

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 liability.
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	10/12/2018 10:10
Date Of Accident	09/12/2018 10:20
Exact Location Of Accident	ALONG PASIR PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD4854X
Insured/Policyholder	
Name Of Registered Owner	VEOLIA ES SINGAPORE PTE. LTD.
Co Reg No	199804675H
Email Address	DORA.THE@VEOLIA.COM
Mobile Phone No	(LOCAL) +65-90700007
Alternative Phone No	OFFICE-66810269

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	2632/6X4
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P1582555
Cover Note Number	

Driver

Name of Driver	EBRAHIM BIN FAKRUDDIN
NRIC No	S1489123D
Date Of Birth	15/11/1961
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1983
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82454189
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 842 WOODLANDS STREET 82 #08-69
Postcode	730842
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
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: : MD FADLI GENDER: : MALE
Passenger 2	NAME: : AHMAD BUKAHRI GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA1075T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR. NG
NRIC/Passport Number	

Contact Number	84255596
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

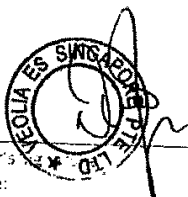
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8. **Consent under the Personal Data Protection Act (PDPA)**

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
Date & Time:



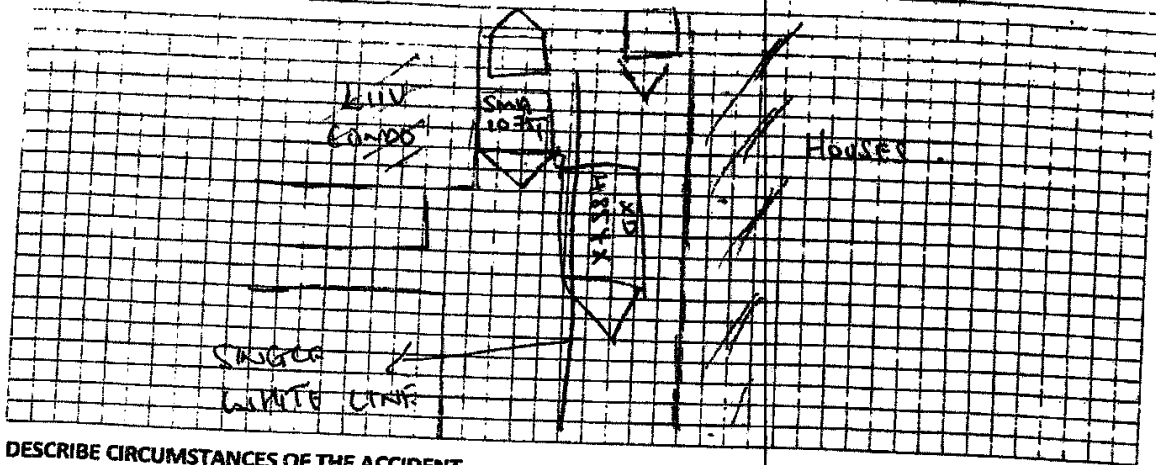
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Yvonne Toh

SKETCH PLAN

DEAD END



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 09.12.18, 1015 HRS

Accident Location : PASIR PANJANG (343C)

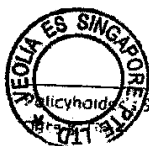
AS PER POLICE REPORT.

☒ Reporting Only ☐ Own Damage ☐ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

I/We declare the foregoing particulars are true in every respect.

IMPORTANT NOTE:
You must claim against the workshop that is the agent that you want to claim against your own policy (Own Damage Claim).
There is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.



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

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



**SINGAPORE
POLICE FORCE**



T/20181209/2045

1 of 3

Report No. T/20181209/2045

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2018 15:07	Vide Report No.:	Station Diary No.: 55
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Informant's Particulars

Name of Informant: EBRAHIM BIN FAKRUDDIN			Address: APT BLK 842 WOODLANDS STREET 82 #08-69 SINGAPORE 730842	
ID Type / ID No.: NRIC NO / S1489123D			Contact No.:	
			Home/Office:	Mobile: 82454189
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 57	Date of Birth: 15/11/1961	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2018 10:20	Type of Location: Straight Road
Location: Along Road 1 PASIR PANJANG ROAD				
at the turn along Pasir Panjang Road towards 329 Pasir Panjang (Liiv Residences).				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA1075T	Car				Slightly Damaged	0
XD4854X	Lorry				No Damage	2



**SINGAPORE
POLICE FORCE**



T/20181209/2045

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20181209/2045

CONTINUATION OF REPORT

Brief Details.

On the 09/12/2018 at about 1020hrs, I was driving my lorry, XD4854X (VEOLIA Company Lorry), along Pasir Panjang Rd. After finishing clearing up the rubbish chutes, I decided to turn into another junction to clear the other rubbish chutes in the said area. As it was a dead end, I had to make a reverse till I had the space to make a right turn. At the Junction of No. 339 Pasir Panjang Rd, I made a right turn. At the point of time, there was a vehicle, SMA1075T, parked along the roadside in front of the unit No. 343C Pasir Panjang Rd.

While making the right turn, my right rear bumper collided against the front left bumper of the said vehicle. Due to the collision, I put my vehicle to a complete stop to make a check. I then discovered that there were scratches on the right front bumper and it was slightly broken. I then placed my supervisor number "Dora, HP: 90700007" on the said vehicle and left.

On the same day at about 1130hrs, my supervisor called me and informed that the said driver had called him and wants to exchange particulars. I then proceed to the said location and gave my particulars to the said owner's NOK.

My company then advised me to lodge a police report.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT



T/20181209/2045

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Report No. T/20181209/2045

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 MUHAMMAD 'AMMAR AMSYAR BIN
RAHMAT f SC LAY JUN YAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/12/2018 15:07

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

SN 127



Signature :

Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

