

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	11/01/2018 13:55
Date Of Accident	10/01/2018 19:00
Exact Location Of Accident	WEST COAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE305K
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Insured/Policyholder

Name Of Registered Owner	VEOLIA ES SINGAPORE INDUSTRIAL PTE LTD
Co Reg No	198703108N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63059185

Vehicle Particulars

Manufacturer	UD TRUCKS
Model	CWB5ELLDNT-10.8 D (M)
Exact Purpose for which vehicle was being used at time of accident	
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	YES
Policy Number	P1582555-65
Cover Note Number	CN870664

Driver

Name of Driver	SOIP BIN MOHD SAJU
NRIC No	S0214960E
Date Of Birth	12/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	25/02/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87994069
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 354 CLEMENTI AVE 2 03-177
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	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?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER ATTACHED .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Accident Sketch Plan

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.
- (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:

Swis

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/1/18


U. Thangyan

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

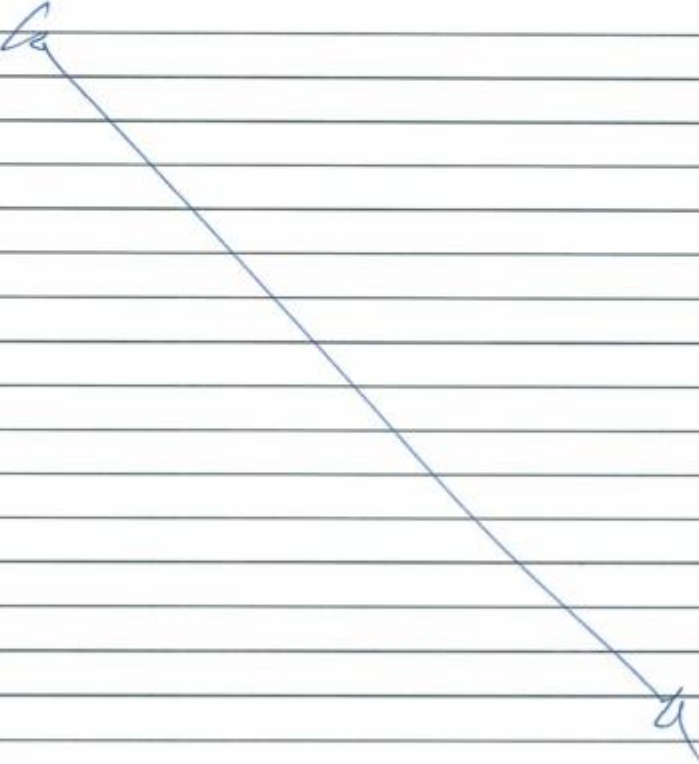
Accident Sketch Plan

SKETCH PLAN

No sketch plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT PLEASE REFER ATTACHED.



DECLARATION

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



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)



Reporting Centre Personnel's Signature
Name:

Accident Sketch Plan

Preliminary Accident/Incident Report



To be filled in by Supervisor

During investigation, the Supervisor may follow the following basic steps:

- Step 1: Obtain incident or accident information – ask who, what, when, where & how?
- Step 2: Collect facts – Visit the incident or accident scene, identify witness, collect information of scene (sketch, take photos).
- Step 3: Interview injured person/witness by following these basic steps.
- Make clear about the intention of interview, maintain privacy.
 - Confine witness to observation; ask what he/she has seen.
 - Let the injured person/witnesses tell the story in his/her terms.
 - Show concern for the person's injury, no matter how minor the injury is.
 - Prepare questions to ask after he/she have completed his/her story.
 - Ask open-ended questions.

1. Particulars of Worker Involved			
Name	Soip Bin Md Saju	Contact No.	87994069
Nationality	Singaporean	Designation (*if driver, give license copy)	Class 5 Driver
NIRC/Work Permit No.	S0214960E	Department	PCD-Drain
Employee No.		Period of Employment	
Gender	M	Date of Birth	12/03/1950
2. Particulars of Incident or Accident			
Date of incident or accident	10/01/2018	Time of incident or accident	1900Hrs
Location	West Coast Drive	Date Reported	10/01/2018
Name of equipment/vehicle & type of work involved	XE 305 K (Veolia Vehicle) SHC 2954 Z (Third Party Vehicle)		
3. Particulars of Witness			
Name	Rengabasiyam Vetrivel	Contact No	82920541
Department	PCD-Drain	Designation	Team-Leader
4. Particulars of Supervisor			
Name	Vinod Vetrivelu	Contact No	82920625
Sector	PCD-Drain		
5. Details of Incident or Accident			
Category	<input type="checkbox"/> No Injury <input type="checkbox"/> Near Miss <input checked="" type="checkbox"/> Equipment/Property Damage <input checked="" type="checkbox"/> Vehicle Damage <input type="checkbox"/> Environmental Damage	<input type="checkbox"/> First Aid Injury <input type="checkbox"/> Medical Treatment Injury <input type="checkbox"/> Lost Time Injury (LTI) <input type="checkbox"/> Fatality <input checked="" type="checkbox"/> Commuting Incident (to and from work)	

Accident Sketch Plan

5. Details of Incident or Accident (continue)				
Affected Body Part	<input type="checkbox"/> Head <input type="checkbox"/> Ear, Left <input type="checkbox"/> Ear, Right <input type="checkbox"/> Eye, Left <input type="checkbox"/> Eye, Right <input type="checkbox"/> Mouth, Teeth <input type="checkbox"/> Chin <input type="checkbox"/> Nose <input type="checkbox"/> Cheek, Left	<input type="checkbox"/> Cheek, Right <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Shoulders <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Hip <input type="checkbox"/> Groin <input type="checkbox"/> Fingers	<input type="checkbox"/> Hand/Palm <input type="checkbox"/> Wrist <input type="checkbox"/> Forearm <input type="checkbox"/> Elbow <input type="checkbox"/> Upper Arms <input type="checkbox"/> Buttock <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Shin	<input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toes <input type="checkbox"/> Other specific areas: (e.g. left knee, right back ankle, left lower back etc.)
Nature of Injury	<input type="checkbox"/> Open Wound <input type="checkbox"/> Abrasion <input type="checkbox"/> Scratch <input type="checkbox"/> Burns/Scald <input type="checkbox"/> Dislocation <input type="checkbox"/> Electrocution	<input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Fracture <input type="checkbox"/> Heat Injuries <input type="checkbox"/> Amputation <input type="checkbox"/> Puncture <input type="checkbox"/> Concussion	<input type="checkbox"/> Bruise <input type="checkbox"/> Swelling <input type="checkbox"/> Laceration <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Multiple Injuries	<input type="checkbox"/> Other Specific Injuries:
Description of Incident / Accident: On 11/01/2018 at 19:20hrs, a white vacuum tanker (XE 305 K) stopped at the traffic light along West Coast Drive (junction with West Coast Road). SHC 2954 Z stopped at the left side of the tanker. After the traffic light turn green, XE 305 K moved off. XE 305 K was stopped by SHC 2954 C at Pandan Road. Taxi Driver of SHC 2954 Z claimed that the Vacuum Tanker (XE305K) PTO box had grazed his right side bumper and also crack his right side rear tail light. Soip Bin Md Saju replied to the Taxi Driver that he is not aware of such incident that happened when he drove off at the West Coast Drive. Nevertheless, Taxi Driver mentioned that he will proceed with his insurance claims on this incident. There is no visible damage on XE 305 K tanker. There is Visible Damage on SHC 2954 Z as per attached photos.				
Immediate Actions Taken: Team-Leader Rengabasiyam Vetrivel who was at the passenger seat, called his Supervisor Vinod Vetrivelu and informed of the incident that took place at about 1920hrs. Team Leader mentioned he also did not felt any jerk or grazing when they drove off from West Coast Drive.				
Name of Clinic or Hospital	NA			
Days of MC / Hospitalization Leave	NA			
6. Documents attached with the report				
<input type="checkbox"/> Victim Statement <input checked="" type="checkbox"/> Photos <input type="checkbox"/> Police Report <input type="checkbox"/> Insurance Report <input type="checkbox"/> Singapore Accident Statement		<input type="checkbox"/> Medical Certificates <input type="checkbox"/> Driver's License <input type="checkbox"/> Other Documents, pls specify:		Remarks:
Signature of Person Involved / Date:  11/1/18		Signature of Supervisor / Date:  11/01/2018		
Signature of Witness / Date:		Name & Signature of EHS Personnel / Date:		

Accident Sketch Plan

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6338 7288 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: 199903512M

**Original**Agent Code: **00066**Policy No. (if any): **P1582555-65****Renewal**

SmartDrive Quote Ref:

MOTOR COVER NOTE**No. CN870664**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	VEOLIA ES SINGAPORE INDUSTRIAL PTE LTD
MAKE AND DESCRIPTION OF VEHICLE	UD TRUCKS CWB5ELPHNT
VEHICLE REGISTRATION NO.	XE305K
YEAR OF MANUFACTURE	2014
ENGINE NO.	GH11722189
CHASSIS NO.	CWB5E00626
ENGINE CAPACITY/TONNAGE	13.76
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	N/A
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 01/01/2018 ^{01/01/2018} TO: 31/12/2018
EXCESS (S\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by **FLORA SWEE** on **11/01/2018 3:56pm**


 Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

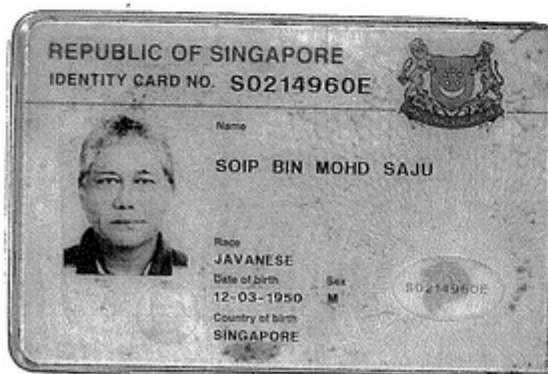
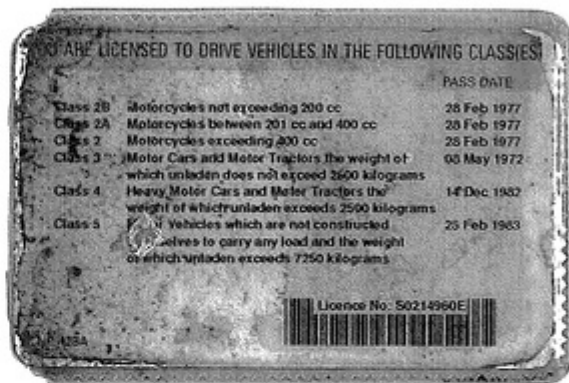
Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

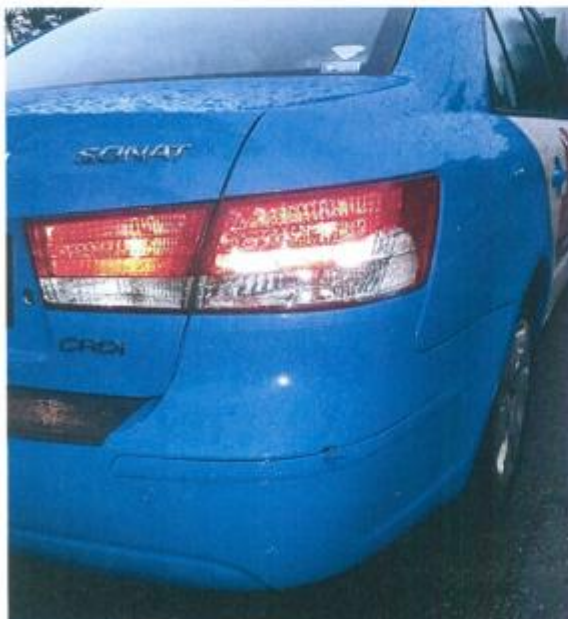
Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/CNOTE/V01/03

Accident Sketch Plan



Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

