

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	07/02/2018 14:55
Date Of Accident	06/02/2018 10:15
Exact Location Of Accident	CANTONMENT ROAD SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9113J
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-86122259

Vehicle Particulars

Manufacturer	ISUZU
Model	FTR34P-7.8 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?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	VFX/P1478965
Cover Note Number	

Driver

Name of Driver	KHAIRIL REZWAN BIN ROSLAN
NRIC No	S9145795D
Date Of Birth	19/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	13/05/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82920535
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 513A YISHUN ST 51
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	FIRE, EXPLOSION OR LIGHTNING
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)	2
Passenger 1	NAME: : MASRAN
	GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	CLEMENTI N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER ATTACHED SKETCH PLAN.

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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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/2/18


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

Accident Sketch Plan

SKETCH PLAN

- No sketch plan -

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment ✓

DECLARATION

I/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:

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



D/20180207/2019

1 of 2

POLICE REPORT (NP299)

Report No. D/20180207/2019

Police Station Of Origin
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Date/Time Report Made 07/02/2018 11:38	Vide Report No. A/20180206/0086	Station Diary No. 37
Name Of Informant KHAIRIL REZWAN BIN ROSLAN	Address APT BLK 513A YISHUN STREET 51 #05-377 SINGAPORE 761513	
ID Type / ID No. NRIC NO / S9145795D	Contact No. Home/Office Mobile 82920535	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Driver	Sex Male	Age 26
	Date of Birth 19/12/1991	Race Malay
Institution/School Name	Language	
Date/Time Of Incident 06/02/2018 10:15	Location Of Incident CANTONMENT ROAD SINGAPORE At the X Junciton of Cantoment road & Neil Road	

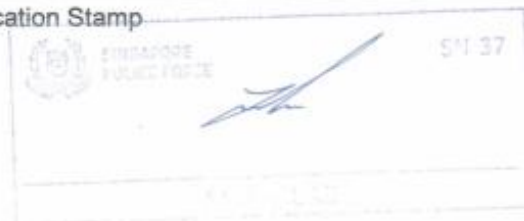
Brief details.

On 06/02/2018 at about 0700hrs, I had started my work and began to check the Mechanical Sweeper truck YM9113J via check list. At about 0730hrs, I started to drive the Mechanical Sweeper truck.

At about 1015hrs, I was with my partner driving the Mechanical Sweeper truck along Cantonment Road. I was at a stationary position at the cross junction of Cantonment Road and Neil Road when other driver alert me that my truck is on fire. I quickly got down of my truck and tried to put out the fire using the fire

Signature Of Officer Recording The Report: D / Sgt 2 NG JIA HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2018 11:38
Officer In-Charge Of Case: A Div Abdul Wafiy Bin Abdul Rahman Contact No.: 65575054	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



D/20180207/2019

2 of

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180207/20

extinguisher however it was not successful.

Moments later, Police and SCDF fire fighter came to assist. SCDF Fire fighter managed to put out the fire. SCDF fire investigator was at scene and photos was taken by SCDF. No one is injured.

I am lodging this report as report purpose for insurance claims purposes.

Signature Of Officer Recording The Report: D / Sgt 2 NG JIA HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2018 11:38
Officer In-Charge Of Case: A Div Abdul Wafiy Bin Abdul Rahman Contact No.: 65575054	Classification Of Case:
Authentication Stamp 	



VESS-SP-EHS-12-F01

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	Khairil Rezwan Bin Roslan	Contact No.	8109 1225
Nationality	Singaporean	Designation (*if driver, give license copy)	Class 4 Driver
NIRC/Work Permit No.	S9145795D	Department	PCD / CRS
Employee No.	DP2340/17	Period of Employment	2017
Gender	M	Date of Birth	19 th December 1991
2. Particulars of Incident or Accident			
Date of incident or accident	06 th February 2018	Time of incident or accident	About 10.20am
Location	Cantonment Road Junction of Neil Road	Date Reported	06 th February 2018
Name of equipment/vehicle & type of work involved	Mechanical Sweeper (MS) – YM9113J / While carrying out sweeping work		
3. Particulars of Witness			
Name	NA	Contact No	NA
Department	NA	Designation	NA
4. Particulars of Supervisor			
Name	Mark Teo	Contact No	8292 0582
Sector	PCD / CRS		
5. Details of Incident or Accident			
Category	<input checked="" type="checkbox"/> No Injury <input type="checkbox"/> Near Miss <input 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 type="checkbox"/> Commuting Incident (to and from work)		

Rev 05

[Signature]
06/02/18

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Accident Sketch Plan Pg. 1



Preliminary Accident/Incident Report

VESS-SP-EHS-12-F01

5. Details of Incident or Accident (continue)

Affected Body Part	<input type="checkbox"/> Head	<input type="checkbox"/> Cheek, Right	<input type="checkbox"/> Hand/Palm	<input type="checkbox"/> Ankle
	<input type="checkbox"/> Ear, Left	<input type="checkbox"/> Neck	<input type="checkbox"/> Wrist	<input type="checkbox"/> Foot
	<input type="checkbox"/> Ear, Right	<input type="checkbox"/> Back	<input type="checkbox"/> Forearm	<input type="checkbox"/> Toes
	<input type="checkbox"/> Eye, Left	<input type="checkbox"/> Shoulders	<input type="checkbox"/> Elbow	<input type="checkbox"/> Other specific areas: (e.g. left knee, right back ankle, left lower back etc.)
	<input type="checkbox"/> Eye, Right	<input type="checkbox"/> Chest	<input type="checkbox"/> Upper Arms	
	<input type="checkbox"/> Mouth, Teeth	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Buttock	
	<input type="checkbox"/> Chin	<input type="checkbox"/> Hip	<input type="checkbox"/> Thigh	
	<input type="checkbox"/> Nose	<input type="checkbox"/> Groin	<input type="checkbox"/> Knee	
	<input type="checkbox"/> Cheek, Left	<input type="checkbox"/> Fingers	<input type="checkbox"/> Shin	
Nature of Injury	<input type="checkbox"/> Open Wound	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Bruise	<input type="checkbox"/> Other Specific Injuries:
	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Fracture	<input type="checkbox"/> Swelling	
	<input type="checkbox"/> Scratch	<input type="checkbox"/> Heat Injuries	<input type="checkbox"/> Laceration	
	<input type="checkbox"/> Burns/Scald	<input type="checkbox"/> Amputation	<input type="checkbox"/> Asphyxiation	
	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Puncture	<input type="checkbox"/> Multiple Injuries	
	<input type="checkbox"/> Electrocutation	<input type="checkbox"/> Concussion		

Description of Incident / Accident:

The vehicle number YM9113J caught fire while Driver Mr Khairil Rezwan Bin Roslan was operating the vehicle during his MS sweeping schedule on 6th February 2018 at about 10.20am along Cantonment Road Junction of Neil Road. Trainee Mr Masran was under training with Mr Khairil during the incident.

Our driver Mr Khairil was traveling along the right lane (1st lane) Cantonment Road heading to Eu Tong Seng Street. While our driver Mr Khairil stop at the traffic light junction waiting for green light, another road user driver (10ft lorry) from his left lane (3rd lane) suddenly horn to alert our driver and pointed at the rear of our MS vehicle. Our driver Mr Khairil quickly park & get down from his vehicle and check what's going on behind the rear of the vehicle. Our driver saw that there's fire burning on the 2nd engine area and he quickly grab the pre-prepared fire extinguisher and spray on the burning area. Unfortunately, our driver Mr Khairil was unable to put out the fire, therefore he quickly ring the SCDF (995) for help. During that time, trainee was ringing and reporting the incident to team leader Mr Jahis.

Shortly after Mr Khairil report to SCDF, the police officers arrived at the scene to guide the traffic and instructed our driver to move further away to the opposite road for safety reason.

No immediate injury to our driver, no immediate injury to any other road user based on our driver knowledge



Immediate Actions Taken:

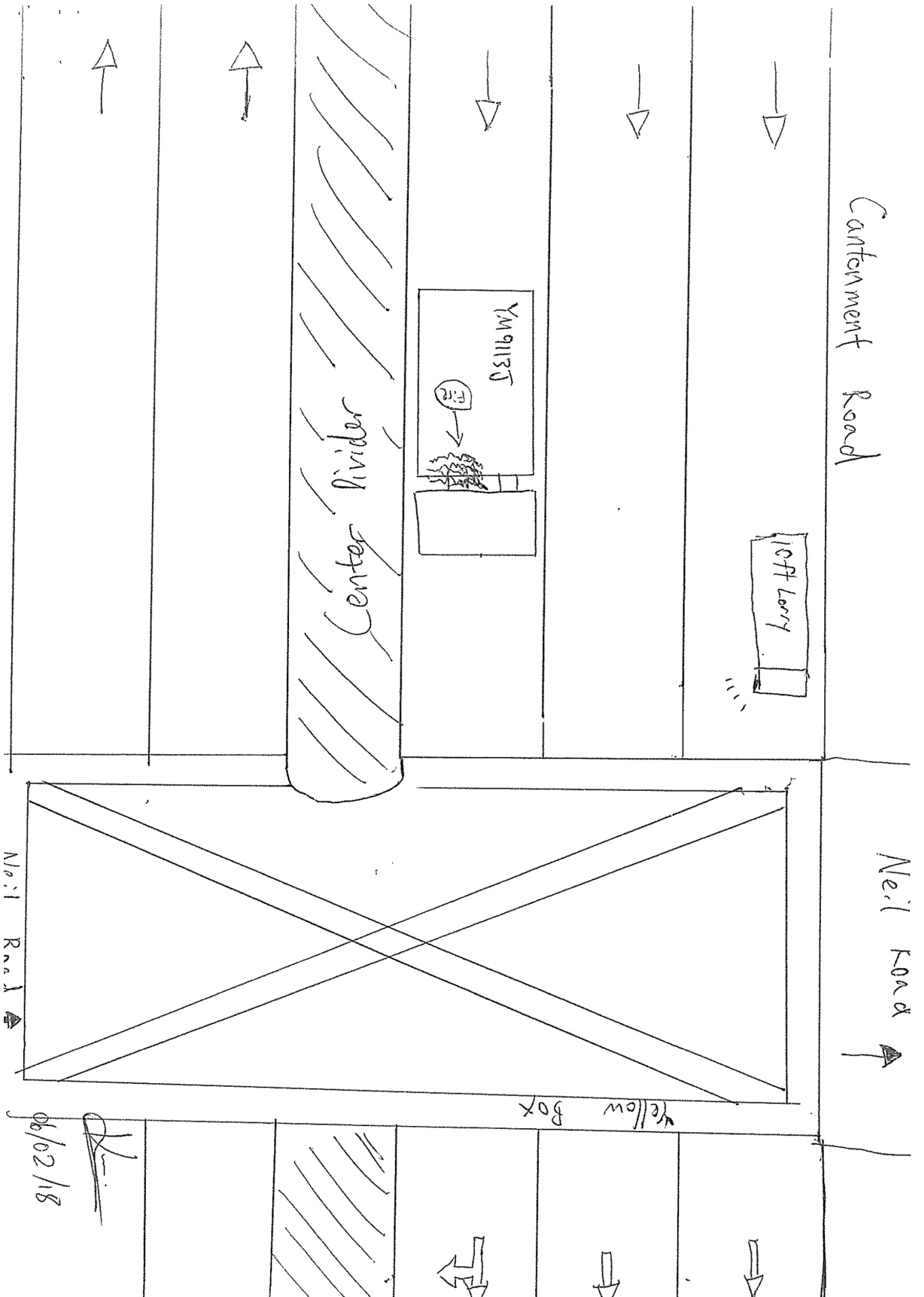
Driver has been advice to consult doctor if he suspects there's injury pertaining to this accident.

