

## 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	21/10/2019 10:31
Date Of Accident	19/10/2019 17:40
Exact Location Of Accident	BRAS BASAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3579Y
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#### 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-63386877

#### Vehicle Particulars

Manufacturer	MAN
Model	A69-6.9 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	NO
Policy Number	D-19093836MFBP/34
Cover Note Number	

#### Driver

Name of Driver	ONG AH CHYE
NRIC No	S1238851I
Date Of Birth	30/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	03/09/1982
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96904326
Fax Number	
Contact Number	
Email Address	DAVE@DUCKTOURS.COM.SG

Address	BLK 450C TAMPINES STREET 42 #09-426
Postcode	523450
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 - CHANGE/CROSS LANE
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)	15

#### 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 STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL PROVIDE TO WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1914G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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:

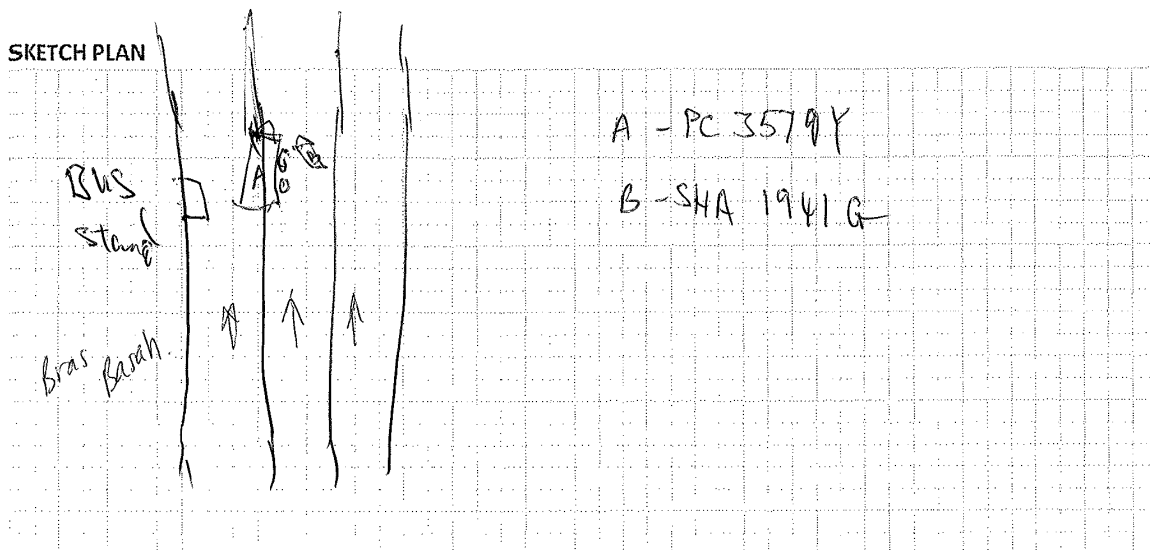
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On-19-10-19-1740, I was driving PC3579Y along  
Bras Basah Rd at the Bus stop 1 signal the right  
to second lane suddenly theres a Taxi SHH1914G hit  
my Bus right 'hand side

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## DUCK&HIPPO

- [ ] DUCK 82 Amoy Pte Ltd. (reg no. 2011077070)
- [ ] Russell Rocks Pte Ltd. (reg no. 20121133930)
- [ ] Singapore DUCKtours Pte Ltd. (reg no. 20110367803)
- [ ] Tourist Information & Services (S) Pte Ltd. (reg no. 2005033030)
- [ ] Big Bus Singapore City Sightseeing Pte Ltd. (reg no. 201115341M)



Office Address: 62 Amoy Street,

Unit: 03-00 Singapore 060001

Email: sales@DUCKtours.com.sg

Web: SingaporeDUCKtours.com

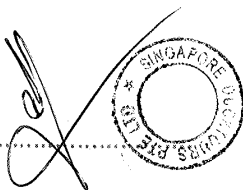
Tel: 6338 6877 Fax: 6339 5536

To : Whom It May Concern

Please be informed that Ong Ah Chye, IC No : S12388511

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-19093836MFBP/34  
 Vehicle No / Chassis No : PC3579Y / WMAA69ZZ4EC019099  
 Name of Insured : SINGAPORE DUCKTOURS PTE LTD  
 Period Of Insurance : 01.08.2019 To 31.07.2020  
 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 17.07.2019

