

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 ability.
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 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 Report	07/08/2017 17:13
Date Of Accident	05/08/2017 01:30
Exact Location Of Accident	ALONG AYE TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7345P
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Insured/Policyholder

Name Of Registered Owner	MONZONE AIR-CONDITIONING PTE LTD
Co Reg No	200102928W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67561315

Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P1660417
Cover Note Number	

Driver

Name of Driver	ABDUL LATIF BIN HASSAN
NRIC No	S7228574C
Date Of Birth	12/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83130141
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

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 this accident? NO

Was any body injured in the Accident? YES

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address **ROAD:** 2 JURONG WEST AVENUE 5 , **POSTCODE:** 649482 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-7929999 - **FAX NO:** 67912972

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD6245R

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	ABDUL LATIF BIN HASSAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	YN7345P
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

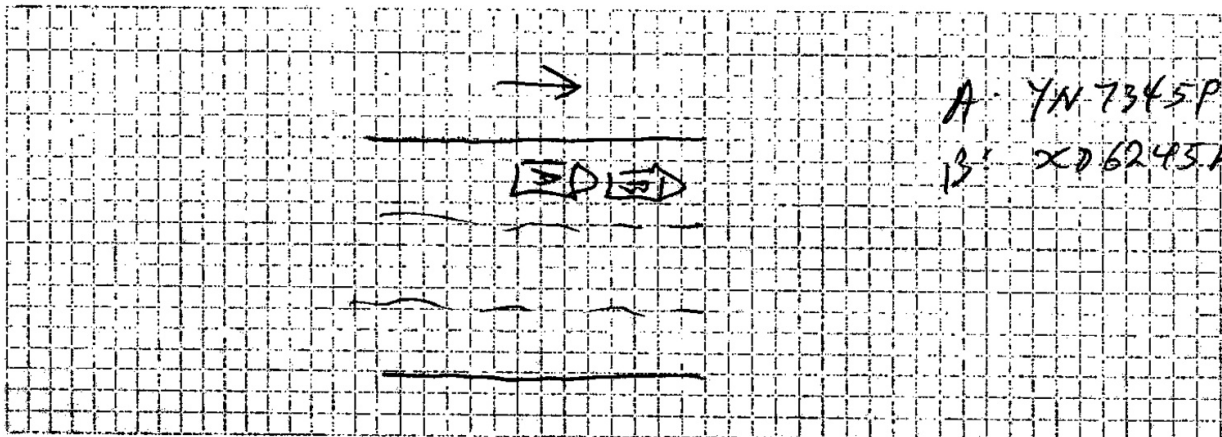
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



The sketch plan area is a grid with handwritten notes. At the top center, there is an arrow pointing right. Below it, the word "LED" is written in a box. To the right of the grid, there are handwritten notes: "A. YN 7345P" and "B. XD 6243R".

Describe Circumstances of the Accident

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20170805/2136

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20170805/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2017 19:00	Vide Report No.:	Station Diary No.: 97
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Informant's Particulars

Name of Informant: TAN KUAN PENG			Address: APT BLK 86 DAWSON ROAD #25-13 SINGAPORE 141086		
ID Type / ID No.: NRIC NO / S7934717E			Contact No.: Home/Office: Mobile: 96892404		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 19/11/1979	Type of Informant: Employer		
Race: Chinese			Language:		Institution / School Name:
Occupation: FINANCE MANAGER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Fatal Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/08/2017 01:30	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE towards CTE. Between Alexandra and Depot exit LP260. Lamp Post Number: 260				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD6245R	Lorry	MAN		White	Slightly Damaged	0
YN7345P	Lorry	HINO		White	Seriously Damaged	0

Details of Person Involved

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



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2 of 3

Report No. T/20170805/2136

CONTINUATION OF REPORT

Employer			
Name	TAN KUAN PENG	ID No.	S7934717E
Related Vehicle	NIL	Contact No.	96892404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 05/08/17 at 0138hrs, I received a call one of my staffs namely Peter Lim Boon Gie Hp-94253311 who informed me that a major accident took place along AYE towards CTE (Between Alexandra and Depot rd) LP 260 on the most left lane. The accident involved my staff namely Abdul Latif Bin Hassan (S7228574C) B/122 Bishan St 12 #01-35 who was driving V1) White Hino (YN7345P) and V2) White Man cement truck(XD6245R) driven my Boon Hp-82311106. I immediate rushed to the accident scene and at that moment my staff was conveyed to SGH and subsequently I rushed to SGH.

On the same day while I was at home at around 0330hrs, I was informed by a TP IO who informed me that my staff passed away in SGH due to multiple injuries. The case in charge is IO Dzul Hairie Tel- : 65476220 vide D/20170805/0008.

I am lodging this report for insurance claim on behalf of the deceased and for police investigation into the matter.



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T/20170805/2136

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649482
Tel No: 1800-7929999

3 of 3

Report No. T/20170805/2136

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:

J/
Cpl
/st

JOHN ERIC YEO JINWEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / FAIT /

Sr Staff Sgt DZUL HAIRIE BIN RAMLI 127

Contact No: 65476904

Authentication Stamp
NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

05/08/2017 19:00

Classification Of Case: