

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 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	20/01/2018 14:34
Date Of Accident	19/01/2018 19:30
Exact Location Of Accident	YISHUN AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB8440R
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Insured/Policyholder

Name Of Registered Owner	VEOLIA ES SINGAPORE PTE. LTD.
Co Reg No	199804675H
Email Address	R.SHANKAR@VEOLIA.COM
Mobile Phone No	(LOCAL) +65-90060284
Alternative Phone No	OFFICE-66810877

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV517P2RDEB 11945CC
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	THIRD PARTY
Fleet Policy	NO
Policy Number	CN871953
Cover Note Number	

Driver

Name of Driver	MOHAMAD ISKANDAR BIN MOHKREH
NRIC No	S8108006B
Date Of Birth	12/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/10/2010
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81527448
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 63 NEW UPPER CHANGI ROAD # 08-1170 SINGAPORE
Postcode	461063
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

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	SG5516J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

20/1/18
2.33pm



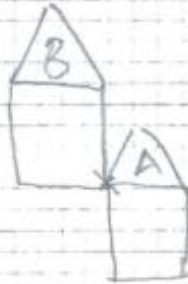
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN

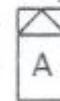


Vehicle No

A - XB8440R

B - SG5516J

Legend



Vehicle



Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment

DECLARATION

I/We declare the foregoing to be a true and correct statement of the facts and circumstances of the accident. I/We understand that any false statement is a criminal offense.

Signature of Driver
Date



20/1/18
2.33pm

Signature of Witness



Signature of Police Officer

Signature of Police Officer

Name
Rank

[Signature]

Jia Min



WORK INCIDENT REPORT

Language: English

PLEASE SELECT THE FORM LANGUAGE BEFORE INPUT
 輸入之前請先選擇表格語言
 입력하기 전에 사용할 언어를 선택하세요
 入力する前に言語の選択して下さい
 輸入之前請先選擇表格語言

Country / Business Line: * SINGAPORE - WASTE
 Name of Project/Company/Unit: * VESS LH-GWC-E
 Unlisted Project/Unit Name:

INJURED / INVOLVED PERSON DETAILS

Name: Mohamad Iskandar Bin Mohkre Gender: M Birth date: 1981 March 12 (yyyy-mm-dd) Employee no: 3025
 Job Title: driver Department: Lorong Halus Time in present position: 3months Hours at work before incident: 13hrs

WORK GROUP

Group: Employee *
 Contact details: (Only if not an employee) Name: Email: Phone: Fax:
 Business Line: Waste * Activity field: MSW Collection *

EVENT DETAILS

☒ No Injury Incident (Nil) ☐ First Aid Injury (FAI) Incident ☐ Medical Treatment Injury (MTI) Incident ☐ Lost Time Injury (LTI) Incident ☐ Fatality Incident ☐ Commuting Incident (to or from work) ☐ Occupational Disease
 Type of Nil: ☒ No Injury/Near Miss ^ ☐ Asset damage/Equipment/Property ☐ Asset damage/Vehicle ☐ Environmental damage Typology Diseases:
 ^ No Injury incident/ Near Miss is an unplanned event that did not result in injury, illness, damage to plant & equipment, loss to property, or damage to the environment but had the potential to do so
 Lost Time (due to the incident): Irreversible Injury: Hospitalization:
 Incident date: 2018 January 19 * Time: 0730 * PM (EX. 1030) Location: Yishun Ave 1
 Describe the nature and extent of injury / damage: traffic accident

Describe what happened: (please attach photos, if any, to the last worksheet of this form) *
 On 19 January 2018, Driver Mohd Iskandar was assigned to HL Adhoc Route using Vehicle Number XB 8440 R. At about 1930hrs, Iskandar Called and informed that he was involved in an accident with a SBS bus NO.807 (SG5516J). Iskandar was along Yishun Ave 1 turning into Lenton Ave. Iskandar informed that the other mentioned vehicle was on his left going straight when a car which was in front of Iskandar suddenly filtered left quickly. The bus (807) was travelling straight and to avoid the filtering car, he swerved his vehicle to the left causing the rear right side of his vehicle to hit the front left side of Iskandar's cabin. Nobody was injured in the accident.

What immediate actions were taken: *

Driver Iskandar immediately called OE Azlan and was instructed to exchange particulars and take photo of the accident.

INJURY DETAILS

Nature of Injury: Affected Body Part:
 Type of Event: Traffic accident: driving a light vehicle, truck, bus, coach or any other machines *

Name of witness (if any) Contact details of witness: te:
 Name of the report writer: Azlan * Job Title: Operation Executive Date: 2018 January 19

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 19/1/18 1930		2 Exact location of accident Yishun Ave 1		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) XB8440R

6 Insured / policyholder (see insurance card.)
Name (capital letters) Yulia Es Singapore Pte. Ltd.

Address _____

NRIC / Passport no. 1998046754

Tel no. (from 9am till 5pm) 90060284

HP 66810877

7 Vehicle
Make, type Mitsubishi Pajero

8 Insurance company
AXA ☐ C ☐ TPFT ☒ TPO

Does the policy cover damage to vehicle A?
No ☐ Yes ☒

Policy No. CN871953

9 Driver ☐ Same as Owner

Name (capital letters) Mohamad Iskandar

NRIC / Passport no. 88108006B

Class of licence 3B, 3A, 3, 4

HP 91557442

Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the reference boxes applicable to your vehicle.

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SG5516J

6 Insured / policyholder (see insurance card.)
Name (capital letters) _____

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available) _____

9 Driver (See driving licence) (if different from insured B above)

Name (capital letters) Shahzam Bin Zainal

NRIC / Passport no. 68930255L

Class of licence _____

HP _____

Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Sketch and indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signature of drivers

14 My remarks

In the event of injuries or in the event of damage to property, please refer to vehicles A and B, give information immediately

Do not give (provide) a statement (do not sign) before the police arrive. Do not give (provide) a statement (do not sign) before the police arrive.


For insured's Individual Statement (Part II) see attached →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or TAC or appointed workshop (Use a separate sheet of paper when necessary)			
Insured	1 Occupation (if more than one, state all)		Email:
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state Relationship of Driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward		
	<input type="checkbox"/> Others - please specify		
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present		
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
	7 Date of birth	Occupation	Date of license pass
	10/3/81	Indoor	4/10/10
	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	Was driver an employee of the insured's company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Driver or person in charge of vehicle at the time of accident (including insured)	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
	Date	Offence	Penalty
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	If yes, please state which Police station		
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
	If yes, against whom?		
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Rainy <input type="checkbox"/>
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>
	16 Speed of vehicles	A <input type="text"/> km/hr	B <input type="text"/> km/hr
	17 What warnings were given by driver or other party?		
	18 Were street lights illuminated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	19 What lights were displayed on your vehicle/the other vehicle(s)?		
	20 If your vehicle is commercial, state weight of load carried at time of accident		
	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)		
	22 State number of Passengers (including Driver)		
Declaration	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature		Date
	Driver's signature (if driver is not the policyholder)		Date

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8108006B



Name
MOHAMAD ISKANDAR BIN MOHKREH

Race
MALAY

Date of birth
12-03-1981

Country of birth
SINGAPORE

Sex
M

NRIC No.
S8108006B

4782675



NRIC No. S8108006B



Date of issue
29-07-2011

Address
**APT BLK 63 NEW UPPER CHANGI ROAD
#08-1170
SINGAPORE 461053**


REPUBLIC OF SINGAPORE DRIVING LICENCE

Specialist Member No. S8108006B

Name
MOHAMAD ISKANDAR BIN MOHKREH

Birth Date
12 Mar 1981

Issue Date
08 Nov 2003



000953325J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 1B	Motorcycles < 250 CC	28 Nov 2008
Class 2A	Motorcycles between 251 CC and 400 CC	05 Jan 2005
Class 3	Motor cars < 3500 kg with < 7 passengers, exclusive of the driver, and motor tractors/vehicles < 2500 kg	18 Dec 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	04 Oct 2010

NRIC No. S8108006B

License No. S8108006B

NP 428A

3025

Joined us on 16 Oct 2017

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

