

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	29/01/2019 16:00
Date Of Accident	29/01/2019 11:20
Exact Location Of Accident	JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD318D
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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-90723009

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO-11.9 D FV517P (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?	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	MOHD FADIL BIN MD TAHIR
NRIC No	S7428181H
Date Of Birth	31/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	08/08/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82920638
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 337 WOODLANDS AVENUE 1 #06-531
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	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 ATTACH 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR9690L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

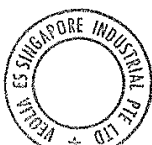
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8. **Consent under the Personal Data Protection Act (PDPA)**

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 Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Chen Gha Hui
NRIC/FIN No.: 62601731

Sketch Plan #2



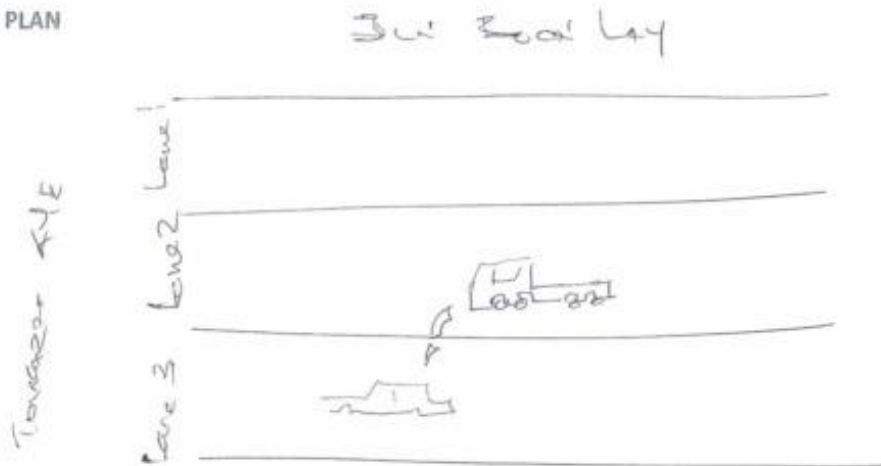
Preliminary Accident/Incident Report

VESS-SP-EHS-12-F01

5. Details of Incident or Accident (continue)				
Affected Body Part	<input type="checkbox"/> Head <input type="checkbox"/> Ear, Left <input type="checkbox"/> Ear, Right <input type="checkbox"/> Eye, Left <input type="checkbox"/> Eye, Right <input type="checkbox"/> Mouth, Teeth <input type="checkbox"/> Chin <input type="checkbox"/> Nose <input type="checkbox"/> Cheek, Left	<input type="checkbox"/> Cheek, Right <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Shoulders <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Hip <input type="checkbox"/> Groin <input type="checkbox"/> Fingers	<input type="checkbox"/> Hand/Palm <input type="checkbox"/> Wrist <input type="checkbox"/> Forearm <input type="checkbox"/> Elbow <input type="checkbox"/> Upper Arms <input type="checkbox"/> Buttock <input type="checkbox"/> Thigh <input type="checkbox"/> Knee <input type="checkbox"/> Shin	<input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toes <input type="checkbox"/> Other specific areas: (e.g. left knee, right back ankle, left lower back etc.)
Nature of Injury	<input type="checkbox"/> Open Wound <input type="checkbox"/> Abrasion <input type="checkbox"/> Scratch <input type="checkbox"/> Burns/Scald <input type="checkbox"/> Dislocation <input type="checkbox"/> Electrocution	<input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Fracture <input type="checkbox"/> Heat Injuries <input type="checkbox"/> Amputation <input type="checkbox"/> Puncture <input type="checkbox"/> Concussion	<input type="checkbox"/> Bruise <input type="checkbox"/> Swelling <input type="checkbox"/> Laceration <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Multiple Injuries	<input type="checkbox"/> Other Specific Injuries:
Description of Incident / Accident: On 29 January 2019, at about 1120hrs I was driving XD 318 D at 45km/h at Jalan Boon Lay going towards AYE. I was travelling on the second lane waiting to switch lane to the third on my left. After I checked my left mirror, I proceeded to filter left to switch my lane, suddenly there was a "thud" sound and I realized the car SLR 9690 L and my vehicle had been impacted. There was damage to the right side of the car's tail light. There was damage to my vehicle left front bumper. After the impact SLR 9690 L stopped at the 3 rd lane, I overtook the car and stopped safely in front of the car. Photos were taken on site, particulars between me and the driver of car was exchanged.				
Immediate Actions Taken: 1135hrs I called Mr. Tahir (Team leader) and informed him about the accident.				
Name of Clinic or Hospital				
Days of MC / Hospitalization Leave				
6. Documents attached with the report				
<input type="checkbox"/> Victim Statement <input checked="" type="checkbox"/> Photos <input type="checkbox"/> Police Report <input type="checkbox"/> Insurance Report <input type="checkbox"/> Singapore Accident Statement		<input type="checkbox"/> Medical Certificates <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other Documents, pls specify:		Remarks:
Signature of Person Involved / Date: <i>29-01-19</i> 			Signature of Supervisor / Date:	
Signature of Witness / Date:			Name & Signature of EHS Personnel / Date:	

Sketch Plan #3

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:

[Signature]

Reporting Centre Personnel's Signature

Name: *Chen Chee Keng*
NRIC/FIN No.: *62601172N*

SIGNATURE: *[Signature]*
DATE & TIME: *24/11/14*
DESIGNATION: *CCB*

CERTIFICATION OF INSURANCE Pg. 1

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel:1800 8804888 Fax:-
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.care@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/P1582555	Account No. : 00066
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: VEOLIA ES SINGAPORE INDUSTRIAL PTE LTD	
Vehicle Registration No.	: XD318D	
Period of Insurance	: From 01/01/2019 To 31/12/2019 (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 - MVUELSIE on 21/01/2019

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

3/13/2017

Vehicle Registration Detail Information

Text size + -

Enquire Vehicle Registration Details

root

Owner Particulars

NRIC/Passport/Company
Cert No.: 198703108N

Owner ID Type: Company

Owner Name: VEOLIA ES SINGAPORE INDUSTRIAL PTE LTD

Registered Address: 17 TUAS AVENUE 12 SINGAPORE 639037

Mailing Address: -

Birth Date: -

Vehicle Particulars

Vehicle No.: XD318D

Previous Vehicle No.: -

Effective Date of
Ownership: 23 Jul 2009

Original Regn Date: 02 May 2006

Registration Date: 02 May 2006

Year of Manufacture: 2006

Vehicle Type: Goods (Open) Garbage/Sanitary Wagon

Vehicle Scheme: -

Vehicle Attachment 1: With Roll On/Off

Vehicle Attachment 2: -

Vehicle Attachment 3: -

Vehicle Make: MITSUBISHI

Vehicle Model: FV517P2RDEB

Primary Colour: White

Secondary Colour: -

Passenger Capacity: 2

Chassis No.: FV517PA00483

Engine No.: 6D24377853

Engine Capacity/Power
Rating: 11945 cc / 0.0 kW

Maximum Power Output: -

Propellant: Diesel

Max Unladen Weight: 10900 kg

Maximum Laden Weight: 28000 kg

Open Market Value: \$89,797.00

PARF Eligibility: No

PARF Eligibility Expiry
Date: -

Minimum PARF Benefit: -

No. of Transfers: 1

IU Label No.: 2010512653

COE No.: 2006030105000144E

COE Expiry Date: 30 Apr 2026

COE Category: C - Goods Vehicle & Bus

COE Registration
Category: C - Goods Vehicle & Bus

Quota Premium (QP) /
Prevailing Quota Premium: \$7,296.00 / -

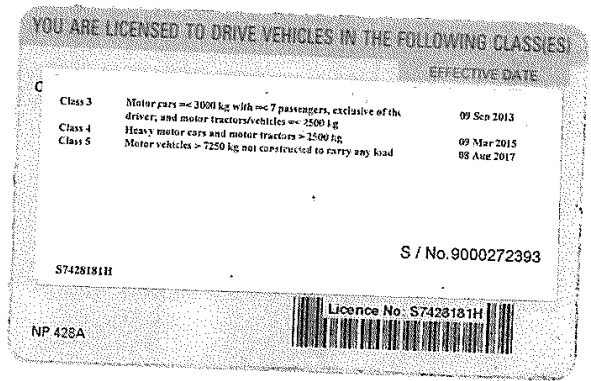
PQP Paid: \$45,662.00

QP (Regn Cat): \$7,296.00

OPC Cash Rebate: No


<https://vrl.lta.gov.sg/lta/vrl/action/menuIndex>

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DRIVER IC Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7428181H



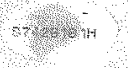

Name
MOHD FADIL BIN MD TAHIR
محمد فاديل بن محمد طاهر

Race
MALAY


Date of birth
31-08-1974

Sex
M


Country of birth
SINGAPORE



4113308



NRIC No. S7428181H



Date of issue
14 JUN 2007

APT. BLK 337 WOODLANDS AVENUE 1 #06-531
SINGAPORE 730337

NRIC No: S7428181H Date: 25/11/2012 No: 7267739
SINGAPORE 730358

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

