

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	28/02/2020 19:47
Date Of Accident	27/02/2020 18:30
Exact Location Of Accident	600 SIN MING AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	5367S
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Insured/Policyholder

Name Of Registered Owner	CYCLE & CARRIAGE INDUSTRIES PTE LTD
Co Reg No	1XXXXX367W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69328003

Vehicle Particulars

Manufacturer	AUDI
Model	A3-1.4 TFSI AMBIENTE MY 15 (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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B26578554MTR
Cover Note Number	

Driver

Name of Driver	TAN KEH HUATT
NRIC No	SXXXX443I
Date Of Birth	04/07/1966
Occupation	INDOOR
Date Of Driving Pass	09/02/1995
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96137639
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 217B BOON LAY AVE #10-251
Postcode	S642217
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - QC TESTER FOR C&C
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)	2
Passenger 1	NAME: : CHEONG JIE HING GENDER: : MALE

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

ON 27/02/2020 AROUND 6.30PM , I WAS TURNING IN TO SDA / CYCLE AND CARRIAGE 600 SIN MING AVE . I WENT FOR QC TEST DRIVE CUSTOMER'S CAR AFTER SERVICE AND REPAIR JOB. UPON TURNING IN THERE IS A TAXI SHB4385H COMFORT DELGO IN FRONT OF ME . I KEPT A DISTANCE AND THERE IS A CAR BEHIND ME . OUT OF SUDDEN HE REVERSED AND I HORN FOR FEW TIMES BUT HE STILL REVERSING AND HIT ON TO MY CAR . I AM NOT ABLE TO REVERSE AS THERE IS A CAR BEHIND ,E . THE CAR THAT I WAS DRIVING WAS DAMAGE ON THE FRONT BUMPER .

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	OWNER'S HAVE NOT RETRIEVE THE VIDEO YET
Was there any audio recorded?	NO

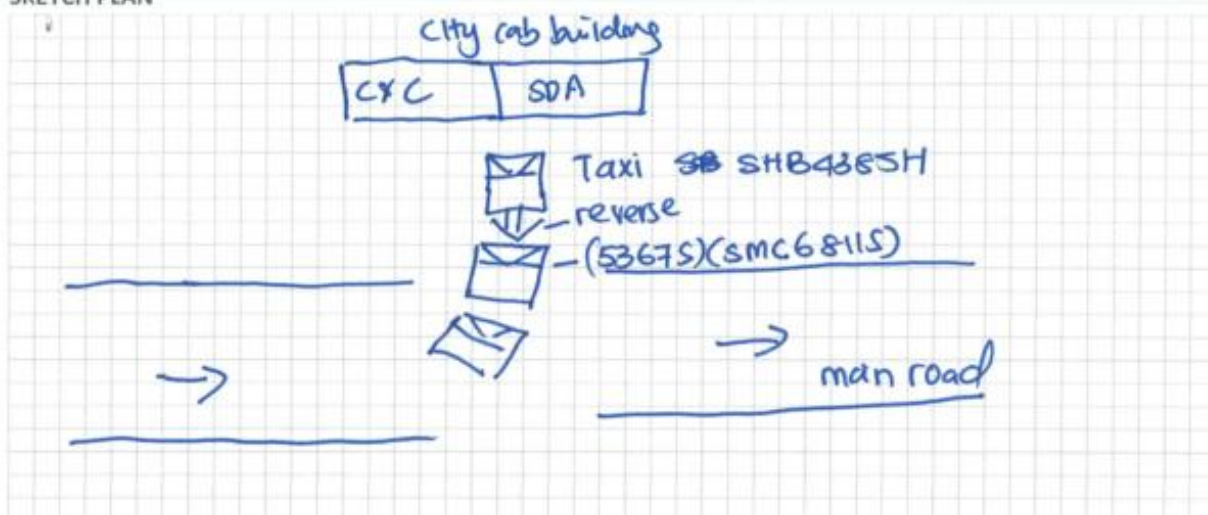
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4385H
Vehicle Make/Model/Colour	HYUNDAI
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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On ~~27~~ 27/02/2020 around 6:30pm, I was turning in to SDA / cycle & carriage 600 Sin Ming Ave. I ~~was~~ ^{WENT FOR} QC test drive customer's car after service/repair job.

Upon turning in there is a taxi SHB4385H (Comfort Delgo) in front of me. I kept a distance and there is a car behind me. Out of sudden he ~~to~~ reversed and I horn for few times but he still reversing and hit on to ~~the~~ my car. I am not able to reverse as there is a car behind me. ~~Damage~~ The car that I was driving damage on the front bumper.

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: 28.02.2020

Reporting Centre Personnel's Signature

Name: chloe chow

NRIC/FIN No.:

Common Statement



Exceptional Journeys

CYCLE & CARRIAGE AUTOMOTIVE PTE LIMITED
COMPANY NO. 197701469GCYCLE & CARRIAGE KIA PTE LTD
COMPANY NO. 199405410KCYCLE & CARRIAGE FRANCE PTE. LIMITED
COMPANY NO. 300609327MDIPLOMAT PARTS PTE LIMITED
COMPANY NO. 196400304H

Accident Statement

☐ Mitsubishi
 ☐ Kia
 ☐ Citroen
 ☒ Others (Please tick accordingly)

Motor Accident Repair Basic Information	
Date of Accident	27/08/2020
Time of Accident (24hr format)	18:30
Exact Location of Accident	600 Sin Ming Avenue (Entrance)
Own Vehicle Details	
Vehicle Registration Number	5367S
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company cycle & Carriage Pte Limited
ID of Registered Owner	<input checked="" type="checkbox"/> Co. Reg. No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 197701469G
Vehicle Particulars (Own Vehicle)	
Model	AUDI
Exact purpose for which vehicle was being used at the time of accident	Test drive after service
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/> Reporting Only
Vehicle Category	Private Car / Comm Veh / Goods Veh / Motor Trade / Government
Insurance Company (Own Vehicle)	
Insurance Company	MSIG
Type of Coverage	Comprehensive / Third Party / Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	B26578554 MTR
Driver	
Name of Driver	Alex Tan Keh Huat
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN 443I
Date of Birth	04/07/1966
Occupation	Indoor / Outdoor
Driving Pass Date	09/02/1995
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	96137639
Office / Home / Other Numbers	
Home Address	Blk 217B Boon Lay Ave #10-251 (S 64227)
Email Address	
Was Driver an employee of the Insured's Company	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reason: _____
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE:

Ver. Jun 2018/B&P

Common Statement

General Information Of The Accident			
Type Of Accident			
Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Road Surface	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Other Information			
Was anybody injured in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Foreign Vehicle Registration Number			
Foreign Vehicle Category			
Number of vehicles involved in the accident			
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was there any other vehicle or property damaged?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Was there any video captured by Car Camera?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
Was the accident reported to the police?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Click here if not in the above list
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
If Yes, against whom?			
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
Number of Passengers (Including Driver)	2		
Passenger (Name and Gender)	Cheong Jie Hing male		
Circumstances of Accident			
Refer attachment			
Third Party Vehicle Detail			
Details of Other Vehicle / Property			
Vehicle Registration No.	SHB4385H (Taxi Comfort)		
Vehicle Make/ Model/ Colour	Hyundai		
Details of Property Damaged in Accident			
Vehicle Category	Taxi		
Name Of Driver			
Driver's NRIC	<input type="checkbox"/> Co. Reg. No.	<input type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No. / FIN
Contact Number			
Name of Insurance Company			
Nature of Damage			
Damages to Other Vehicles & Property (Other than Vehicles A & B)	Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number
		NA	
Details of Injured Person			
Name			
Injury Sustained	NA		
Injured person is on which vehicle?			
Were seat belts worn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

OWNER/ DRIVER'S SIGNATURE: 

Common Statement

1) Number of Passengers in Vehicle A (Including driver)?

<u>Passenger 1</u>	
Name :	Alex Tan Keh Hqatt
Gender :	<input checked="" type="radio"/> M / <input type="radio"/> F

<u>Passenger 2</u>	
Name :	Cheong Jie Hing
Gender :	<input checked="" type="radio"/> M / <input type="radio"/> F

<u>Passenger 3</u>	
Name :	
Gender :	M / F

<u>Passenger 4</u>	
Name :	
Gender :	M / F

<u>Passenger 5</u>	
Name :	
Gender :	M / F

<u>Passenger 6</u>	
Name :	
Gender :	M / F

<u>Passenger 7</u>	
Name :	
Gender :	M / F

Common Statement

SKETCH PLAN

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6. 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.
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: 28/10/2020


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

POLICY



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 058907
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.13
Motor Trade – Trade Plate

MOTOR TRADE INSURANCE
Comprehensive

Excess SGD3,500

Certificate No. B 26578554 MTR

1. Index Mark and Registration Number of Vehicle

Any Motor Vehicle the property of the Policyholder or in his custody or control while bearing Trade Registration Plate Numbers 2602S, 4064S, 2705S, 2706S, 2707S, 2708S, 2710S, 2712S, 3031S, 2257S, 3382S, 3384S, 3385S, 3386S, 3387S, 3388S, 3389S, 3658S, 3659S, 3660S, 3670S, 3725S, 3823S, 4190S, 4571S, 4582S, 4590S, 4591S, 4622S, 4940S, 5287S, 5286S, 5305S, 5367S. All steam-driven vehicles are excluded.

2. Name of Policyholder

Cycle & Carriage Industries Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

01/01/2019

4. Date of Expiry of Insurance

31/12/2019

5. Persons or Classes of Persons entitled to drive *

Any other person provided he is driving on the Policyholder's holder or with the Policyholder's permission

*Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use *

Use only for Motor Trade purposes.

The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.
N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

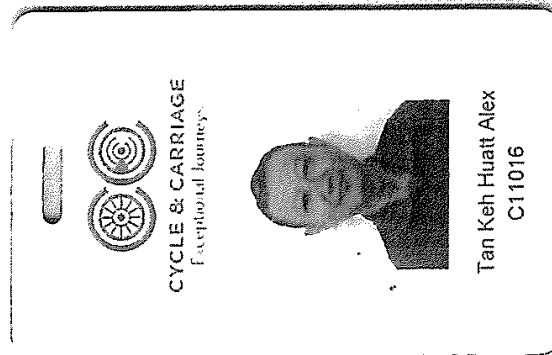
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

for Chief Executive Officer



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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 : _____ Vehicle Registration No: 5367S
Name (as shown in NRIC) : Cycle & Luggage Industries Pte Ltd NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 27/07/2020 Time of Accident : _____
Place of Accident : 600 Sin Ming Avenue
Insurance Company: Meiga

(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:

would like to amend the date of accident to 27/07/2020

Policyholder / Driver's Signature
Date:

Chen

Reporting Centre Personnel's Signature
Name: Chen Chen
NRIC/FIN No.: _____
Date: 27/07/2020