

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 20/12/2021 17:39 (SGT)
Date of Accident 14/12/2021 09:50 (SGT)
Exact Location of Accident TPE, Singapore
Additional Location Information 13KM TPE TOWARDS PIE (BEFORE JALAN KAYU FLYOVER)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XD4937R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner KOON CONSTRUCTION & TRANSPORT CO PTE LTD
Company Reg No 1XXXXX282N
Email Address Annie.kong@koon.com.sg
Mobile Phone No (Phone) +65-91170520
Alternative Phone No +65-91170520

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model FV51JJD4RDEA
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 13000

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-21097424MFVS/1
Cover Note Number -

DRIVER

Name of Driver KOH ENG LAI
NRIC No SXXXX295B

Date Of Birth	25/11/1960
Occupation	Indoor
Date Of Driving Pass	07/11/1978
Driving experience	43 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96546108
Alt. Phone Number	-
Email Address	Annie.kong@koon.com.sg
Address	BLK 486C TAMPINES AVE 9 #07-86
Address complement	-
Postcode	522486
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 - Change/cross lane
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007818999
Alt. Police Station Phone No	(Fax) +65-67838603
Police Station Address	Blk 461 Tampines Street 44 #01-56 Singapore 520461
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED

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	GBJ7106G
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	UDDIN MOHAMMAD NAZIM
Passport No/FIN	GXXXX989U
Contact Number	(Phone) +65-91697645
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

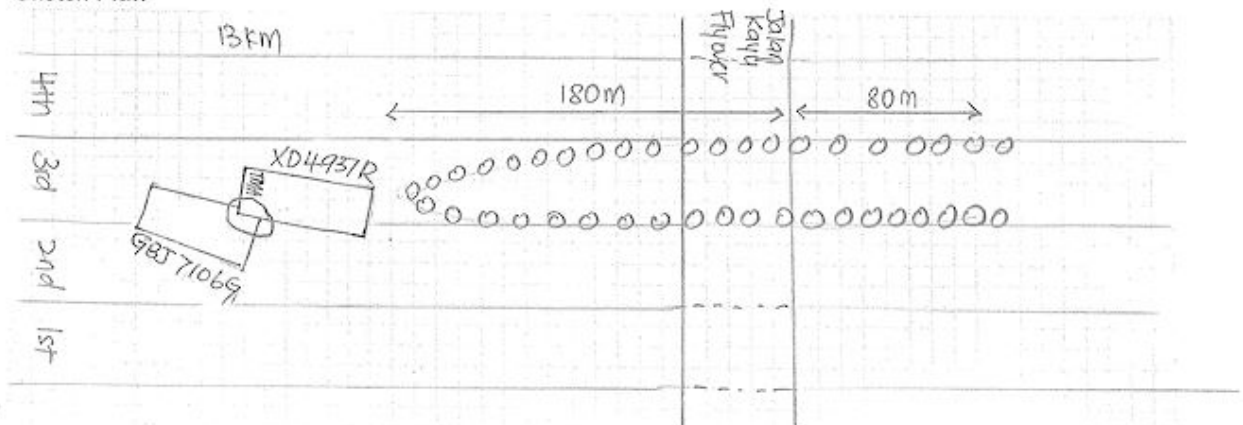


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 14 Dec 2021 at 9.30am, I seek permission from ITSC for lane closure at TPE to PIE, Lane 3, 13km for inspection of undulating road condition. My team placed the warning signages, caution, works ahead, 3rd Lane closure at designated locations. Then the TMA vehicle XD 493TR and the service lorry were parked on Lane 3 at 13km. In front of TMA, I started to close lane, making taper for transition zone with traffic cones and placed lateral markers. Once completed Lane 3 closure, I called TMA to park within the closed Lane 3 area. After TMA driver checked and confirmed that there was no vehicles behind at Lane 2, he started to move in front by following the tapered line (into Lane 2) with the vehicle hazard light on. Suddenly (9.55am) one lorry GBJ 7106G behind of the TMA at Lane 3, hit the back right side of the TMA (at the starting point of transition zone) while the TMA was preparing to move into lane 2. After the accident, the TMA driver shifted the TMA to the 2nd Lane.

Declaration

I/We declare the foregoing particulars are true in every respect.



Wf

Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



MS First Capital Insurance Limited Co Reg No 1950001001 GST Reg No MS-0001670-9
 5 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 : FLEET - HEAVY COMMERCIAL VEHICLE
 Type of Cover : Comprehensive
 Certificate No : D-21097424MFVS/1
 Vehicle No / Chassis No : XD4937R / FV51JJA00697
 Name of Insured : KOON CONSTRUCTION & TRANSPORT CO PTE LTD
 Period Of Insurance : 28.03.2021 To 27.03.2022
 Insured Estimated Value : Market Value At Time Of Loss
 Financial Institution : HITACHI CAPITAL ASIA PACIFIC PTE LTD

Excess :

SGD2,500.00 SECTION I (APPLICABLE TO XD4937R)
 SGD1,500.00 SECTION I (APPLICABLE TO XD5602A, XD5741G, XD4702B, XD4868G & XD4921K)
 SGD200.00 WINDSCREEN
 SGD3,500.00 SECTION I & II SEPARATELY 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 and 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 greater number of trailers in all than is permitted by Law.
- (3) 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.

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/B0168/TZ804

Issued at Singapore on 25.03.2021


 Authorised Signatory



Koon Construction & Transport Co. Pte Ltd

Co Rgn No: 198306027H | GST Rgn No. M2-0066430-2

11 Sixth Lok Yang Singapore 628109

Tel: 6261 5788 Fax: 6266 0117

20th Dec 2021

Spark Car Care
To Whom It May Concern

Dear Sir/Madam

ROAD ACCIDENT BETWEEN GBJ7106G AND XD4937R ON 14TH DEC 2021

This is to authorize the following driver to make an accident report and submit claim on behalf of the company.

