

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	07/03/2019 14:43
Date Of Accident	07/03/2019 09:50
Exact Location Of Accident	STEPHEN RIADY CENTRE OF NUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1952P
Insured/Policyholder	
Name Of Registered Owner	NATIONAL UNIVERSITY OF SINGAPORE
Co Reg No	- 200604346E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90215040
Alternative Phone No	OFFICE-90215040

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16 2.0
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18091199MFCE/6
Cover Note Number	

Driver

Name of Driver	MOHAMED NOOR BIN MOHAMED
NRIC No	S9316499G
Date Of Birth	06/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90215040
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 30 MARSILING DRIVE #09-303
Postcode	730030
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 - OPENING DOOR OF VEHICLE
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)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER STATEMENT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CANNOT BE UPLOADED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ251G
Vehicle Make/Model/Colour	MIT FUSO / WHITE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GU YANKE
NRIC/Passport Number	077689168
Contact Number	87304072
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBK2016K
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	SHAM SIMON
NRIC/Passport Number	
Contact Number	91573678
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 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:

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

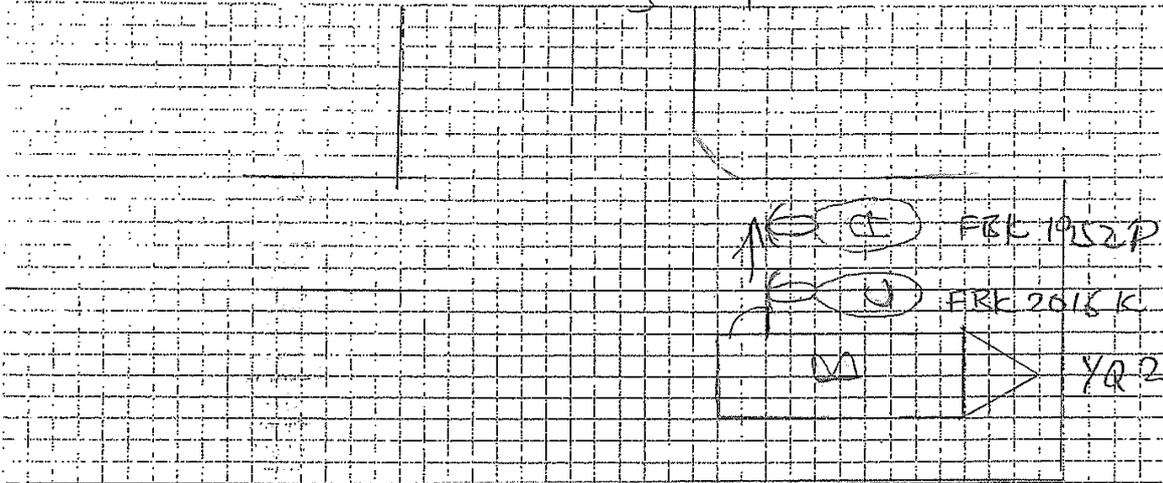
07 MAR 2019

NG WING KIN JAMES
S7927881E



SKETCH PLAN

Loading Bay



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 0950hrs, the driver of vehicle B opened up the fridge door of his vehicle to unload his goods. The goods fell off from his vehicle and hit onto vehicle C and eventually, vehicle C hit onto vehicle A. Vehicle A and C are parked vehicle and rider was not around.

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:

07 MAR 2019



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NG WING KIN JAMES
S7927881E



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. : MOTOR CYCLE INSURANCE - FLEET
 Type of Cover. : Comprehensive
 Certificate No. : D-18091199MFCE/6
 Vehicle No / Chassis No : FBK1952P / ME1RG1610F2001186
 Name of Insured : NATIONAL UNIVERSITY OF SINGAPORE
 Period Of Insurance : 01.07.2018 To 30.06.2019
 Insured Estimated Value : Market Value At Time Of Loss

Excess :
 SGD100.00 SECTION I

Authorised Driver*
 ANY AUTHORISED RIDERS

Persons or classes of persons entitled to drive*
 Any person provided he is in the Insured's employ and is driving on their 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 only for the Insured's business or profession.
 (b) Use for social domestic and pleasure purposes by the Insured.

The Policy does not cover use for the carriage of passengers for hire or reward, racing, pace-making reliability trial or speed-testing.

* 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)

JENNY/B0029/MY100

Issued at Singapore on 14.06.2018



 Authorised Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

