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Vch No: GBA 6492U	E-mail (within	a Shrs, AIC 2hrs)			-5.0010	*
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TP Particulars: Veh No: 6	BC 1466T.	. INC ()/Non-INC().		1
Owner / Driver: (OC ITES I.		Tel:	1.7)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:).	
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-20	%; P: 21-79%. P	; 80-100	%]	
Year of Registration: () W:	arranty: YES ()/NO()			
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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 <u>truthful and accurate</u> 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.
- 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.
- 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	21/02/2019 13:32			
Date Of Accident	20/02/2019 17:10			
Exact Location Of Accident	EDGEDALE PLAINS TWDS PUNGGOL FIELD			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBA6492U			
Insured/Policyholder				
Name Of Registered Owner	2ND WAY TRANSPORT & TRADING			
Co Reg No				
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-91889995			
Vehicle Particulars				
Manufacturer	SUZUKI			
Model	EVERY			
Exact Purpose for which vehicle was being untime of accident	sed at WORKING			
Are you claiming under your own insurance p for repair to your vehicle?	NO			
f No, Please state action to be taken	THIRD PARTY			
/ehicle Category	COMMERCIAL VEHICLE			
Insurance Company				
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD			
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT			
Fleet Policy	NO			
Policy Number	D-18091706MCVP			
Cover Note Number	152			
Driver				
Name of Driver	KOH CHOON KHIANG			
NRIC No	S1491908B			
Date Of Birth	21/05/1961			
Occupation	OUTDOOR			
Date Of Driving Pass	20/12/1978			
Driving Experience	40 YEARS AND 2 MONTHS			
Gender	MALE			
Mobile Number	+65-91889995			
Fax Number				
Contact Number				
EMail Address	NOEMAIL			

Address

BLK 170A PUNGGOL FIELD #09-709

Postcode

821170

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 - HEAD TO REAR

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

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

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG EDGEDALE PLAINS TWDS PUNGGOL FIELD, I SLOW DOWN AND STOP MY VEH DUE TO VEH INFRONT STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBC1466T) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBC1466T

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)

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:
 - 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.

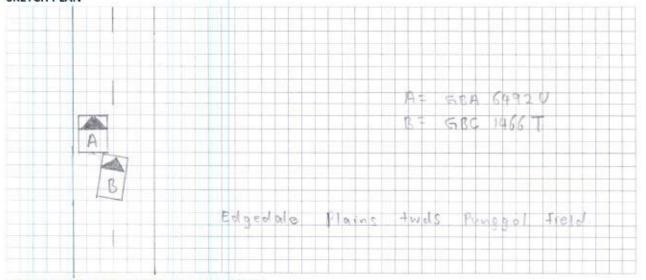
2nd Way Transport & Frading

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.:

and Way Tra & Trading



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Please	Refer	+.	state menf
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DECLARATION

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

2nd Way Transport & Frading

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.:



and Way Transport & Trading

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MMA 119024245. Vehicle Registration No: 58A 6492 U Name (as shown in NRIC): Koh choon Khrang NRIC/FIN/Passport No: 51491908 B. (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Mobile No.: 9188 9995. Contact (Tel) Email Address : 20/2119 ____Time of Accident : ______ 17:10 Date of Accident Place of Accident : Edge dale plains twos Punggal field Insurance Company: Ms first capital (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Amend Sketch. A= GBA 6492U B= 680 1466T Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .: Date: 2nd via 21/2/19.

CONFIDENTIAL

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE



This is to confirm that Koh Choon Khiang, NRIC/FIN S1491908B, has reported to the Police a non-injury traffic accident which occurred along Edgedale Plains towards

Punggol Field on 20/02/2019 at about 05.08 am/pm involving the following vehicles:

- a) GBA 6492 U
- b) GBC 1466 T
- 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: Staff Sergeant Mohamad Radzif

Date: 20/02/2019

Time: 1807 hrs

S/D Ref: 48

Police Post/Unit: Punggol Neighbourhood Police Centre

Punggol NPC 21A Tebing Lane S (828837)

Original – to be issued to informant

Duplicate – to be submitted to Traffic Police

Tel: 1800-604-9999

CONFIDENTIAL

Version as of 15 Jan 2002

CONFIDENTIAL





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B Class 2A Class 2 Class 3

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

NP 428A







MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy.

COMMERCIAL VEHICLE - PRIVATE INSURANCE

Type of Cover.

: Third Party Fire and Theft

Certificate No.

: D-18091706MCVP

Vehicle No / Chassis No

GBA6492U / DA64V208424

Name of Insured

2ND WAY TRANSPORT & TRADING

Period Of Insurance

24.09.2018 To 23.09.2019

Insured Estimated Value

Market Value At Time Of Loss

Financial Institution

GE MONEY PTE LTD

SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured'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*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

- Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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)

> MS First Capital Insurance Limited (Approved Insurers)

KARENS/A0194/MZ300C

Issued at Singapore on 03.09.2018

Authorised Signature