

## 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	15/07/2019 11:27
Date Of Accident	13/07/2019 11:45
Exact Location Of Accident	BISHAN STREET 11 NEAR LAMPPOST 15
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9146P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VEOLIA ES SINGAPORE INDUSTRIAL PTE LTD
Co Reg No	198703108N
Email Address	HANPING.TEO@VEOLIA.COM
Mobile Phone No	(LOCAL) +65-82920582
Alternative Phone No	OFFICE-63059179

### Vehicle Particulars

Manufacturer	DULEVO
Model	5000 VELOCE-5.9 (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	YES
Policy Number	VFX/P1582555
Cover Note Number	

### Driver

Name of Driver	MU WEIXUE
Passport No/FIN	G8297056N
Date Of Birth	10/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82920540
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 505 WEST COAST DRIVE #01-218 SINGAPORE
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BISHAN N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO.T/20190712/2082

#### 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	FBN4881A
Vehicle Make/Model/Colour	HONDA / CBF190WH / ORANGE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NIL
NRIC/Passport Number	
Contact Number	NIL
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**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:

COMPORTDELORO ENGINEERING PTE LTD  
EXTERNAL BUSINESS DEVELOPMENT BRANCH  
NAME & SIGNATURE:   
DESIGNATION: DATE: 15/7/19

Reporting Centre Personnel's Signature  
Name: WONG CHEE WEI  
NRIC/FIN No.: 972180994

SKETCH PLAN

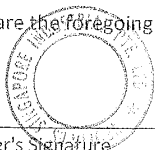
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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:

15-7-2019  
10:50

Reporting Centre Personnel's Signature  
Name: WONG CHEE WEI  
NRIC/FIN No.: 972180996

REPORTING CENTRE PERSONNEL'S SIGNATURE  
NAME & SIGNATURE: WONG CHEE WEI  
DESIGNATION: DATE: 15/07/19

Bishan Street 11 → Towards Braddell Road

4th road lamp pole 47

YM9146P  
FBN4881A

Blk 149 Bishan St 11

Carpark

Blk 150 A Bishan St 11

15-7-2019

## POLICE REPORT 1 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190713/2082

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20190713/2082

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2019 15:06		Vide Report No.: E/20190713/0105		Station Diary No.: 66	
<b>Informant's Particulars</b>					
Name of Informant: MU WEIXUE			Address:		
ID Type / ID No.: FIN NO / G8297056N			Contact No.: Home/Office: Mobile: 82920540		
Nationality: CHINESE			Email:		
Sex: Male	Age: 37	Date of Birth: 10/10/1981	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/07/2019 11:40	Type of Location:
Location: Along Road 1 BISHAN STREET 11 near to junction of Bishan St 11 and braddell road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN4881A	Motorcycle	HONDA	CBF190WH	Orange		0
YM9146P	Lorry	DULEVO	5000 VELOCE ROAD SWEEPER	White	Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190713/2082

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Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20190713/2082

**CONTINUATION OF REPORT**

Driver			
Name	MU WEIXUE	ID No.	G8297056N
Related Vehicle	YM9146P (Lorry)	Contact No.	82920540
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 13/07/2019 at 1140hrs, my vehicle (YM9146P) was stationery along bishan st 11. The weather was clear and traffic volume was moderate. As I was going to make a U-turn near the carpark area of block 150, my vehicle was on lane 2 stationery. After I checked and there was no on-coming traffic, I initiated the U-turn. Suddenly, I saw one motorbike (FBN4881A) collided into my vehicle. I alighted to make a check, one motorist had collided into my vehicle and dropped the bike on the floor. The damages to my vehicle is the front right portion. The damages to the motorbike is the front portion. There is an in-car camera installed in my vehicle. Shortly, TP and Ambulance came to scene. Motorist was conveyed to hospital. I was issued a case card vide E/20190713/0105. Subsequently, I drove off from the incident location. I am lodging this report for insurance claim.



**SINGAPORE  
POLICE FORCE**



T/20190713/2082

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20190713/2082

CONTINUATION OF REPORT

### 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: E / Sgt 2 CASSIDY TAN GIA LOK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2019 15:06
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No: 65476200	Classification Of Case:
Authentication Stamp NP168	SN 061



PHOTO Pg. 1





# CERTIFICATE 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.	: YM9146P	
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 750.00

\* 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.



Accident Photo



Accident Photo





Accident Photo



Accident Photo

