK 20 Kranji Crescent HCH Environmental Engineering Pte Ltd SINGAPORE 728657			
ID Type / ID No. FIN NO / G6698786N	Contact No. Home/Office Mobile 98618163			
Nationality CHINESE	Email Address cuixinmin55@gmail.com			
Occupation Trailer-truck driver	Sex Male	Age 51	Date of Birth 02/03/1973	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 21/08/2024 01:00	Location Of Incident 20 KRANJI CRESCENT KRANJI INDUSTRIAL ESTATE SINGAPORE 728657			

Brief details.

On the 21/8/2024 around 1am, I was informed that the trailer that I am driving for work caught on fire. The below mentioned items were in the vehicle and was damaged. I am lodging this report for replacement purposes.

Property Information

Signature Of Officer Recording The Report: L / SR STAFF SGT LEE JIAN HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 21/08/2024 14:50
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / SGT 3 ALVAN GOH JUN JIE Contact No.: 64660000	Classification Of Case:



**SINGAPORE
POLICE FORCE**



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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20240821/2029

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Permit / Pass	Lost	Work Permit			1		Damaged 1 work permit (G6698786N)
2	Licence	Lost	Qualified Driving Licence			1		Damaged 1 Singapore driving license (G6698786N)

Signature Of Officer Recording The Report:
L / SR STAFF SGT LEE JIAN HAO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
21/08/2024 14:50

Officer In-Charge Of Case:
L / Woodlands Police Divisional Investigation Branch /
SGT 3 ALVAN GOH JUN JIE
Contact No.: 64660000

Classification Of Case: