#### 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 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.
- 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

| 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   | 18/09/2020 14:39                     |
| Date Of Accident   | 18/09/2020 08:50                     |
| Exact Location Of Accident   | ALONG YISHUN AVE 7                   |
| Country/State of Loss  | SINGAPORE                            |
|  | DETAILS OF OWN VEHICLE               |
| Vehicle Registration Number  | YQ1638T                              |
| Insured/Policyholder   |                                      |
| Name Of Registered Owner   | GAN TECK KAR INVESTMENTS PTE LTD     |
| Co Reg No  | 199002368D                           |
| Email Address  | BOXUN.KEE@GTK.COM.SG                 |
| Mobile Phone No  |                                      |
| Alternative Phone No   | OFFICE-65560711                      |
| Vehicle Particulars  |                                      |
| Manufacturer   | HINO                                 |
| Model  | XZU710R-4.0 D 14FT WIDE CAB 5T (M)   |
| Exact Purpose for which vehicle was being used at time of accident   | t .                                  |
| 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   | COMMERCIAL VEHICLE                   |
| Insurance Company  |                                      |
| Name of Insurance Company  | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage   | COMPREHENSIVE                        |
| Fleet Policy   | NO                                   |
| Policy Number  | B300232982MKC                        |
| Cover Note Number  |                                      |
| Driver   |                                      |
| Name of Driver   | KEE BO XUN                           |
| NRIC No  | S9448360C                            |
| Date Of Birth  | 27/12/1994                           |
| Occupation   | OUTDOOR                              |
| D / O(D): D  |                                      |

**Date Of Driving Pass** 25/05/2015

**Driving Experience** 5 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81134154

Fax Number

**Contact Number** 

**EMail Address** BOXUN.KEE@GTK.COM.SG

21 TUAS WEST DRIVE Address

638411 Postcode

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** DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

Was notice of intended Prosecution given?

If Yes, against whom?

If Yes, Please state which Police Station

### **Circumstances of Accident**

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES YES

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SH9667A

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)

Page 2 of 17

#### Sketch Plan Pg. 1

#### SKETCH PLAN

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- 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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



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

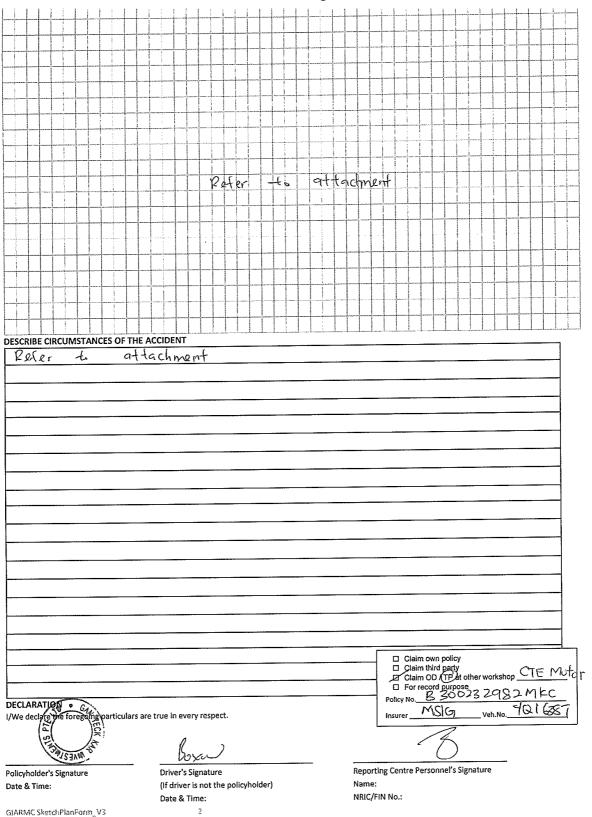
Date & Time:

Reporting Centre Personnel's Signature

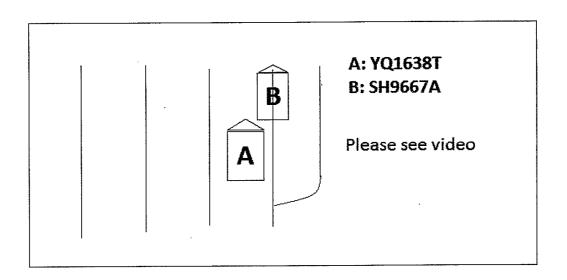
Name:

NRIC/FIN No.:

## Sketch Plan Pg. 2



## Sketch Plan Pg. 3



Date: 18/9/2020

Location: Along Yishun Ave 7

Accident happen @ 0850 approx.

I was travelling along the 3<sup>rd</sup> lane. In front of my truck YQ1638T is a taxi SH9667A.

I was on the 3<sup>rd</sup> lane travelling at 60km/h swiftly. Taxi SH9667A suddenly shift to the right occupying the divider marking for almost 250m. (See video)

Taxi SH9667A stop immediately with his vehicle sitting in between the road marking. I had to turn my steering to the left to avoid a collision. But unfortunately, the accident happened. (See video)

The taxi SH9667A is endangering other road user on a main road. There is a video show this inconsiderate dangerous taxi driver.

My truck YQ1638T had sustain damaged to the right side. (See photo)



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 Co.Reg No. 200412212G GST Reg. No. 20-0412212G A Member of MS&AD INSURANCE GROUP

陳保險經紀私營有限公司 TAN INSURANCE BROKERS PTE LTD 3A/5A Aliwal Street, Chenn Leonn Building Singapore 199896 www.tib.com.sg Tel: (65) 6742 6766 Fax: (65) 6742 6669

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# CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA) THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

## COMMERCIAL VEHICLE Comprehensive

Certificate No.

B 300232982 MKC

Excess: SGD800

Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle 1.
- Name of Policyholder 2. Gan Teck Kar Investments Pte Ltd
- Effective Date of the Commencement of Insurance for the purposes of the Act 3. 04/12/2019
- Date of Expiry of Insurance 4. 03/12/2020
- Persons or Classes of Persons entitled to drive\* 5.

Any other person provided he is driving on the Policyholder's order 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.
- ħ.
- Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. 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 trailer except the towing of any one disabled mechanically propelled vehicle.
  - \* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 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 offense 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.

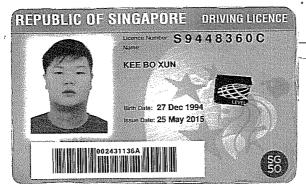
MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Craig Ellis Chief Executive Officer

SGSGJLGS201912121421

## Identification Card Pg. 2



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9448360C



KEE BO XUN

纪 博 勋 CHINESE

Date of birth Sex
27-12-1994 M
Country of birth
SINGAPORE

994**4836**0C

I consent to provide copy of my Identification Card & Driving License for insurance reporting and related claim purposes.

signature of Driver Trove

