

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	04/10/2018 15:45
Date Of Accident	03/10/2018 08:00
Exact Location Of Accident	AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2359Y
Insured/Policyholder	
Name Of Registered Owner	VEOLIA ES SINGAPORE PTE LTD
Co Reg No	199804675H
Email Address	VICKY.WARAN@VEOLIA.COM
Mobile Phone No	
Alternative Phone No	OFFICE-66810877

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JKM4RDEA
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	P1162934
Cover Note Number	

Driver

Name of Driver	SHUKRI BIN AB MANAF
NRIC No	G6749852L
Date Of Birth	29/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83359216
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 17 TUAS AVENUE 12 SINGAPORE
Postcode	639037
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	HIT BY FALLEN TREE / OTHER OBJECTS
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)	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

INSURED CAR DROP OBJECT HIT TAXI REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHC8801S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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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:


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

Sketch Plan #2

SKETCH PLAN

Vehicle No

A -

B -

Legend



Vehicle



Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to attached.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.



Reporting Officer's Signature

Name:

NRIC/ID No.:

Retwan

4/10/18
3:30pm



WORK INCIDENT REPORT

Language: English

PLEASE SELECT THE FORM LANGUAGE BEFORE INPUT

請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: Shukri Bin AB Manaf Gender: M Birth date: 1968 March 29 (yyyy-mm-dd) Employee no: 2534
 Job Title: Driver Department: SW(Lorong Halus) Time in present position: 8yrs+ Hours at work before incident: 1.5hrs

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 October 3 * Time: 0800 * AM (EX 1030) Location: AYE(passing by Clementi)

Describe the nature and extent of injury / damage: Vehicle damage due to flying object(wood plank) from OTC

Describe what happened: (please attach photos, if any, to the last worksheet of this form) *
 On 03-10-2018,Shukri(driver) was assigned to drive GWC West HL 1 route for IKEA Alexandar today.At about 0800hrs,he called & informed that a loose plywood plank has dropped out from the Wood OTC from his vehicle and have landed on the front bonnet of a taxi bearing the license plate no:SHC 8801 S, causing some scratches on the bonnet.He was travelling along the AYE towards Tuas.The incident happened passing by Clementi area.No injuries involved.Told him to exchange particulars and take photos.Asked him whether he have place the net on top of the OTC to cover.He admit that he did not place the net.

What immediate actions were taken: *
 Immediately asked Shukri to pull over to a safe location to place the net first and carry on.To report to company insurer.

INJURY DETAILS

Nature of Injury: Affected Body Part:
 Type of Event: Other types of accidents, unclassified *

Name of witness (if any) Contact details of witness:
 Name of the report writer: Vicky * Job Title: AM Date: 2018 October 3

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 3/10/18 0800		2 Exact location of accident AYE		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"/>		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"/>	
6 To objects other than vehicles No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>					

Registration No. **XDJ359Y**
(VEHICLE A)
Insured / policyholder (see insurance card)
Name **Yaelia ES Singapore**
(capital letters)
Address **17 Tunc Ave 12 569037**
NPIC / Passport no. **1998046754**
Tel no. (from 9am till 5pm)
HP **66810877**
Vehicle
Make, type **MIT FV51JRM**
1282 PDEA
Insurance company
AXA ☐ C ☐ TPFT ☒ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **P1163934**
Driver
Name **Shukri Bin Ali**
(capital letters)
NPIC / Passport no. **66749854**
Class of licence
HP **83359216**
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. **SHC8801S**
(VEHICLE B)
Insured / policyholder (see insurance card)
Name
(capital letters)
Address
NPIC / Passport no.
Tel no. (from 9am till 5pm)
HP
Vehicle
Make, type
Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)
Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NPIC / 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

12 My remarks

13 Sketch of accident when impact occurred

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

14 Signatures of drivers

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

11 Visible damage to vehicle B

12 My remarks

* In the event of injuries or in the event of damage to property or vehicles, each driver should take one copy.

For insured's Individual Statement (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 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 type="checkbox"/>	If no, state Relationship of Owner 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			Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/>	
	5. Is the vehicle still in use?			Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____	
	6. Are you claiming under your own insurance policy for repair to your vehicle?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Of which vehicle are you the owner?	If no, state action to be taken			Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop) <input type="checkbox"/>	
	7. Date of birth	Occupation	Date of license pass	Was vehicle driven with the insured's permission?	
	29/3/68	Indoor	Outdoor	23/4/2018	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			Was driver an employee of the insured's company?	
	9. Full details of all driving convictions including pending prosecutions in the last 36 months			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Date			Offence	
Driver or person in charge of vehicle at the time of accident (including insured)	10. Name(s), address(es) and approximate age(s)			Injuries sustained	
	If vehicle occupants, state in which vehicle			Were seat belts being worn?	
	Was injured conveyed to hospital by ambulance?			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"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Injured persons	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)	
Damage to property & vehicles (other than vehicles A and B)	12. Was the accident reported to the Police?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	If yes, please state which Police station				
Police action	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 _____ km/hr B _____ 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)				
Declaration	22. State number of Passengers (including driver)			7	
	I/We declare the foregoing particulars to be true in every respect				
	Policyholder's signature _____ Date _____				
Driver's signature (if driver is not the policyholder) _____ Date _____					

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/P1162934	Account No. : 00066
Coverage	: Third Party Only	
Sum Insured	: NIL	
Name of Policy Holder	: VEOLIA ES SINGAPORE PTE LTD	
Vehicle Registration No.	: XD2359Y	
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 5,000.00		
* 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

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G6749852L**

Name: **SHUKRI BIN AB MANAF**

Birth Date: **29 Mar 1968**

Issue Date: **13 Jan 2017**

Valid Till: **12/01/2022**

002647714H

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

		EFFECTIVE DATE
C	Class 2B	Motorcycles <= 200 CC
C	Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg
	Class 4	Heavy motor cars and motor tractors > 2500 kg

G6749852L

S / No. 9000280099

NP 428A



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

Employer: **VEOLIA ES SINGAPORE PTE. LTD.**

Name: **SHUKRI BIN AB MANAF**

Work Permit No. **5 11021936** Sector **SERVICE**

K0378418

VISIT PASS
Immigration Regulations

15-05-2018

Name: **SHUKRI BIN AB MANAF**



FIN: **G6749852L**

Date of Birth: **29-03-1968** 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.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

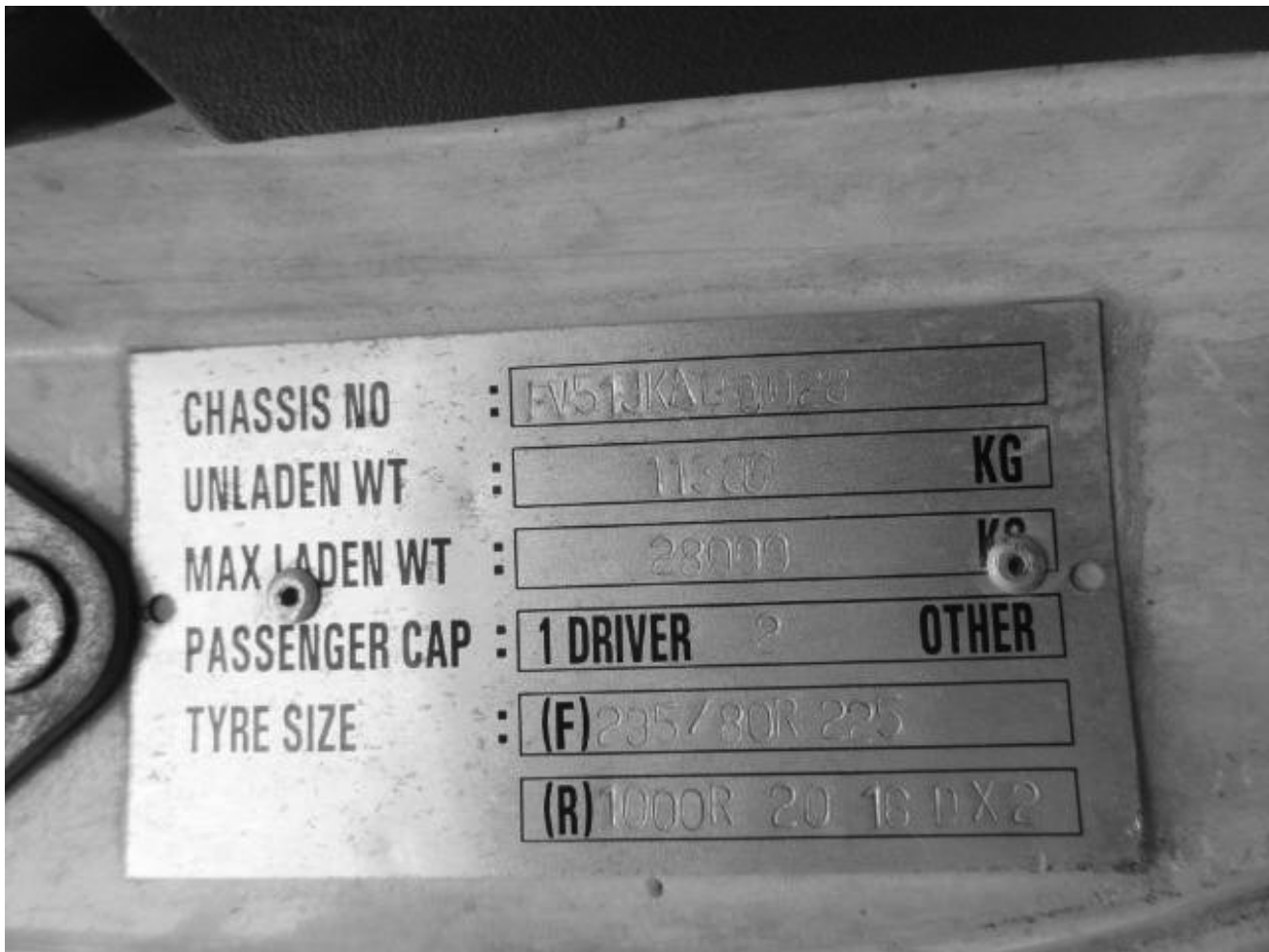


Accident Photo



Accident Photo





Accident Photo



TAXI DAMAGED PHOTO



TAXI DAMAGED PHOTO



TAXI DAMAGED PHOTO

