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TP Particulars: Veh No:	SKK 4354P. INC	( )/Non-INC( )	
Owner/Driver: (	and the state of t	Tal:	)
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## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.

E CELEVANIA SELLAR CONTRACTOR OF THE SELECTION OF THE SEL	ACCIDENT STATEMENT
Date Of Report	03/06/2019 16:24
Date Of Accident	30/05/2019 17:10
Exact Location Of Accident	JUNC OF BEDOK RESERVOIR RD & BEDOK RESERVOIR CRES
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH6790Y
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK HOLDING PTE LTD
Co Reg No	E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96952002
Alternative Phone No	OFFICE-96952002
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19093224MFCV/119
Cover Note Number	ž 11
Driver	
Name of Driver	TOH CHEE SIN (DU ZHIXING)
NRIC No	S7515895E
Date Of Birth	01/06/1975
Occupation	INDOOR
Date Of Driving Pass	24/05/2000
Driving Experience	19 YEARS AND 0 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-91004657
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 879B TAMPINES AVE 8 #03-49

Postcode

522879

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - HIRER

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

### **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

PLEASE REFER TO ATTACHED STATEMENT.

# 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

SKK4354P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

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

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
  - 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.

1 D

Policyholder's Signature Date & Time: Driver's Signature

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.;

TCH PLAN	1
	Bedak Reservoir crescent
B	A=GBH6790
	B = SKK4354
LA	
	Bedok Reservoir Rd
CRIBE CIRCUMSTANCES OF THE ACCID	
Meuse Refer	to Statement
	to Statement
	/
ARATION	
leclare the foregoing particulars are true in ev	very 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.:

PAME STIME BOT HY DECO LIT LEDOXINGTELY

LOCATION: - ALONG BEDEK LEGEDING ROOF AT CROSS
LIGHTICH BEFORE BEDEK RESERVOR
Crescent

SUMMARY: ON BOTHY 2019, IT HAPTEX MATELY ITIOHRS, CTS GELD ENGINEER. TOH CHEESIN WAS I FORW G (SEH STADY) PLONG BEDGE RESECUENCE FORD AT CROSS JUNETION BEFORE BEDOK RESERVICE 'Crescent, WAS INVOICED WITH A MINCR COLLSION WITH ANOTHER VEHICLE (SKK 4354P) MR YEW HONG KEE (385296801) THE WODENT HAPPENED WHEN TOH CHEESIN WAS STOPPING AT THE TRAFFIC I CILT AND WAS TOO CLOSE TO THE VEHICLE (SKK4354P) WHICH KESUHES THE NUT/SCREW OF THE LICENSE DATE TO BUMP INTO THE BUMPER OF THE VEHICLE CSICK 4354P) AND CAUSES A Slight DENT NO INJURIES WAS REPORTED FROM THE INCIDENT.

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# ACCIDENT STATEMENT

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For LKK NAC Use Only



MS First Capital Insurance Limited Co. Reg. No. 195000106C CST Reg. No. MZ-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 - FLEET

Type of Cover.

: Comprehensive

Certificate No.

D-19093224MFCV/119

Vehicle No / Chassis No

GBH6790Y / JN1MC2E26Z0030458

Name of Insured

SIANG HOCK HOLDING PTE LTD

Period Of Insurance

01.04.2019 To 31.03.2020

Insured Estimated Value

Market Value At Time Of Loss

Financial Institution

MV CREDIT PTE LTD

EXCESS: AS INDICATED BELOW

Authorised Driver\*

ANY AUTHORISED DRIVER

# Persons or classes of persons entitled to drive\*

(1) Whilst the vehicle is being used in connection with the Insured's business:-

- (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-

(a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess: S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more) S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)

S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess: S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more) S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year) S\$2,000.00 on Section I & II separately (for Staff)

\* 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

#### Limitations as to use\*

Use in connection with the Insured's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.

Use for social, domestic and pleasure purposes.

The Policy does not cover:-

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

\*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)

> > Lie.

LILIA/A0151/MZ301A9

Issued at Singapore on 01.04.2019

Authorised Signature