

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	13/02/2020 14:17
Date Of Accident	06/02/2020 13:30
Exact Location Of Accident	802 MARGARET DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM862P
Insured/Policyholder	
Name Of Registered Owner	JIN QUAN ENGINEERING PTE. LTD.
Co Reg No	200806112N
Email Address	JINQUANMOTOR@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68616672

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR71LU5GT-4.6 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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	
Cover Note Number	

Driver

Name of Driver	KOH KIM HOON
NRIC No	S1447609A
Date Of Birth	24/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	09/05/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-84371298
Fax Number	
Contact Number	
EEmail Address	JINQUANMOTOR@SINGNET.COM.SG

Address	30 JLN BUROH, SINGAPORE 619486
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - CLIENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Veolia report. I am working for Veolia ES Singapore Industrial Pte Ltd and my company currently rents this truck from Jin Quan Engineering Pte Ltd. I'm using the vehicle for delivery at the time of accident.

Attachment(s)

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

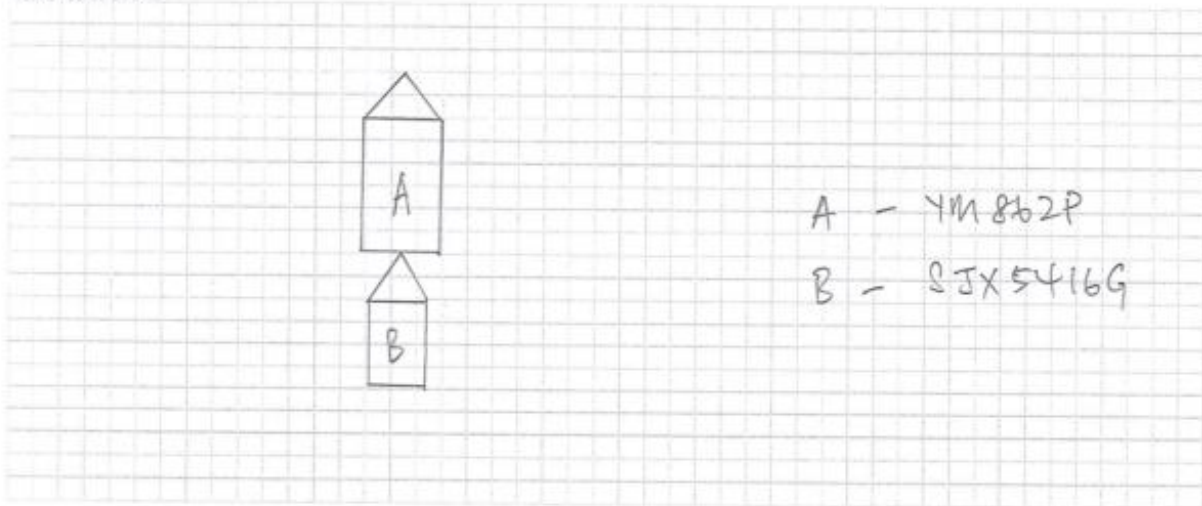
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX5416G
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

SKETCH PLAN



A - YM862P
B - SJX5416G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to vecolia report.

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:

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other works hop
- ☐ For record purpose

Policy No. _____
Insurer _____

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



Identification Card



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	29 Nov 1980
Class 4A	Omni-buses	09 May 2017

NP 428A

Licence No: S1447609A



VESS-SP-EHS-12-F01

Preliminary Accident/Incident Report

To be filled in by Supervisor

During investigation, the Supervisor may follow the following basic steps:

Step 1: Obtain incident or accident information – ask who, what, when, where & how?

Step 2: Collect facts – Visit the incident or accident scene, identify witness, collect information of scene (sketch, take photos)

Step 3: Interview injured person/witness by following these basic steps:

- Make clear about the intention of interview, maintain privacy.
- Confine witness to observation; ask what he/she has seen.
- Let the injured person/witnesses tell the story in his/her terms.
- Show concern for the person's injury, no matter how minor the injury is.
- Prepare questions to ask after he/she have completed his/her story.
- Ask open-ended questions.

1. Particulars of Worker Involved			
Name	Koh Kim Hoon	Contact No.	83782962
Nationality	Singaporean	Designation (*if driver, give license copy)	Driver CI 3
NIRC/Work Permit No.	S1447605A	Department	PCD / TPG1
Employee No.	DP 2010/14	Period of Employment	15 th years
Gender	Female	Date of Birth	24111960
2. Particulars of Incident or Accident			
Date of Incident or accident	06/02/2020	Time of Incident or accident	1330 hrs
Location	802 Margaret Drive	Date Reported	30.07.18
Name of equipment/vehicle & type of work involved	14ft Lorry		
3. Particulars of Witness			
Name	NA	Contact No	NA
Department	NA	Designation	NA
4. Particulars of Supervisor			
Name	Hassan Sami Bin	Contact No	82920501
Sector	PCD		
5. Details of Incident or Accident			
Category	<input checked="" type="checkbox"/> No Injury <input type="checkbox"/> Near Miss <input type="checkbox"/> Equipment/Property Damage <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Environmental Damage <input type="checkbox"/> First Aid Injury <input type="checkbox"/> Medical Treatment Injury <input type="checkbox"/> Lost Time Injury (LTI) <input type="checkbox"/> Fatality <input type="checkbox"/> Commuting Incident (to and from work)		

Rev 05

1

VEOLIA REPORT



Preliminary Accident/Incident Report

VESS-SP-EHS-12-F01


5. Details of Incident or Accident (continues)				
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 checked="" 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"/> Toe <input type="checkbox"/> Other specific areas: (e.g. left knee, right back ankle, left lower back etc.) Swelling of left Elbow
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 checked="" 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 08/03/2020 at about 1.30pm, I was parking at Margerate Drive carpark waiting for my crew. I was driving 14ft lorry (YN885P) at that time. Suddenly I heard a loud bang coming from the back of my lorry. I went down to check and found that a car (SUX5418G) had hit into back of my lorry. I notice that front of the car was damage and no damage to my lorry. I approach the car and ask the driver to come out of the car to settle the matter. He refuse and told me to make police report instead.				
Immediate Actions Taken: .				
Name of Clinic or Hospital		NA		
Days of MC / Hospitalization Leave		NA		
6. Documents attached with the report				
<input type="checkbox"/> Victim Statement <input type="checkbox"/> Police <input checked="" type="checkbox"/> Police Report <input type="checkbox"/> Insurance Report <input type="checkbox"/> Singapore Accident Statement		<input type="checkbox"/> Medical Certificate <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other Documents, pls specify:		Remarks:
Signature of Person Involved / Date:			Signature of Supervisor / Date:	
				
Signature of Witness / Date:			Name & Signature of EHS Personnel / Date:	

Police Report


10P3P100
20/2/2020

Annex D

NOTICE OF REPORTING


This is to confirm that KOH KIM HOON, NRIC/FIN S1447609A, has reported to the Police a non-injury traffic accident which occurred at 802 Margaret Drive, S(149311) on 06/02/2020 at 01:30pm involving the following vehicles:

V1:YM862P (Koh Kim Hoon's Vehicle)
V2: SJX5416G


2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.


Rank/Name of Issuing Officer: SGT(2) 170284 Tan Yip Chong

Date: 06/02/2020 Time: 1919HRS

S/D Ref: 119

Police Post/Unit: CHOA CHU KANG NPC

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police


CHOA CHU KANG NPC
20 CHOA CHU KANG ST 32 #01
SINGAPORE 689286
TEL : 1800-7659999
FAX : 67671651



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



130 Clarence Ln, Block 130, Singapore 140130
Singapore

Singapore

2020-02-06(Thu) 02:24(PM)

Accident Photo

