

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 Actual 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 01/09/2022 10:47 (SGT)
Reported by Driver
Date of Accident 30/08/2022 16:00 (SGT)
Exact Location of Accident Jln Murai, Singapore
Additional Location Information ACCESS ROAD NEAR MURAI OUTLET TOWER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL489L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PUBLIC UTILITIES BOARD
Company Reg No T08GB0045L
Email Address
(Phone)
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model TFS87JDR
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 Commercial vehicle
Transmission Manual
CC 1900

INSURANCE COMPANY

Name of Insurance Company MS First Capital Insurance Ltd
Policy Number / Cover Note Number D-22099140MFCV/64

DRIVER

Name of Driver KASBOLLAH BIN SADI
NRIC No
Date Of Birth 07/03/1957
Occupation Indoor

Date Of Driving Pass	20/10/1998
Driving experience	23 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	600306
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	Collided into Parked Vehicle
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GB8817B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	UNKNOWN
Contact Number	-

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

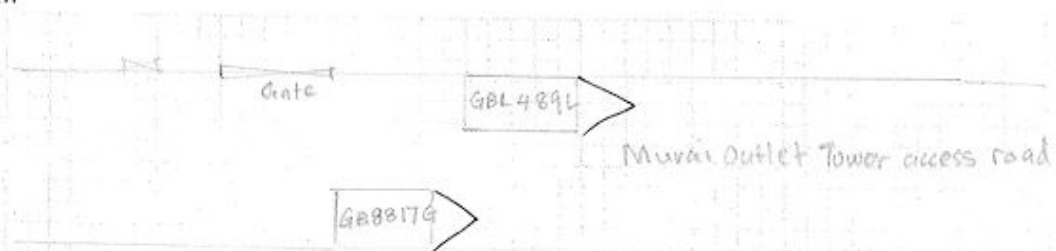
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving 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.

Mohd Azahar Pauwiman
Asst Engineer
Vehicle Maintenance Unit
Centralised Services Department
PUB National Water Agency
Policyholder's Signature / Date &
Time

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

Kelvin
Witnessed by Reporting Centre
Personnel

Sketch Plan



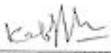
Describe Circumstances of the Accident

On 30 Aug 2022 at about 1600hrs, I Kasbollah
 was driving PUB vehicle (GBL489L) at the access road near
 the Murai Outlet Tower. While reversing the vehicle to do a
 3-point turn, the rear bumper of the PUB vehicle hit the
 rear of a stationary vehicle belonging to a PUB's contractor
 and this caused a dent on the right rear side of the contractor's
 Vehicle no: GE 8817A. There was no damage to the PUB vehicle
 No one was injured in the incident

Declaration

We declare the foregoing particulars are true in every respect.

Mohd Azahar Pauwiman
 Asst Engineer
 Vehicle Maintenance Unit
 Centralised Services Department
 PUB National Water Agency
 Policyholder's Signature / Date &
 Time


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


 Witnessed by Reporting Centre
 Personnel

AUTHORIZATION LETTER

Date:

To Whom It May Concern:

I PUBLIC UTILITIES BOARD, Company Reg No T08GB0045 L

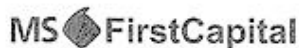
hereby like to authorized KASBOLAH B. SADI, IC [REDACTED]

to make accident report behalf of company .

Your Sincerely

Mohd Azahar Pauwiman
Asst Engineer
Vehicle Maintenance Unit
Centralised Services Department
.....PUB National Water Agency

Signature / Company Stamp



MS First Capital Insurance Limited Co. Reg. No. 195000105C GST Reg. No. M2-0001676-9
 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, 1980
 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-22099140MFCV/64
 Vehicle No / Chassis No : GBL489L / MPATFS87JLT000230
 Name of Insured : PUBLIC UTILITIES BOARD
 Period Of Insurance : 01.04.2022 To 31.03.2023
 Insured Estimated Value : Market Value At Time Of Loss
 Financial Institution : N.A

Excess :

SGD500.00 SECTION I - OWN DAMAGE
 ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver*

ANY AUTHORISED DRIVER

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)

LILIA/B0029/MZ300C

Issued at Singapore on 30.03.2022

Authorised Signature

















