

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	21/02/2020 11:24
Date Of Accident	21/02/2020 08:00
Exact Location Of Accident	ALONG BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB7569K
Insured/Policyholder	
Name Of Registered Owner	POH TIONG CHOON LOGISTICS LIMITED
Co Reg No	19690049H
Email Address	PEGGY.ONG@PTCLOGISTRICS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62662522

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FP517DR2RDEB-11.9 D (M)
Exact Purpose for which vehicle was being used at time of accident	TRANSPORTATION
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If 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	THIRD PARTY
Fleet Policy	YES
Policy Number	D-19093736MFVS/7
Cover Note Number	

Driver

Name of Driver	MOHD HISHAM BIN MANSOR
NRIC No	S7241078E
Date Of Birth	05/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1997
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92702103
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 115 BUKIT BATOK WEST AVE 6 #02-204 SINGAPORE
Postcode	650115
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	CHAIN COLLISION
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	3
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)	1

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 ATTACH SKETCH PLAN

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	S2349CD
Vehicle Make/Model/Colour	LANDROVER / SPORT RECOVERY / GREY
Details Of Properties	REAR & FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	NIL
NRIC/Passport Number	
Contact Number	NIL
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG3207R
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Vehicle Make/Model/Colour	NIL / NIL / RED
Details Of Properties	REAR PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	NIL
NRIC/Passport Number	
Contact Number	NIL
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

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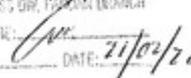
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

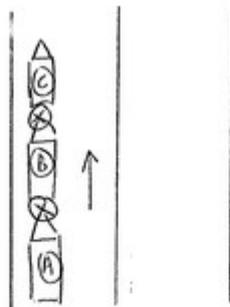
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

COMFORT DELGRO ENGINEERING PTE LTD
EXTERNAL C. JERRESQ DR, PASIRIRAM BRANCH
NAME & SIGNATURE: 
DESIGNATION: _____ DATE: 21/02/20
Reporting Centre Personnel's Signature
Name: WONG CHEE WEI
EMIC / Fik No.: 672180994

SKETCH PLAN



(A) = XB 7564K

(B) = S 2349CD

(C) = GBG 3207R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/2/2020 around 8am, driver was travelling along Bukit Batok Road. Driver was driving company trailer bearing registration of XB7564K at first lane. The traffic was slow and heavy, suddenly driver hit onto the vehicle B and vehicle B hit onto vehicle A. No injury.

IMPORTANT NOTE

Under General Condition -- Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time

[Signature]

[Signature]

Driver's Signature
(if driver is not the policyholder)
Date & Time

COMFORTDELORO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, 100011 BANHGH
NAME & SIGNATURE: *[Signature]*
DESIGNATION: _____ DATE: _____

Responsible Claims Personnel's Signature
Name: **WONG CHEE WEI**
IRIC / Pin No: **67218099H**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7241078E



Name
MOHD HISHAM BIN MANSOR
محمد هشام بن منصور

Race
BOYANESE

Date of birth
05-11-1972

Sex
M

Country/Place of birth
SINGAPORE

S7241078E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7241078E**
Name:
MOHD HISHAM BIN MANSOR

Birth Date: **05 Nov 1972**
Issue Date: **06 Apr 2015**



002412989C



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. : FLEET - HEAVY COMMERCIAL VEHICLE
Type of Cover. : Third Party
Certificate No. : D-19093736MFVS/7
Vehicle No / Chassis No : XB7569K / FP517DA02905
Name of Insured : POH TIONG CHOON LOGISTICS LIMITED
Period Of Insurance : 01.07.2019 To 30.06.2020
Insured Estimated Value : 0.00

Excess :

SGD3,500.00 SECTION II
AN ADDITIONAL EXCESS OF SGD2,500.00 ON SECTION II 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) Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
- (2) Use whilst drawing a greater no. of trailers in all that is permitted by law.

* 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.

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)

SUSAN/B0174/MZ801A1

Issued at Singapore on 28.06.2019



MS First Capital Insurance Limited
(Approved Insurers)

Authorised Signature

Accident Photo



Accident Photo



Driving License T.P

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	27 Sep 2017
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	27 Sep 2017

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License T.P



Licence Number: **G1751016P**

Name:

**MOORE ALEXANDRA CLAIRE
LOUISE**

Birth Date: **11 Oct 1969**

Issue Date: **27 Sep 2017**

Valid Till **26/09/2022**



002727828B

Accident Photo



Accident Photo



Accident Photo



Accident Photo