Name of Driver : Koh Eng Lai
NRIC No.: S1455295B

Please do not hesitate to contact us should you require further information.

Thanks & regards

KOON CONSTRUCTION & TRANSPORT CO PTE LTD

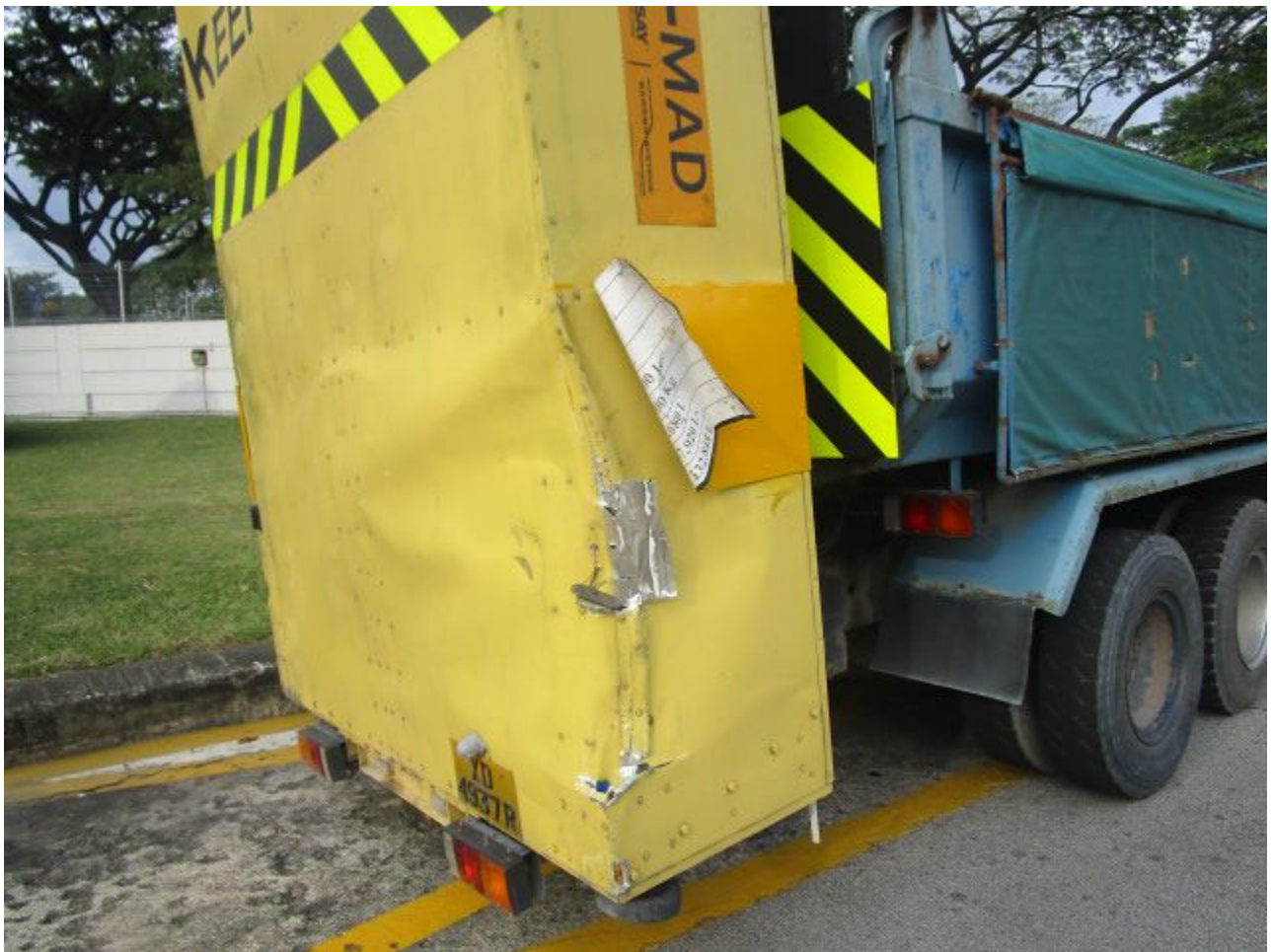
A handwritten signature in black ink, appearing to be "Annie Kong". The signature is fluid and cursive, with a large initial "A" and "K".

Annie Kong
Admin Executive











Annex E

NOTICE OF REPORTING

This is to confirm that Koh Eng Lai, Number: 96546108 NRIC/FIN S1455295B residing at Blk 486C Tampines Ave 9 #07-86 Singapore 522486, has reported to the Police a non-injury traffic accident which occurred at on 14/12/2021 at 0950hrs involving the following vehicles: GBJ7106G and XD4937R. Location along Tampines Expressway near Exit 13.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt 3 Zhang Linhan *Tampines North NP,
Block 461 Tampines St 4
#01-56 Singapore 52046
Tel: 1800-7818996*

Date: 14/12/2021

Time: 1825hrs

S/D Ref: 08

Police Post/Unit: TAMPINES NORTH NPP

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police



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: S66550020G / 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 : SC1K21CK000C Vehicle Registration No: XD 4937K
 Name (as shown in NRIC) : Koon Construction & Transport Co Ptd. NRIC/FIN/Passport No : 1XXXXXX282N
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 14/12/21 Time of Accident : 0950
 Place of Accident : 14/12/2021
 Insurance Company: MSPCI

(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:

To amend Reporting to Third Party Claim.

Policyholder / Driver's Signature
 Date:

Mge, Min
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: