

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	28/12/2017 15:59
Date Of Accident	09/12/2017 07:50
Exact Location Of Accident	ALONG KEPPEL RD TO SPOTTISWOODE PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD7648E
Insured/Policyholder	
Name Of Registered Owner	VEOLIA ES SINGAPORE PTE. LTD.
Co Reg No	199804675H
Email Address	MUHAMMED.IBRAHIM@VEOLIA.COM
Mobile Phone No	
Alternative Phone No	OFFICE-66810894

Vehicle Particulars

Manufacturer	VOLVO
Model	FM370 84RT DC
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P1582555
Cover Note Number	

Driver

Name of Driver	CAO ZHIFENG
Passport No/FIN	G2097588T
Date Of Birth	29/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2014
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90051579
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	17, TUAS AVENUE 12
Postcode	639037
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
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?	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	SJX8073S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAYAGANEASH S/O VELLASAMY
NRIC/Passport Number	S8849754F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:

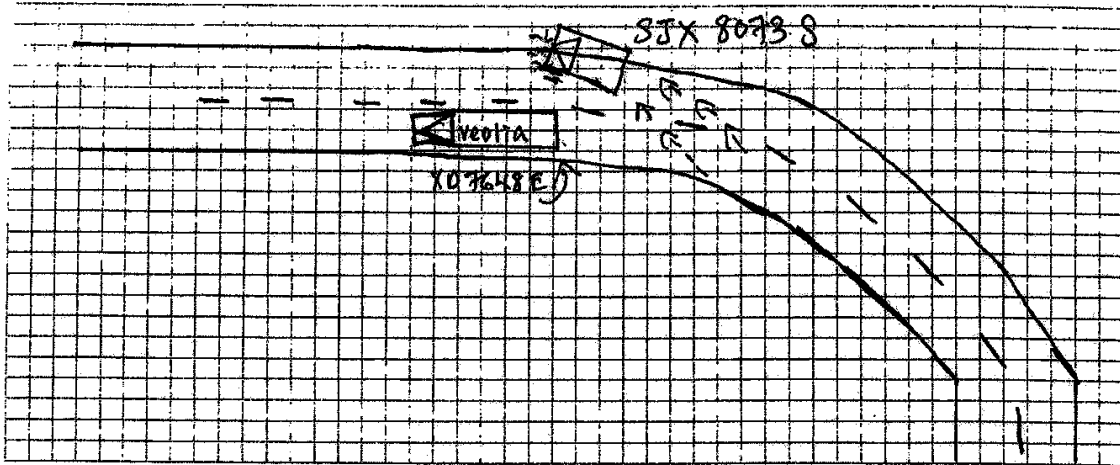
1400hrs
5/12/17

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Yvonne Tan

SKETCH PLAN



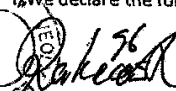
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

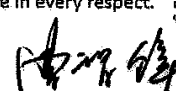
Accident Date & Time : 09.12.2017 (0750hrs)
Accident Location : Exit 2B (Keppel Rd)
<p>I, Cao Zhifeng, driver of XD7648E was assigned to drive my daily route on 09.12.2017. I was travelling along Keppel Road towards Spottiswood Park at Exit 2B. As I was travelling on the left most lane, I heard screeching sound somewhere behind me. I glance through my right side mirror and saw a black car losing his control and drive and skid through hitting the right side of the kerb and trees. Upon seeing it, I stopped my truck further at a safe place and went towards the car for help. A passerby was there and he helped to call my Supervisor to inform that he stopped his truck to help and asked to call police by the passerby due to some injury sustain by the car driver. Then Police arrive and took over the situation. A while later Senior Operation Executive Ibrahim also was at spot and takeover the situation.</p>
<input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage <input type="checkbox"/> Third Party <input type="checkbox"/> Claim at other workshop (OD/TP)


DECLARATION

I/We declare the foregoing particulars are true in every respect.

* IMPORTANT NOTE:
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.


 Policyholder's Signature
 Date & Time: 9/12/17 1400 hrs.


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


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20171209/2107

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20171209/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2017 19:26	Vide Report No.:	Station Diary No.: 113
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Informant's Particulars

Name of Informant: CAO ZHIFENG			Address: C/O 6 JOO KOON ROAD VEOLIA ES SINGAPORE PTE LTD SINGAPORE 628970		
ID Type / ID No.: FIN NO / G2097588T			Contact No.: Home/Office: Mobile: 90985293		
Nationality: CHINESE			Email:		
Sex: Male	Age: 35	Date of Birth: 29/03/1982	Type of Informant: Witness		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/12/2017 07:50	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 KEPPEL ROAD SPOTTISWOODE PARK ROAD FROM KEPPEL ROAD HEADING TOWARDS SPOTTISWOODE PARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: SELF SKIDDED VEHICLE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJX8073S	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	Black		0
XD7648E	Lorry	VOLVO	FM370 84RT DC	White	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20171209/2107

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20171209/2107

CONTINUATION OF REPORT

Brief Details.

On 09/12/2017 at 0750hrs I was driving a white Volvo , XD7648E along Keppel Road heading towards Spottiswoode Park. I was driving on the left most lane of a two lane road and was going through a bend when I heard a screeching sound at my rear. I then glanced through my right side mirror and saw a black car losing his control and had driven over the kerb and collided with the trees. Upon seeing it, I stopped my lorry to help. A passerby was there and he stopped his truck and help and asked to call police by the passerby as the driver from the said vehicle had sustained some injury.

Traffic police was at scene vide incident report number A/20171209/0103. Ambulance was also at scene to tend to the driver. I do not have any in-car camera footage recording the incident. I was informed by the traffic police to lodge a report regarding the accident that I witnessed.

**SINGAPORE
POLICE FORCE**

T/20171209/2107

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

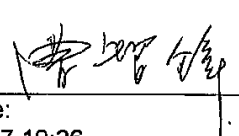

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Report No. T/20171209/2107

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 / Sgt 2 SITI KHAIRUNNISA BINTE RAMANAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/12/2017 19:26
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Scene



Accident Scene