Name of Clinic or Hospital NA

Days of MC / Hospitalization Leave NA

6. Documents attached with the report

<input checked="" type="checkbox"/> Victim Statement	<input type="checkbox"/> Medical Certificates	Remarks: Driver's NRIC
<input checked="" type="checkbox"/> Photos	<input checked="" type="checkbox"/> Driver's License	
<input type="checkbox"/> Police Report	<input type="checkbox"/> Other Documents, pls specify:	
<input type="checkbox"/> Insurance Report		
<input checked="" type="checkbox"/> Singapore Accident Statement		
Signature of Person Involved / Date:  06/02/18		Signature of Supervisor / Date:  06/2/2018
Signature of Witness / Date:		Name & Signature of EHS Personnel / Date:



Accident Sketch Plan Pg. 1

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg

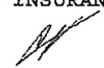


CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)		
CERTIFICATE NO.	: VFX/F1478965	Account No. : 00066
Coverage	: Third Party Fire & Theft Only	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: VEOLIA ES SINGAPORE INDUSTRIAL PTE LTD	
Vehicle Registration No.	: YM9113J	
Period of Insurance	: From 01/01/2018 To 31/12/2018 (Both Dates Inclusive)	
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE* Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.		
LIMITATIONS AS TO USE* (a) Use in connection with the Policyholder's business (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business (c) Use for social, domestic and pleasure purposes This Policy does not cover (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.		
(05)		
EXCESS : All Claims-Any Author'd Driver : SGD 750.00 * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.		

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD


Authorized Signature

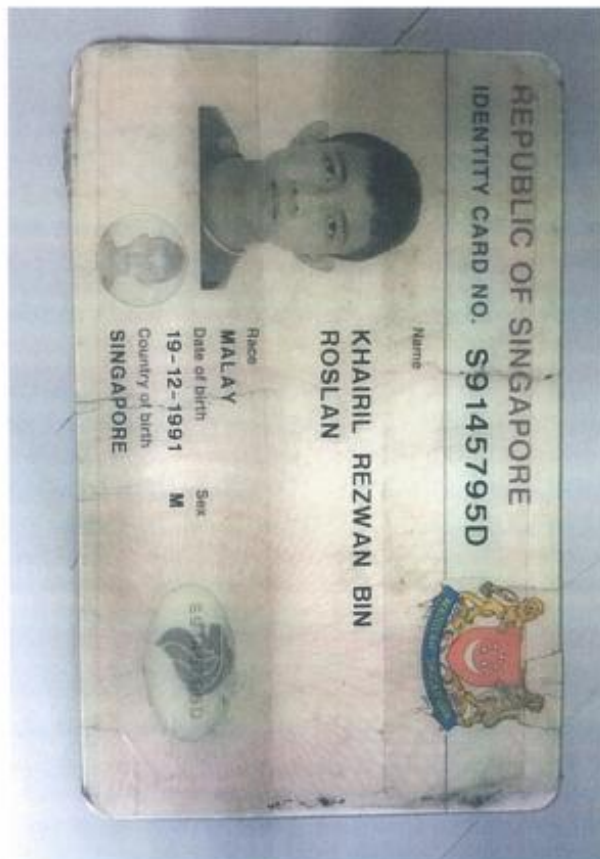
Issued by - SGOAKAS2 on 25/01/2018

IMPORTANT :
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

Accident Sketch Plan



Accident Sketch Plan



Accident Sketch Plan



Accident Photo



Accident Photo



Accident Photo

