

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 30/05/2022 15:23 (SGT)
Date of Accident 28/05/2022 13:59 (SGT)
Exact Location of Accident Orchard Rd, Singapore
Additional Location Information ORCHARD ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC2449X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SINGAPORE DUCKTOURS PTE LTD
Company Reg No 200105678G
Email Address dave@ducktours.com.sg
Mobile Phone No (Phone) +65-63386877
Alternative Phone No +65-63386877

VEHICLE PARTICULARS

Manufacturer Man
Model A69
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 - Reporting only
Vehicle Category Bus
Transmission Auto
CC 7000

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D-21098068MFBP/18
Cover Note Number -

DRIVER

Name of Driver TAN JOO YONG
NRIC No S1244345E

Date Of Birth	06/03/1957
Occupation	Indoor
Date Of Driving Pass	25/07/1980
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92397626
Alt. Phone Number	-
Email Address	dave@ducktours.com.sg
Address	BLK540 ANG MO KIO AVE 10 #12-2416
Address complement	-
Postcode	560540
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED.TOTAL 8PAX

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	DRIVER DID NOT PROVIDE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7202C
Vehicle Manufacturer	Hyundai
Vehicle Model	I45
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	YIP YONG KANG
NRIC No	S9120250F
Contact Number	-

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT NOTICE

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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.

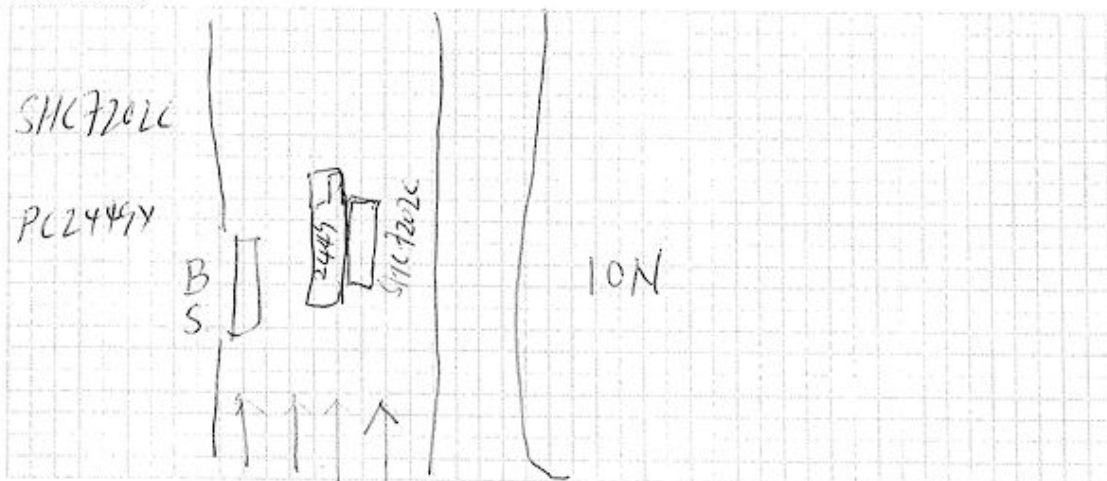


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/05/22 at Orchard Rd High Traffic Jam.
 a vehicle come out from 1st lane suddenly come up my lane
 and I suddenly turn to the right to avoid from hit the vehicle
 but I turn right lane there is a vehicle beside me so I slightly
 hit the vehicle on my right so I come down to reporting

DECLARATION

I/We hereby declare that the above particulars are true in every respect.



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.:



MS First Capital Insurance Limited Co. Reg. No. 135000109C GST Reg. No. R2-0001676-9
 6 Raffles Quay #21-00 Singapore 048580
 Tel: (65) 6222 2311 Fax: (65) 6222 3547
 Claims & Motor Underwriting Dept. 35 Robinson Road #16-01 City House Singapore 069877
 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: : BUSES - FLEET
 Type of Cover: : Comprehensive
 Certificate No.: : D-21098068MFBP/18
 Vehicle No / Chassis No: : PC2449X / WMAA69ZZ5DC018672
 Name of Insured: : SINGAPORE DUCKTOURS PTE LTD
 Period Of Insurance: : 01.08.2021 To 31.07.2022
 Insured Estimated Value: : Market Value At Time Of Loss
 Financial Institution: : N/A

Excess :

SGD20,000.00 SECTION I
 SGD5,000.00 SECTION II
 SGD1,000.00 WINDSCREEN

Authorised Driver*

ZEE YONG LIN, NG LIAN HUAT AND ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any Person provided he is in the Insured's employ and is driving on their order or with their permission provided he:-

- (a) is age above 27 and below 69 years old;
- (b) has more than 1 year of driving experience and
- (c) is holding a valid driving licence.

* 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 only for the carriage of passengers or goods in connection with the Insured's business (as specified in the Schedule). The Policy does not cover:-

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

* Limitations rendered inoperative by Section 6 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/B0195/MZ601A20

Issued at Singapore on 30.07.2021

Authorised Signature

Singapore DUCKtours

- 1. Singapore DUCKtours Pte Ltd. Reg. No. 2009006780B
- 2. Tourist Information & Services (S) Pte Ltd. Reg. No. 200502259C
- 3. Big Bus Singapore City Sightseeing Pte Ltd. Reg. No. 2011153411A



Office Address: 1st Floor, 19-0114-C6, Singapore 400901
 Email: info@ducktours.com
 Web: SingaporeDUCKtours.com
 Tel: 6543 4882 / Fax: 6543 4826

To: Whom it May Concern

Please be informed that Tan Joo Yong, IC No: S1244345/E

is employed by Singapore DUCKtours Pte Ltd as a Bus Captain. He is authorized to drive our Fleet of Buses.

Thank you.

Dave Ng











