

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	11/07/2019 15:55
Date Of Accident	10/07/2019 14:15
Exact Location Of Accident	ORCHARD LINK TURNING INTO ORCHARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9587U
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE DUCKTOURS PTE LTD
Co Reg No	200105678G
Email Address	DAVE@DUCKTOURS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-86465755

Vehicle Particulars

Manufacturer	SCANIA
Model	KUB4X2-8.9 D (A)
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	BUS

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-18091469MFBP/32
Cover Note Number	

Driver

Name of Driver	LIM HONG SIANG
NRIC No	S1809788E
Date Of Birth	01/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2014
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86465755
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 43 CHAI CHEE ST #04-90
Postcode	461043
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	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)	7

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 TO REPORT ATTACHED

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	SMA9869S
Vehicle Make/Model/Colour	BMW /WHITE
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

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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.

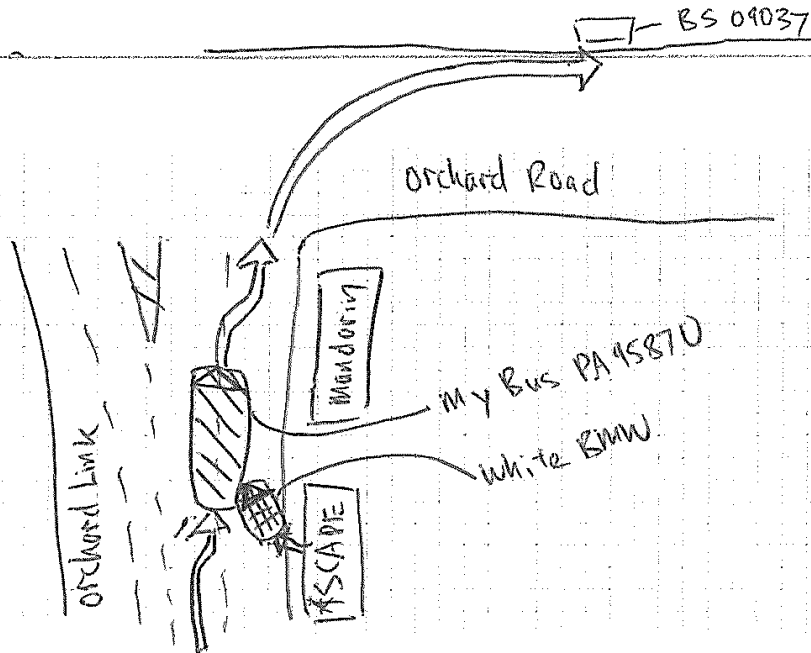
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: Wed, 10 Jul 2019
1754hrs

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 1413hrs on Wed 10 July 2019, a white BMW driven by a Chinese lady made contact with my bus, PA95870 as I was about travelling on Orchard Link, about to make a turn onto Orchard Road, outside Mandarin Orchard. The white BMW had exited from *SCAPE carpark onto Orchard Link onto Lane 1, and contact was made when I ^{between} with the right rear end of my bus and the front left side of the white BMW when I was filtering into lane 1 from lane 2 and the BMW was exiting onto lane 1 from said carpark.
We both turned right onto Orchard Road, and I stopped at Bus Stop 09037 which is stop #9 on our Blue line which I was operating. The white BMW stopped to my right, sounded her horn and wound down her window. I opened my window, and she said that I had hit her car. She said I replied that I did not see her car, and before I could disembark to get her particulars, she drove off.
After inspection, there were scratches on the rear RHS of my bus. At the point of contact, I had felt zero impact.

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: Wed, 10 Jul 2019
1754hrs.

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

DUCK&HIPPO

- DUCK 82 Amoy Pte Ltd. reg no 201107582
- Russell Rocks Pte Ltd. reg no 200413350E
- Singapore DUCKtours Pte Ltd. reg no 200703670G
- Tourist Information & Services (S) Pte Ltd. reg no 200503204G
- Big Bus Singapore City Sightseeing Pte Ltd. reg no 201105561G



Office Address: 82 Amoy Street

Unit 03-00 Singapore 069901

Email: sales@DUCKtours.com.sg

Web: SingaporeDUCKtours.com

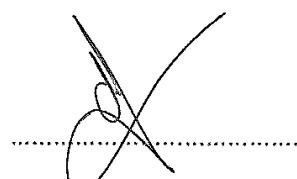
Tel: 6335 6877 Fax: 6339 3526

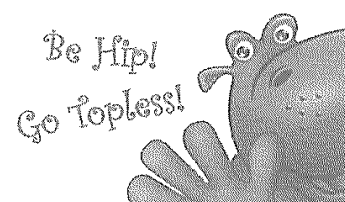
To : Whom It May Concern

Please be informed that Lim Hong Siang, IC No : S1809788E

is employed by Singapore Ducktours Pte Ltd as a Bus Captain. He is authorize to drive our Fleet of Buses.

Thank you.


Dave Ng





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, 1980
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : BUSES - FLEET
Type of Cover. : Comprehensive
Certificate No. : D-18091469MFBP/32
Vehicle No / Chassis No : PA9587U / YS2K4X20001862799
Name of Insured : SINGAPORE DUCKTOURS PTE LTD
Period Of Insurance : 01.08.2018 To 31.07.2019
Insured Estimated Value : Market Value At Time Of Loss
Financial Institution : N.A

Excess :
SGD20,000.00 SECTION I
SGD5,000.00 SECTION II
SGD1,000.00 WINDSCREEN

Authorised Driver*
TIAN ZHIQIANG, SU JIELONG JASPER AND ANY AUTHORISED DRIVERS

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 he:-

- (a) is age above 27 and below 65 years old;
- (b) has more than 1 year of driving experience and
- (c) is holding a valid driving licence.

* 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*

Use only for the carriage of passengers or goods in connection with the Insured's business (as specified in the Schedule). The Policy does not cover:-

- (1) Use for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer, except the towing (other than for reward) 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)

SUSAN/B0188/MZ601A14

Issued at Singapore on 26.07.2018

Authorised Signature

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Addendum Sheet Pg. 1



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: 566550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD519090718 Vehicle Registration No: PA95874
Name (as shown in NRIC) : Singapore Ducktours Pte Ltd NRIC/FIN/Passport No : 200105678G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 82 Amoy Street #03-00 Singapore (460037)
Contact (Tel) : 63386877 Mobile No. : -
Email Address : dave@ducktours.com.sg
Date of Accident : 10/07/2019 Time of Accident : 14:15
Place of Accident : Orchard Link turning into Orchard Road
Insurance Company : First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Details of Other Vehicle Property : -

Vehicle Registration Number : SMA9869S

Vehicle Make : BMW / WHITE

Policyholder / Driver's Signature

Date: 16/07/2019



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: