

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	09/12/2019 17:39
Date Of Accident	06/12/2019 12:20
Exact Location Of Accident	JUNCT OF CLEMENTI RD & CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC3364R
Insured/Policyholder	
Name Of Registered Owner	BIGFOOT LOGISTIC PTE LTD
Co Reg No	199500061H
Email Address	VMO1@BIGFOOT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63244722

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB70BB1SRDEA-3.0 D (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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P2331117
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FAIEZAL BIN HAMZAH
Passport No/FIN	G3904869N
Date Of Birth	01/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90741425
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	N/A
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 - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : KARUPPIAH PRABAKARAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO: T/20191206/2094

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	SKH1195S
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)

DETAILS OF INJURED PERSON 1

Name

UNKNOWN PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SKH1195S

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

YES

Address

Postcode

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.



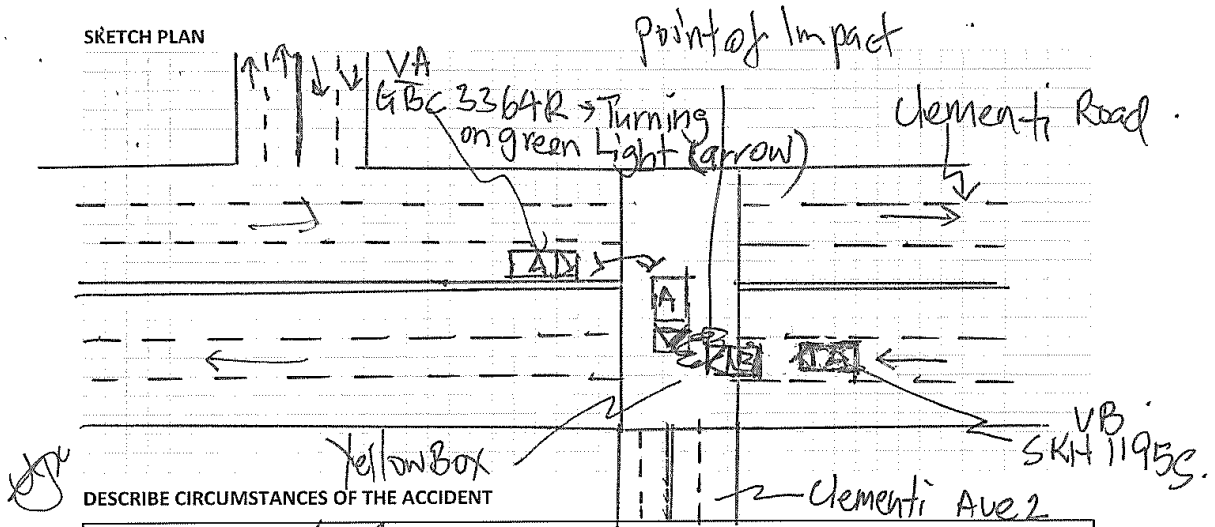
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 06/12/2019

Time: 1220 hrs

Location: Junction of Clementi Road and Clementi Ave 2

GBC 3364R - Damage front left portion

SKH 1195G - Damage more to front left portion

Refer no: T/20191206/2094

Report at Clementi NPP

Please take note that the driver is authorised to drive and under employment for Pritz Foot Logistic Pte Ltd

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:

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



**SINGAPORE
POLICE FORCE**



T/20191206/2094

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20191206/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2019 14:49		Vide Report No.: D/20191206/0069		Station Diary No.: 20
Informant's Particulars				
Name of Informant: MOHAMMAD FAIEZAL BIN HAMZAH			Address: APT BLK 24 TEBAN GARDENS ROAD #06-169 SINGAPORE 600024	
ID Type / ID No.: FIN NO / G3904869N			Contact No.: Home/Office: Mobile: 90741425	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 28	Date of Birth: 01/05/1991	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/12/2019 12:20	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 CLEMENTI ROAD CLEMENTI AVENUE 2 Junction of Clementi Road and Clementi Ave 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBC3364R	Lorry	MITSUBISHI	FB70BB1SR DEA	White	Seriously Damaged	1
SKH1195S	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	White	Seriously Damaged	3

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



**SINGAPORE
POLICE FORCE**



T/20191206/2094

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20191206/2094

CONTINUATION OF REPORT

Driver			
Name	MOHAMMAD FAIEZAL BIN HAMZAH		ID No. G3904869N
Related Vehicle	GBC3364R (Lorry)		Contact No. 90741425
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	KARUPPIAH PRABAKARAN		ID No. G8108996K
Related Vehicle	GBC3364R (Lorry)		Contact No. 93753816
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/12/2019 at about 1130 hrs, I was driving my company lorry bearing registration number: GBC 3364R from Orchard heading to Jalan Buroh and my colleague namely, Karuppiyah Prabakaran ,G8108996K was with me.

Whilst along Clementi Road wanted to turn into Clementi Ave 2, a car hit onto my lorry left passenger side. I wish to inform that before the turning, a car infront of me turn right into Clementi Ave 2 and I followed after waiting for 3 to 5 seconds to look out for vehicle. I had checked before I turned into Clementi Ave 2 before the accident occurred at the T-junction of Clementi Road and Clementi Ave 2. The car registration number is : SKH 1195S.

I wish to inform that after the accident, Traffic Police and Ambulance also came and the car passengers were conveyed to hospital. (Police incident number: D/20191206/0069). My colleague and I are not injured.

My company lorry front left door and bumper were damaged and I have informed my company, Big-Foot International (S) Pte Ltd about the accident.



**SINGAPORE
POLICE FORCE**



T/20191206/2094

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

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Report No. T/20191206/2094

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: D / SI WONG CHONG WAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2019 14:49
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476063	Classification Of Case:
Authentication Stamp NP168	SN 40

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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