Authorised Signature

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: S 1 2 3 8 8 5 1 1

Name: ONG AH CHYE

Birth Date: 30 Apr 1957

Issue Date: 14 Oct 2003

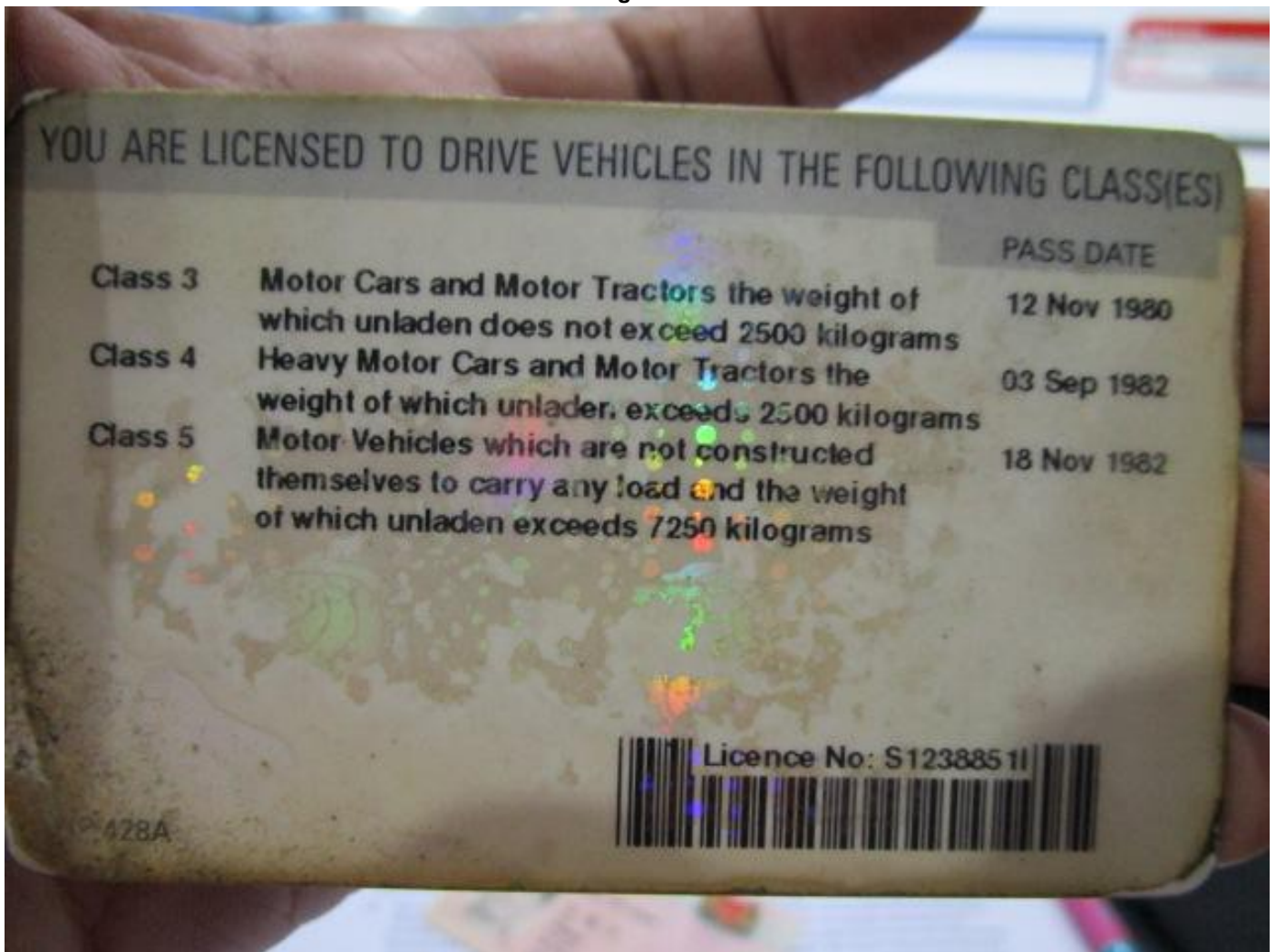
000920210D



Accident Photo







Identification Card

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S1238851I**



Name  
**ONG AH CHYE**  
**王亞才**



Race  
**CHINESE**

Date of Birth  
**30-04-1957**

Sex  
**M**

Country of Birth  
**SINGAPORE**



Identification Card

0546497



NRIC No. **S1238851I**

Blood Group: **A+** Date of issue: **01-10-1992**

**APT BLK 450C TAMPINES STREET 42 #09-426**  
**SINGAPORE 523450**

NRIC No: **S1238851I** Date: **13-05-1999** No: **2820287**

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

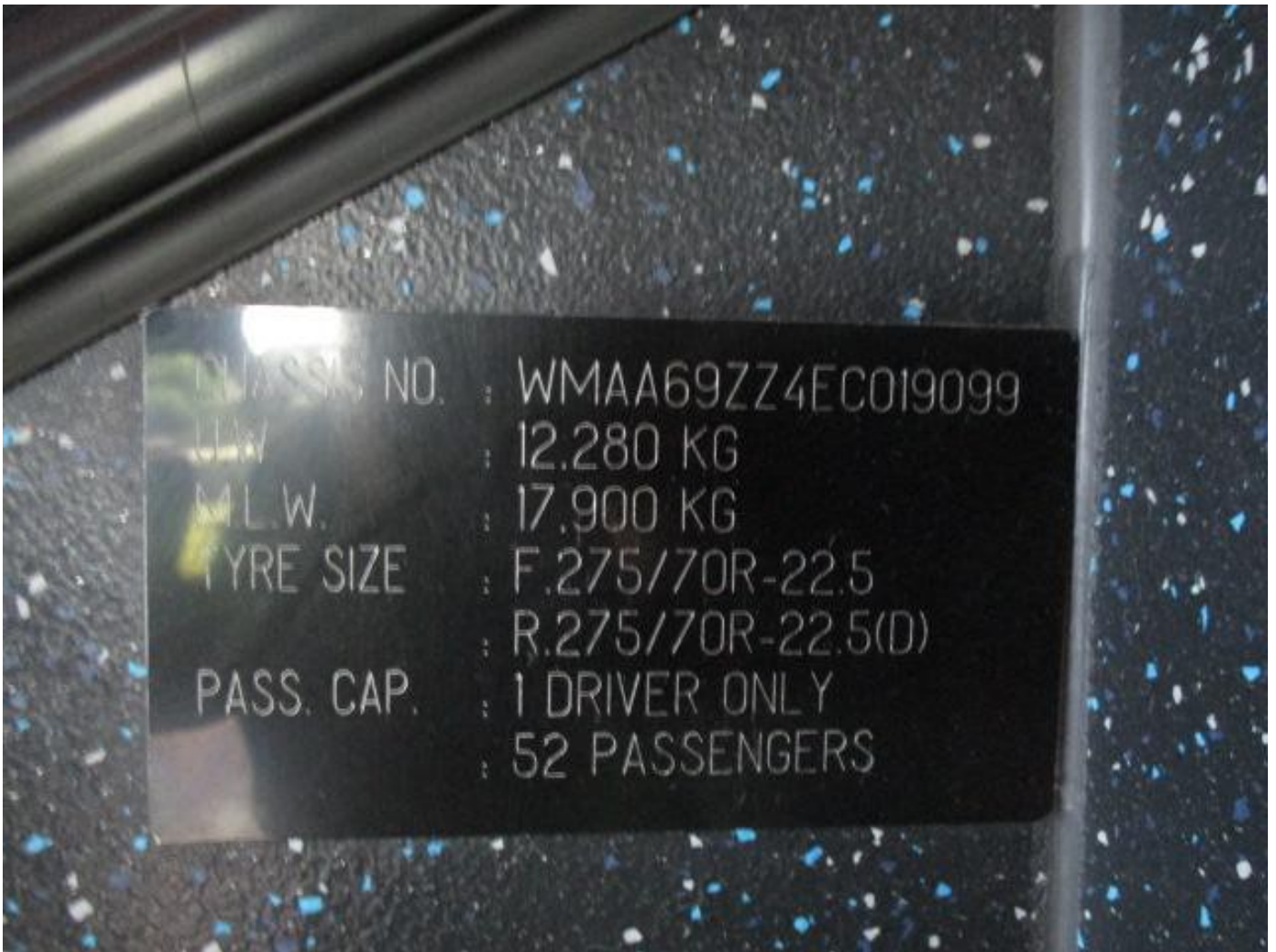




Accident Photo



Accident Photo



CHASSIS NO. : WMAA69ZZ4EC019099  
GVW : 12.280 KG  
MLW : 17.900 KG  
TYRE SIZE : F.275/70R-22.5  
: R.275/70R-22.5(D)  
PASS. CAP. : 1 DRIVER ONLY  
: 52 PASSENGERS