#### 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 witholding 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	25/10/2019 16:34	
Date Of Accident	24/10/2019 17:10	
Exact Location Of Accident	ALONG JALAN AHMAD IBRAHIM	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

Vehicle Registration Number	XD6065T
Insured/Policyholder	

insurea/Policynolaei

ORIENT NATURAL RESOURCES PTE LTD Name Of Registered Owner

201015702G Co Reg No

**Email Address** SOOKKWAN.AU@HUATIONG.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-63665005

**Vehicle Particulars** 

Manufacturer MAN

Model TGS 26.360-10.5 D 6X4 (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?

YES

If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

**Insurance Company** 

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy YES

Policy Number VFX/P2214992

Cover Note Number

Driver

Name of Driver MUHAMMED KASIM JALAL

F7909419Q Passport No/FIN Date Of Birth 14/03/1973 Occupation **OUTDOOR Date Of Driving Pass** 05/03/2010

**Driving Experience** 9 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83607786

Fax Number

Contact Number

**EMail Address** SOOKKWAN.AU@HUATIONG.COM.SG

9 BENOI CRESCENT Address

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 **CHAIN COLLISION** 

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

5

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NPC

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

Refer to sketchplan. I am working for 'Huationg Contractor Pte Ltd' and using the vehicle for delivery at the time of accident.

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number XE3828T

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

#### No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number YN8853H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

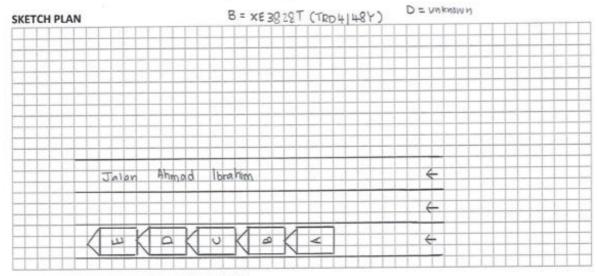
Address

Postcode

A= X06065T

C = unknown

E=YN8853H



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

			01	24	00+	2019	Q+	about	1709 hrs		was
quivin	g wx	Compo	ny.	truck	X06	065T	trave	lling alo	ng Jalah	Ahmad	lbr#him.
There	р гом	traile	r )	(E382	8T C	TRO 4 14	84)	travelling	g hn <del>Cr</del> oi	nt of in	<i>(</i> .
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truck	conto	net	2+2	p on	+i <sub>M</sub>	e an	id M	y truck	collided	to	
the	trailer	g.	overtu	ry .							
							11				

DECLARATION

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

Policyholder 35thnature Date & Time:

GIARMC SketchPlanForm\_V3

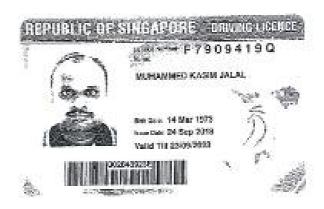
Driver's Signature

(If driver is not the policyholder)

