

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	06/12/2021 09:48 (SGT)
Date of Accident	03/12/2021 12:45 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	TURNING RIGHT INTO ANG MO KIO STREET 11
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5729T
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SP POWERASSETS LIMITED
Company Reg No	2XXXXX108D
Email Address	tantongheng@spgroup.com.sg
Mobile Phone No	(Phone) +65-91269375
Alternative Phone No	+65-91269375

VEHICLE PARTICULARS

Manufacturer	Renault
Model	Kangoo
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	ThirdParty
Fleet Policy	No
Policy Number	D-21097419MFCV/8
Cover Note Number	-

DRIVER

Name of Driver	TAN TONG ENG
NRIC No	SXXXX649J

Date Of Birth	24/12/1991
Occupation	Outdoor
Date Of Driving Pass	24/12/2016
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-91269375
Alt. Phone Number	-
Email Address	tantongheng@spgroup.com.sg
Address	BLK 14 ST. GEORGE'S ROAD #12-58
Address complement	-
Postcode	320014
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHIANG YIENHAI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Commonwealth Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004749999
Alt. Police Station Phone No	(Fax) +65-64715297
Police Station Address	Blk 111 Commonwealth Crescent (Annex) #01-288A Singapore 140111
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20211203/2107 (TYPE OF COLLISION IS HEAD TO SIDE)

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH TRAFFIC POLICE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL2360K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHAHBIN BIN OTHMAN
NRIC No	SXXXX866I
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

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

(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 law yers/law firms), w hich may be sited outside of Singapore, for one or more of the above Purposes.

SP PowerGrid Ltd
Distribution Network Central Section
Telok Blangah Depot Office
501 Telok Blangah Road
Block A, Level 2, Singapore 109023
Co. Registration No.: 200306951

3/12/21 4.34 pm

Witnessed by Reporting Centre
Personnel

Aug 10 10 51 (1)

A) GBF 5729 T
B) GBL 2360 K

Aug Mo Kio Aug 3

Describe Circumstances of the Accident

Refer to Police Report: 1/2021/208/2107

Declaration

We declare the foregoing particulars are true in every respect.

SP PowerGrid Ltd
Distribution Network Central Section
Telok Blangah Depot Office
501 Telok Blangah Road
Block A, Level 2, Singapore 109023
Co. Registration No.: 2003069562

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

3/12/21 4.34 PM

06/12/2021

ACCIDENT STATEMENT

ACCIDENT DATE: (03 / 12 / 21) (DD/MM/YYYY), TIME: (12 : 45) (HH:MM)

LOCATION: AMK AVE 3 TOWARDS AMK ST 11

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF5729T
b) INSURANCE COMPANY: MS First Capital
c) POLICY NUMBER: D-21097419MFCV18
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Rengit Kangaroo 2.0
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: SP POWER ASSETS LIMITED (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 200306959Z CONTACT: 914307133 (Colin)
c) ADDRESS: 200302108D

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN Tong HENG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9148649J CONTACT: 9126 9375
c) ADDRESS: Blk 14 St George's Rd, #12-58
Singapore 320014

* d) DATE OF BIRTH: (24 / 12 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 3

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBL 2360K MODEL: _____
b) DRIVER'S NAME: SHARIN BIN OTHMAN
c) NRIC/FIN/PASSPORT: S7233866I CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = tan.tong.heng@spgroup.com.sg

VIDEO



SINGAPORE POLICE FORCE



T/20211203/2107

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 3

Report No. T/20211203/2107

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2021 18:27	Vide Report No.: F/20211203/0113	Station Diary No.: 20
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Informant's Particulars

Name of Informant: TAN TONG HENG			Address: APT BLK 14 ST. GEORGE'S ROAD #12-58 SINGAPORE 320014		
ID Type / ID No.: NRIC NO / S9148649J			Contact No.: Home/Office: Mobile: 91269375		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 24/12/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SP GROUP			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2021 12:40	Type of Location: T-Junction
Location: ANG MO KIO AVENUE 3				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF5729T	Van	RENAULT	KANGOO MAXI Z.E.	White	Slightly Damaged	1
GBL2360K	Van	TOYOTA	HIACE DX 2.8 AUTO	Silver	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA				



**SINGAPORE
POLICE FORCE**



T/20211203/2107

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20211203/2107

CONTINUATION OF REPORT

Driver				
Name	TAN TONG HENG		ID No.	S9148649J
Related Vehicle	GBF5729T (Van)		Contact No.	91269375
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	SHAHRIN BIN OTHMAN		ID No.	S7233866I
Related Vehicle	GBL2360K (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On 03/12/2021 at about 1243hrs, I was travelling along Ang Mo Kio Ave 3 on my company van (GBF5729T) together with my colleague. Before turning right towards Ang Mo Kio St.11, I ensure no vehicles approaching from the opposite direction and I noticed there is road works on the 2nd lane. Then I begin to drive slowly. Out of sudden, I heard long loud honking sound, I quickly accelerated my vehicle to avoid any collisions. However the oncoming vehicle (GBL2360K) did not managed to stop on time and banged onto my rear left side of the vehicle. There are slight damages on both vehicles. The other driver claimed he has injury on his leg. His passenger claimed has swollen leg. Ambulance arrived at scene and conveyed them to the nearest hospital. Traffic Police arrived at scene and I handed over In-car memory card footage for further investigation. I was advised to lodged a accident report of what has happened.



**SINGAPORE
POLICE FORCE**



T/20211203/2107

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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Report No. T/20211203/2107

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report D/ Sr Staff Sgt MOHAMMAD ASRI BIN MAZLAN	Signature Of Informant: Hw
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2021 18:27
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case: SN 50
 SINGAPORE POLICE FORCE SIGNATURE	

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, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy,	: COMMERCIAL VEHICLE - FLEET
Type of Cover,	: Third Party
Certificate No.	: D-21097419MFCV/8
Vehicle No / Chassis No	: GBF5729T / VF1FW0ZHC56494640
Name of Insured	: SP POWERASSETS LIMITED
Period Of Insurance	: 01.04.2021 To 31.03.2022
Insured Estimated Value	: 0.00
Financial Institution	: N.A

Excess :

SGD3,500.00 ON ALL CLAIMS 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) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

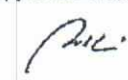
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

STELLAL/B00009/MZ300C

Issued at Singapore on 26.03.2021


 Authorised Signature