





## 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 Submission	08/10/2021 16:09 (SGT)
Date of Accident	05/10/2021 05:50 (SGT)
Exact Location of Accident	Bedok North Ave 2, Singapore
Additional Location Information	NEAR BLOCK 441
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6884G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROBINSON CAR RENTAL PTE LTD
Company Reg No	2XXXXX041W
Email Address	reporting@mycar.sg
Mobile Phone No	(Phone) +65-81988357
Alternative Phone No	+65-81988357

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

#### INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-21097503MFCV/20
Cover Note Number	-

#### DRIVER

Name of Driver	KHOO AH MONG
NRIC No	SXXXX254J

Date Of Birth	12/02/1942
Occupation	Outdoor
Date Of Driving Pass	05/05/1962
Driving experience	59 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81988357
Alt. Phone Number	-
Email Address	reporting@mycar.sg
Address	BLK 421 BEDOK NORTH ROAD #12-595
Address complement	-
Postcode	460421
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	LIM MUAY LAN
Gender	Female

#### PASSENGER 2

Name	KHOO YEEK
Gender	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO 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	SJA693B
Vehicle Manufacturer	-


Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WONG TECK PIAW
NRIC No	SXXXX480D
Contact Number	(Phone) +65-98794195
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-




## SKETCH PLAN

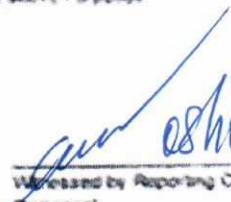
### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any willful 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 insured and/or companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GAA Records Management Centre established by the General Insurance Association of Singapore (GAA) for archiving and the 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.
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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"); the Insurers, law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) for the purposes 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, law firms/law firms, may be 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 also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be used outside of Singapore, for one or more of the above Purposes.

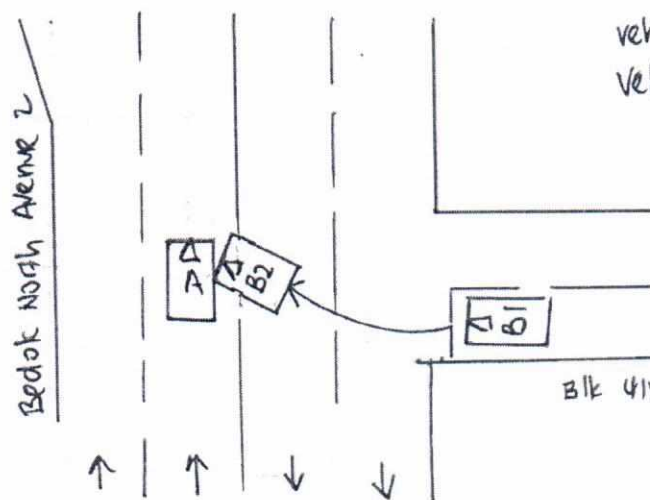
  
Policyholder's Signature / Date & Time



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

  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Vehicle A : 6BD68846  
Vehicle B : 5JA693B

**Describe Circumstances of the Accident**


ON STATED TIME AND DATE, I WAS TRAVELLING ALONG BEDOK NORTH AVENUE 2. AS I WAS APPROACHING THE JUNCTION. SUDDENLY I FELT AN IMPACT ON MY SIDE ON MY VEHICLE. I ALIGHTED FROM MY VEHICLE AND REALISED THAT VEHICLE B (SJA693B) THAT WAS EXITING FROM MINOR ROAD HAD COLLIDED WITH MY VEHICLE.


**Declaration**

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

  
Witnessed by Reporting Person  
Personnel



**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 04 / 10 / 2021 (dd/mm/yy) Time of Accident: 05 : 50 ( 24-HR-FORMAT)  
Vehicle No.: GBD6884G Vehicle Make & Model: NISSAN NV200  
\*Transmission: ☒ Manual ☐ Auto \*C.c.: 1461  
Exact location of Accident: BEDOK NORTH AVENUE 2 NEAR BLK 441  
Policyholder's Name: ROBINSON CAR RENTAL PTE LTD NRIC/FIN/REG No.: 200414041W  
\*Policyholder's email address: REPORTING@MYCAR.SG  
Driver's Name: KHOO AH MONG NRIC/FIN/REG No.: S2070254J  
\*Driver's email address: REPORTING@MYCAR.SG  
Driver's Contact No.: 81988357 Company Contact No (If any): \_\_\_\_\_  
Date of birth: 12/02/1942 Driving Pass Date: 05/05/1962  
Driver's Address: BLK 421 BEDOK NORTH ROAD, #12-595, SINGAPORE (460421)  
Insurance Company: FIRST CAPITAL  
Policy No.: D-21097503MFCV/20 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft  
Relationship between Owner & Driver: (Please **CIRCLE** one only)  
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer / Others specify: \_\_\_\_\_  
What do you wish to claim? (Please **TICK** one only)  
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)  
Type of Accident  
☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other MAJOR/ MINOR ROAD  
Occupation (nature job) ☐ Indoor ☒ Outdoor \*No. of Passengers / Including Driver): 3  
\*Passenger Name: LIM MUAY LAN Gender: Male / Female  
\*Passenger Name: KHOO YEEK Gender: Male / Female  
Weather condition & Road conditions? (On the day of accident)  
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_  
Was there any video captured by your car Car camera? ☐ Yes ☒ No  
Any Injuries: ☐ Yes ☒ No (If YES) Injured Person' Name: \_\_\_\_\_  
Injuries Sustain : \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_  
Police Report filed: ☐ Yes ☒ No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party (S) Details:**

1. Driver's Name / IC No: WONG TECK PIAW S7624480D Vehicle No: SJA693B  
Driver's Contact No: 98794195 Insurance Company: \_\_\_\_\_  
2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_  
Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_  
Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681

**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. : COMMERCIAL VEHICLE - FLEET  
 Type of Cover. : Comprehensive  
 Certificate No. : D-21097503MFCV/20  
 Vehicle No / Chassis No : GBD6884G / VSKYBAM20Z0092722  
 Name of Insured : ROBINSON CAR RENTAL PTE LTD  
 Period Of Insurance : 01.04.2021 To 31.03.2022  
 Insured Estimated Value : Market Value At Time Of Loss  
 Financial Institution : THINK ONE CREDIT PTE LTD  
 Authorised Driver\*  
 ANY AUTHORISED DRIVERS

**Persons or classes of persons entitled to drive\***

- (1) Whilst the vehicle is being used in connection with the Insured's business:-
  - (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-
  - (a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)  
 S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)  
 S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)  
 S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)  
 S\$2,000.00 on Section I & II separately (for Staff)

\* 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 in connection with the Insured's business.
- Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- (1) Use 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.
- (3) Use for the carriage of passengers 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.

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/D0067/MZ301A9

Issued at Singapore on 01.04.2021

Authorised Signature



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

## ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0821A80002 Vehicle Registration No: GBD6884G  
Name (as shown in NRIC): ROBINSON CAR RENTAL PTE LTD NRIC/FIN/Passport No: 200414041W  
(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Accident: 05/10/2021 Time of Accident: 05:50  
Place of Accident: BEDOK NORTH AVENUE 2  
Insurance Company: FIRST CAPITAL

**(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:

AMEND DATE OF ACCIDENT

to 05/10/2021





Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Rohit  
NRIC/FIN No.: 12/10/2021  
Date: