

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	22/03/2016 15:21
Date Of Accident	20/03/2016 13:00
Exact Location Of Accident	JUNCTION OF WOODLANDS AVE 12 & 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD1522Z
Insured/Policyholder	
Name Of Registered Owner	VEOLIA ENVIRONMENTAL SERVICES
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94206191
Alternative Phone No	Office-94206191

Vehicle Particulars

Manufacturer	NISSAN
Model	CWB45CLPHNB
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 SINGAPORE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	VFX/P1162934
Cover Note Number	

Driver

Name of Driver	SUPPIAH RAJOO
NRIC No	S2769555H
Date Of Birth	20/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1999
Driving Experience	17 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	
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	UNKNOWN - REFER TO ATTACHMENT
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Was there any video captured by Car Camera?	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 ATTACHMENT. STATEMENT RECORDED BY JON (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5336)

Are accident photos available for attachment?	YES
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD3976M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MENG KAI
NRIC/Passport Number	S6967202G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

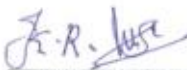
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.



Policyholder's Signature / Date & Time





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







Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

<p>REFER TO ATTACHED</p>	<u>Number Plate</u>
	<p>A - B -</p>
<p><u>Legend</u></p>	
	
Vehicle	Bike

Describe Circumstances of the Accident

Date of Accident:

Time of Accident:



REFER TO ATTACHED

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS

 
Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel
Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Accident Sketch Plan

SKETCH PLAN

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(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.

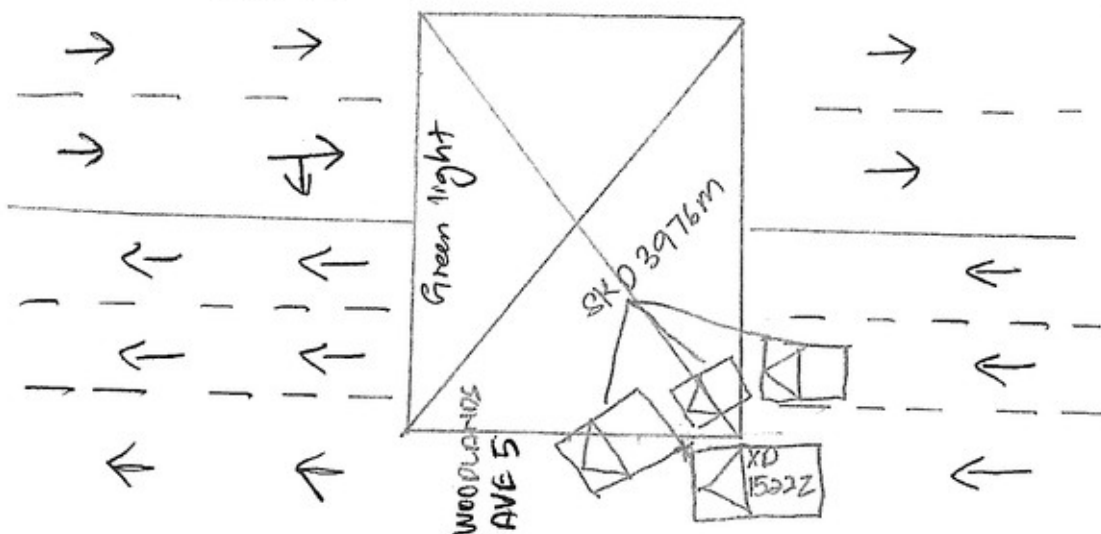
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

WOODLANDS AVE 12



Accident Sketch Plan

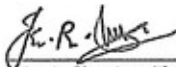
Describe Circumstances of the Accident

On 20.03.16, Driver Suppiah was assigned to drive GWC HL1, XD1522Z. At about 1300 hrs Suppiah while on the way to refuse disposal at Woodlands Ave 12 & Woodlands Ave 5 junction, a black Toyota Altis, SKD 3976M, swerved into our vehicle's left lane suddenly in order avoid hitting a oncoming car turning right from the opposite lane when the traffic lights were green. Also there was a camera at the junction. Our vehicle couldn't brake on time and he hit the suddenly swerved car on his left rear portion. Our driver really did his best to brake & avoid hitting the car as well but since it was very little time to react, he had no choice but to hit it. I, SOE Shankar, went down to the scene personally to record down the statement from the 3rd party driver but the 3rd party driver's spoken English was not so proper. I didn't record his statement as I don't want him to issue a statement to the insurance or police that he didn't understand what was written in the paper and was forced to sign. Since there was a camera @ that junction, we can get the right turning 3rd party's vehicle number to see the true incident. Importantly no injuries were involved, 3rd party vehicle, SKD 3976M, was badly damaged on the left rear side & back portions, our vehicle, XD1522Z, front below portion was dented as well. That's all I have got to say.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

 20-03-16
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

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 20/03/16		Time 1300		2 Exact location of accident JUNCTION OF WOODLANDS AVE12 & 5		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		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"/>		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) XD15222

6 Insured / policyholder (see insurance cert.)
Name VEDUA ENVIRONMENTAL
(capital letters) SEYNAUS
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. VFX | P11 62934

9 Driver ☐ Same as Owner
Name SUPPIAH RAJOO
(capital letters)
NRIC / Passport no. S27 69555H
Class of licence 4
HP 9420691
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) SKD 3976M

6 Insured / policyholder (see insurance cert.)
Name MENG KAI
(capital letters)
Address _____
NRIC / Passport no. S6967202G
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
Please 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

Alternatively please make reference to one of the sketches on page 4:

15 Signatures of drivers

A J.R. [Signature]

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

11 Visible damage to vehicle B

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in this statement after signing. Subsequently, each driver should take one copy.

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

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 of paper where 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 Tel no.	
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 checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
	7 Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?
	20/05/54	Indoor	Outdoor <input checked="" type="checkbox"/>	28/01/99
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability			
Driver or person in charge of vehicle at the time of accident (including insured)	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	Were seat belts 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"/>
				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?			
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others <input type="checkbox"/>
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others <input 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 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)			1
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. S2769555H



Name
SUPPIAH RAJOO

கப்பலாஜி ராஜூ
Race
INDIAN

Date of birth
20-05-1954

Sex
M

Country of birth
MALAYSIA

ID No
S2769555H

ID No S2769555H



Nationality
MALAYSIAN

Date of issue
01-02-2013

Address
APT BLK 21 HOUGANG AVENUE 3
#10-228
SINGAPORE 530021

9189936

REPUBLIC OF SINGAPORE DRIVING LICENCE



Driving License No
S2769555H

Name
SUPPIAH RAJOO

Birth Date
20 May 1954

Issue Date
11 Nov 2013

002243306

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

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	13 Nov 1997
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 3500kg	13 Nov 1997
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	20 Jan 1999
	Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	

License No: S2769555H

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