Date & Time: 25/10/19 168 ppm

Reporting Centre Personnel's Signature

NRIC/FIN No.: Plipuan



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

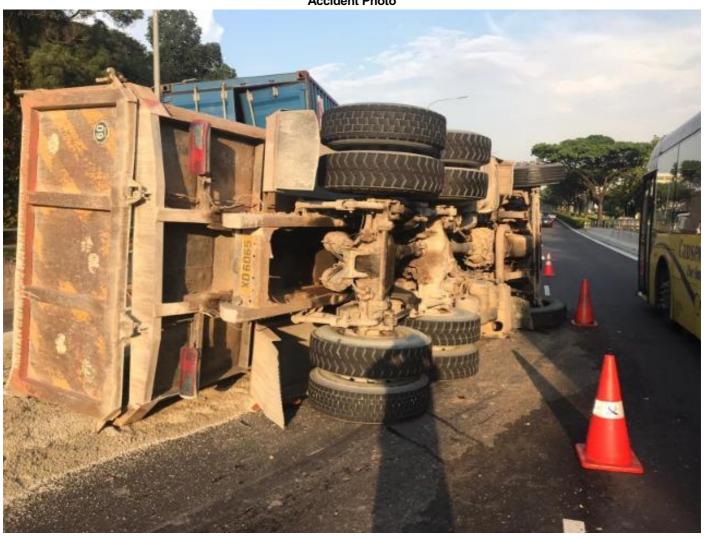
STREETING DATE

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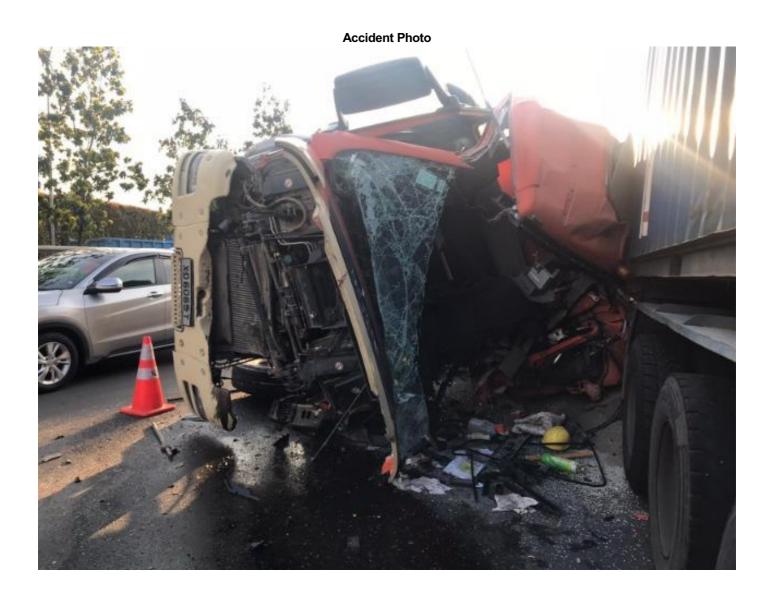




























# **Police Report**





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 849818 Tel No: 1800-2689999

1 of 3 Report No. 1/2019/1029/2058

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Mode: 29/10/2019 12:45			Vide Report No.: Station Diary No.: 95			
Informa	nt a Pantic	ularey				
	Informant MED KASI		Address: 2D JALAN PAPAN #01-28 AV 619415			
ID Type / ID No.: FIN NO / F7909419Q			Contact No.: Home/CMos: Mobils: 83607785			
National INDIAN	ty:		Email:			
Sex: Male	Age: 46	Date of Birth: 14/03/19/3	Type of Interneut: Driver	11-12-		
Race: Indian			Lenguage: English	Institution / School Name:		
Occupation: Lorry driver			Driving Usence Information: Class:	Date of Expiry:		

Type of Injury Accident: Conveyed By Ambi		ance Drive: No	Date/Time of Accident: 24/10/2019 17:00	Type of Location
Location; AYER RAJAI	EXPRESSWAY	101221-000010	CONTRACTOR OF THE CONTRACTOR O	1000-0000 - 20000-0
Weather:		Road Surface:		Road Speed Limit:
		Dry		Autor Opecu Citia.
Clear Traffic Flow: One Way			-1000 (2)	Traffic Volume:

Details of V	efilcle involved	Mark Section Section 1			and the same	<b>17</b>
vehicle No.	Type	Make:	Model	Color	Condition	No of Passenger
XD6065T	Lorry				Totally Damaged	0

#### **Police Report**





Police Station Of Origin: Jurong West N.P.C. 700 Corporation Road SINGAPORE 649618. Tel No. 1800-2689999 2 of 3 Report No. Ti201910292058

CONTINUATION OF REPORT

#### **Brief Details.**

On 24/10/19 at about 1700hrs I was driving along the AYE bearing plate number. (XD8086T) just before the merge from bunsi road, was driving on the most left lane. I was driving around 45kmph Suddenly the vehicle in front of me braked and I was unable to brake in time due to the container I was hauling. I ried to turn right to avoid the collision but ended up overturning my vehicle. I was admitted to NUS hospital 2 days. I do not know the license piete of the vehicles in front of me. There was a GCTV in my vehicle that was recording at the time. The footage was passed to my company.

#### **Police Report**





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649618 Tel No. 1800-2689999 3 of 3 Report No. T/20191029/2056

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// J / Sgt 2 NURAQILAH BINTE ABOUL HAMID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2019 12:45
Officer in Charge Of Case: TP / GIT / Insp TAN CHIN YONG Gentact No.: 65476178	Classification Of Case:
Authentication Stamp Signature: Singapore Police Code	



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION ( 5 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S665500200 / GST Reg. No.: M400017735

 $\underline{\mathsf{IMPORTANT\,NOTE}}\colon \mathsf{\ Please\,submit\,the\,completed\,Addendum\,form\,to\,the\,} \underline{\mathsf{same}}\,\mathsf{\ Authorised\,Reporting\,Centre}$ with whom you submitted the Original Report.

	ADDENDUM	
(A)	) PARTICULARS OF PERSON MAKING THE AMENDMENTS:	
	Original Report No: MAAK 1914 1841Vehicle Registration No: XD 60 65	
	Name(asshownin NRIC) Orient Natura   Resources PAE Ltd NRIC/FIN/Passport No : 201015 7026	
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate	
	Address : 9 Benei CrascentSingapore(62	9972
	Contact (Tel) : 63665005 Mobile No.:	
	Email Address :	
	Date of Accident : 24 . 10 . 2019Time of Accident :1710 kr8	
	Place of Accident : Along Jalan Ahmad Ibrahim	
	Insurance Company: AXA Insurance Pte Ltd	
ini	) ADDITIONALINFORMATION/AMENDMENTS:	
	I have made a report on the above mentioned accident and would like to include additional informat make the following amendments:  1. To Change Claim 3rd party to 0D	ion or
	J. Additional infomation - Police Report	
	Policyholder / Driver's Signature Date: 1 DCT 2019  Reporting Centre Personnel's Signature Name:	-

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