

# 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 .....	20/05/2022 13:18 (SGT)
Date of Accident .....	19/05/2022 12:30 (SGT)
Exact Location of Accident .....	Near 291 New Bridge Rd, #03-03, Singapore 088756
Additional Location Information .....	JUNC OF KRATA AYER ROAD / NEW BRIDGE ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD1669U
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CITY ENERGY PTE LTD
Company Reg No .....	200106090N
Email Address .....	konghoong@cityenergy.com.sg
Mobile Phone No .....	(Phone) +65-65787838
Alternative Phone No .....	+65-65787838

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	3000

### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	Yes
Policy Number .....	D-21098330MFCV/18
Cover Note Number .....	-

### DRIVER

Name of Driver .....	WONG CHAN HENG
NRIC No .....	S1290919E

Date Of Birth .....	27/07/1958
Occupation .....	Indoor
Date Of Driving Pass .....	19/10/1977
Driving experience .....	44 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93662137
Alt. Phone Number .....	-
Email Address .....	konghoong@cityenergy.com.sg
Address .....	BLK 51 STRATHMORE AVE #16-189
Address complement .....	-
Postcode .....	140051
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 - Head to Rear
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? .....	No
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 .....	SJD1157K
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Vios
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-91068876
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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5. Any false reporting may be referred to the Police for investigation.
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 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/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.

City Energy Pte. Ltd. (as Trustee of City Energy Trust)  
26 Senoko Avenue  
Singapore 758312

*[Signature]*

*[Signature]*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

New Bridge Rd



Kreta Ayer Rd.

## Describe Circumstances of the Accident

I was driving along Kreta Ayer Rd to the junction of New Bridge Rd. There was a loud noise from the Cargo Compartment, instinctively I turned to check and upon facing back to the front I noticed third party vehicle in front, I applied emergency brake but was unable to stop in time resulting in my vehicle touching the third party vehicle. There was no injury, exchanged particulars and both vehicles were driven off unaided.

## Declaration

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

City Energy Pte. Ltd. (as Trustee of City Energy Trust)  
26 Senoko Avenue  
Singapore 758312

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

## AUTHORIZATION LETTER

Date: 20/5/22

To Whom It May Concern:

City Energy Plc. Ltd. (as Trustee of City Energy Trust)  
26 Senoko Avenue  
Singapore 758312

I ....., Company Reg No 200106090N

hereby like to authorized WONG CHAN TIENG, IC S1290919E

to make accident report behalf of company .

Your Sincerely



City Energy Plc. Ltd. (as Trustee of City Energy Trust)  
26 Senoko Avenue  
Singapore 758312

Signature / Company Stamp





**MS First Capital Insurance Limited** Co. Reg. No. 195900106C 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. : Comprehensive  
 Certificate No. : D-21098330MFCV/18  
 Vehicle No / Chassis No : GBD1669U / JTFHT02P100143874  
 Name of Insured : CITY ENERGY PTE LTD  
 Period Of Insurance : 01.12.2021 To 30.09.2022  
 Insured Estimated Value : Market Value At Time Of Loss  
 Financial Institution : N.A

**Excess :**

SGD750.00 SECTION I  
 ADDITIONAL SGD2,000.00 ALL CLAIMS WILL BE APPLICABLE TO DRIVER AGED 21 YEARS  
 AND BELOW AND/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE  
 ADDITIONAL SGD1,750 ALL CLAIMS WILL BE APPLICABLE TO DRIVER AGED ABOVE  
 65 YEARS AND/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE  
 SGD100.00 FOR EACH AND EVERY WINDSCREEN CLAIM

**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/B0002/MZ300C

Issued at Singapore On 02.12.2021

  
 Authorised Signature





























