

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	19/02/2018 15:38
Date Of Accident	16/02/2018 13:45
Exact Location Of Accident	LENGKOK MARIAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB9731U
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Insured/Policyholder

Name Of Registered Owner	VEOLIA ES SINGAPORE PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98606025

Vehicle Particulars

Manufacturer	ISUZU
Model	TRUCK

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
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If No, Please state action to be taken	REPORTING ONLY
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Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1162934
Cover Note Number	

Driver

Name of Driver	ROSLI BIN WAKIMIN
Passport No/FIN	F8440360K
Date Of Birth	06/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2013
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98606025
Fax Number	
Contact Number	
Email Address	SHANKAR@VEOLIA.COM

Address	NA
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
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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : HALIM B HUSIM GENDER: : MALE
Passenger 2	NAME: : FADLY GENDER: : MALE

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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE AUTOMOTIVE PTE LTD 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	SCZ3939A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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:



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

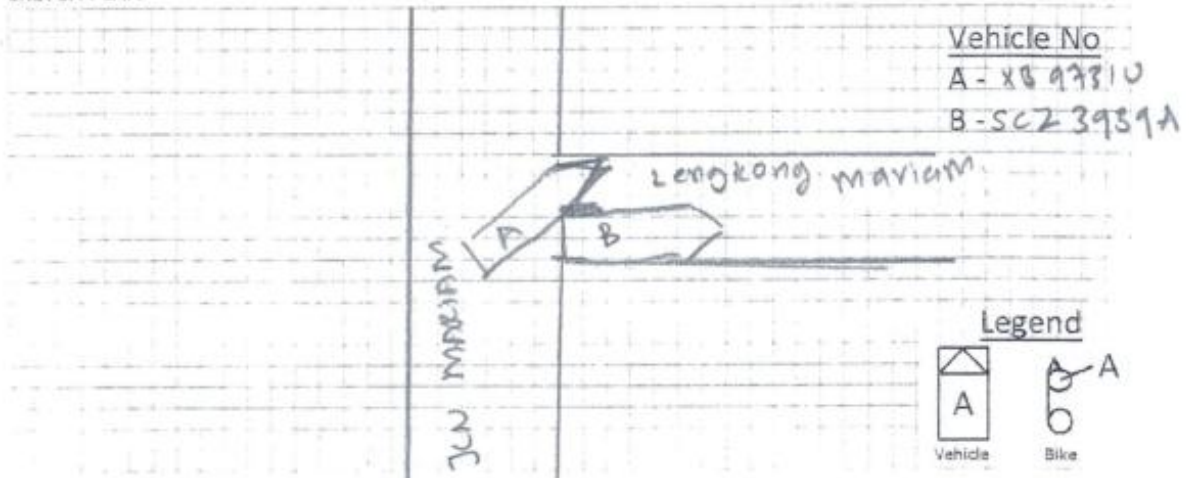
19/2/18



Reporting Centre Personnel's Signature
Name:
ARIC/PIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened on 16/2/18, 1345pm along Longkok Maniam.

I was turning right from Jalan Mariani into Lengkok Mariani and collided into the left rear corner of vehicle SC739394 which was parked along Lengkok Mariani.

DECLARATION

[illegible]

19/2/18.



WORK INCIDENT REPORT

Language:

PLEASE SELECT THE FORM LANGUAGE BEFORE INPUT

輸入之前請先選擇表格語言
입력하기 전에 사용할 언어를 선택하십시오
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: *

Name of Project/Company/Unit: *

Unlisted Project/Unit Name:

INJURED / INVOLVED PERSON DETAILS

Name: Gender: Birth date: (yyyy-mm-dd) Employee no:

Job Title: Department: Time in present position: Hours at work before incident:

WORK GROUP

Group: *

Contact details: (Only if not an employee) Name: Email: Phone: Fax:

Business Line: * Activity field: *

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: * Time: * (EX: 1030) Location:

Describe the nature and extent of injury / damage:

Describe what happened: (please attach photos, if any, to the last worksheet of this form) *

On 17th Feb 2018, our MGB 1 Perm Driver Rosli Wakimin was assigned to drive XB 9731 U for his route collection. He informed me that at about 1340hrs, while he was driving forward to Lengkok Mariam road from Jalan Mariam Road, he braked hard and grazed a stationary car parked on his right side. When he jammed brake, the jerking of the veh led to our veh's right railing grazing the car's left rear bumper which had caused a minor dent. Both the attendants were standing at the rear stepper at the point of time for collection. The car owner was not around at that time, they waited for him for a while but still no presence so they went for the other lanes collection and came back again to see the owner standing near the car. Our driver gave his particulars but the owner didn't want to give his particulars so our driver snapped some photos of the car and left the place. Our driver failed to save the photo which shows the dent of the 3rd party's left rear bumper. He came back to snap the dent again after realising that he had not saved it, when he returned back to the same place, the car was no longer there. No one was injured during this incident.

What immediate actions were taken: *

Driver immediately called R. Shankar(DO) to inform him of the incident.

INJURY DETAILS

Nature of Injury: Affected Body Part:

Type of Event: *

Name of witness (if any) Contact details of witness:

Name of the report writer: * Job Title: Date:

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 16/2/18		Time 1345		2 Exact location of accident Lengkok Mariani		To be signed by BOTH drivers	
3 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"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		6 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
7 Vehicle Video Comment Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>							

Registration No. (VEHICLE A) **XB9731U**

6 Insured / policyholder (see insurance card.)
Name **Veolia ES Singapore Pte Ltd**
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
AXA ☐ C ☐ TPFT ☒ TPO
Does the policy cover damage to vehicle A?
No ☒ Yes ☐
Policy No. **P1162934**

9 Driver ☐ Same as Owner
Name **Rosli Bin Wakimin**
(capital letters)
NRIC / Passport no. **F8440360K**
Class of licence _____
HP **48606025**
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant 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) **SCZ 3939A**

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)
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

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

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Sketch a sketch: 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 B

14 My remarks



Signature of driver

In the event of injuries or in the event of damage to property, please call the police and give information as required.

Do not alter anything in this statement after signing. Inaccurate, each driver should take out his own statement.

For insured's individual statements (Part II) see overleaf.

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 Idac or appointed workshop (Use a separate sheet if other where necessary)			
Insured	1. Occupation (if more than one, state all)		Small:
	2. Vehicle registration no. <u>XB9731U</u> <u>CC</u>		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 Tel no.		
Of which vehicle are you the owner?	<input type="checkbox"/> A		
	<input type="checkbox"/> B		
	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 checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)		
	7. Date of birth		
	Occupation		
Driver or person in charge of vehicle at the time of accident (including insured)	Date of license pass		Was vehicle driven with the insured's permission?
	6/6/79		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Indoor		Was driver an employee of the insured's company?
	Outdoor <input checked="" type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	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		
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained
			If vehicle occupants, state in which vehicle
			Were sent bolts being worn?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
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
			Insurer's name and address (if known)
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?		
	14. Weather conditions		
	15. Road surface		
Accident details	16. Speed of vehicles		
	17. What warnings were given by driver or other party?		
	18. Were street lights illuminated? Yes <input 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)		
Declaration	22. State number of Passengers (including Driver) <u>3</u>		
	I/We declare the foregoing particulars are true in every respect		
	Policyholder's signature		
	Driver's signature (if driver is not the policyholder)		
	Date <u>19/8/18</u>		
	Date		

Driver WP & LIC Pg. 1

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
VEOLIA ES SINGAPORE PTE. LTD.

Name:
ROS LI BIN WAKIMIN

Work Permit No.:
4 00478899

Sector:
SERVICE

K0106195

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number:
F8440360K

Name:
ROS LI BIN WAKIMIN

Birth Date: 06 Jun 1979

Issue Date: 07 Jun 2017

Valid Till: 13/06/2022

002691160C

VISIT PASS
Immigration Regulations

Name:
ROS LI BIN WAKIMIN

FIN:
F8440360K

Date of Birth:
06-06-1979

Sex:
M

Nationality:
MALAYSIAN

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Effective Date
Class 2B	Motorcycles =< 200 cc	14 Jun 2012
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	14 Jun 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	18 Jun 2013

Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg

NP 428A

Licence No: F8440360K

Accident Photo



Accident Photo

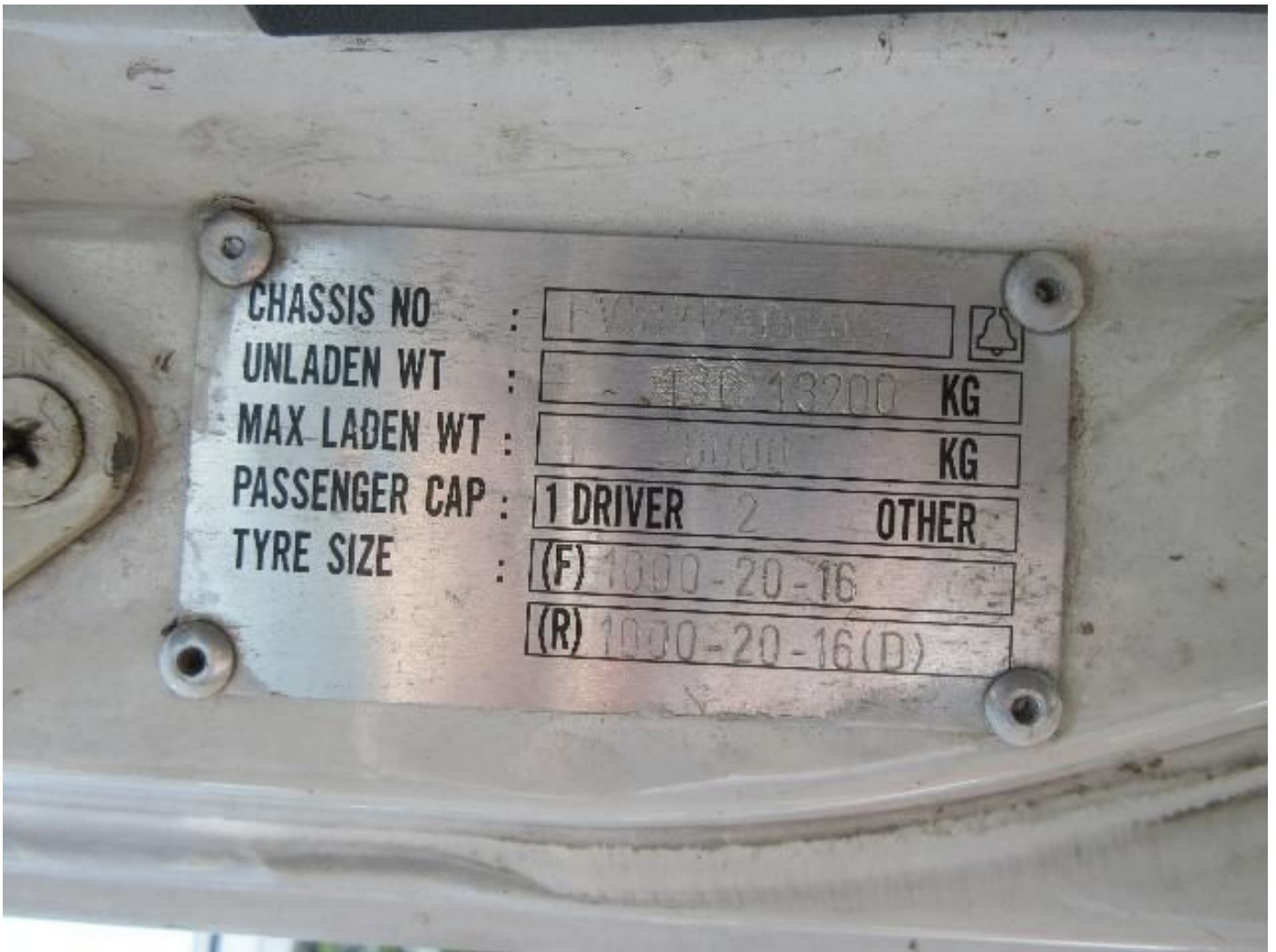


Accident Photo



Accident Photo





Accident Photo

