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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	03/07/2018 10:58
Date Of Accident	02/07/2018 13:15
Exact Location Of Accident	AT JALAN ARUAN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YL8134K
Insured/Policyholder	
Name Of Registered Owner	VEOLIA ES SINGAPORE PTE LTD
Co Reg No	199804675H
Email Address	DORA.THE@VEOLIA.COM
Mobile Phone No	
Alternative Phone No	OFFICE-66810269
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FM657MSRDEC
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	VFX/P1162934
Cover Note Number	
Driver	
Name of Driver	MOHAMAD SALLEH BIN MOHAMAD SHARIFF

NRIC No S1188617E

Date Of Birth 28/02/1956

Occupation OUTDOOR

Date Of Driving Pass 13/01/1998

Driving Experience 20 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-85899804

Fax Number
Contact Number

EMail Address NOEMAIL

Address APT BLK 406 FAJAR ROAD #05-305

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 **COLLIDED INTO PARKED VEHICLE**

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 YES

NO

3

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NIKMAL

GENDER: : MALE

Passenger 2

: GIKESH

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

NAME:

Police Station Name

TIONG BAHRU NEIGHBOURHOOD POLICE POST

ROAD: BLK 128 KIM TIAN ROAD #01-123/125, **POSTCODE**: 160128, Police Station Address

COUNTRY: SINGAPORE

NO

NO

Police Station Contact TEL NO: 1800-2739999 - FAX NO: 62785651

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS7646Y

Vehicle Make/Model/Colour

Was there any audio recorded?

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver MD FAIZAL

NRIC/Passport Number

Contact Number 96991002

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

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- 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:
 - 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 coffected 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:

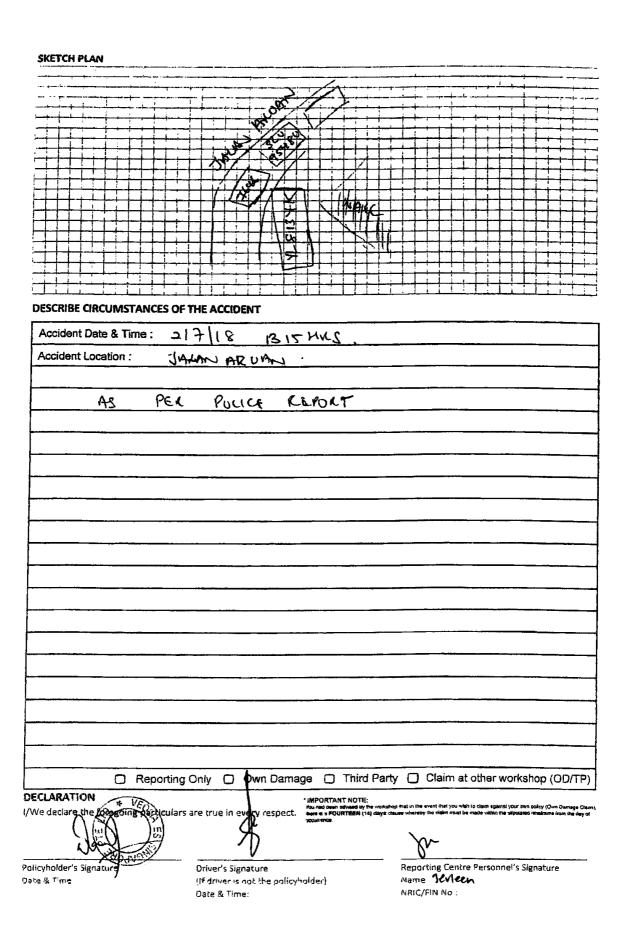
Driver's Signature (If driver is not the policyholder) Date & Time:

Name: Jeneen NRIC/FIN No.:

Reporting Centre Personnel's Signature

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Accident Sketch Plan Pg. 1



Annex D

NOTICE OF REPORTING

This is to confirm that MOHAMAD SALLEH B MOHAMAD SHARIFF (S1188617E, HP: 85899804), has reported to the Police a non-injury traffic accident which occurred at Jalan Aruan on 02/07/2018 at about 1315hrs involving the following vehicles:

- 1) YL8134K
- 2) SJS7646Y
- On 02/07/18 at 1315hrs, along Jln Aruan. I driving a dumpster (Veola) YL8134K was making a turn at the mentioned road. While turning my vehicle's lifter (located at the rear) had cause a scratch and dent on the right side of a parked car SJS7646Y (BMW) which was parking illegally. No one was injury and the owner of the vehicle is not at scene. I have left a note with my contact details. The owner (FAISAL Hp:96991002) had already call me with regards to the incident.
- 3 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SS Muhd Ibrahim

Date: <u>02/07/2018</u> Time: <u>1634hrs</u>

S/D Ref: <u>eSD no.30</u>

Police Post/Unit: Tiong Bahru NPP, Central Division

Original - to be issued to informant Duplicate - to be submitted to Traffic Police



Accident Photo



Accident Photo



Accident Photo

