

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	22/12/2022 12:58 (SGT)
Reported by	Driver
Date of Accident	21/12/2022 10:00 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	Victoria Street Towards Kallang (Bus Stop Infront Of Boss Hotel)
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	678G
Email Address	
Mobile Phone No	
Alternative Phone No	-

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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	3600

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-22099716MFBP/16

DRIVER

Name of Driver	Tan Joo Yong
NRIC No	
Date Of Birth	
Occupation	Outdoor

Date Of Driving Pass	13/11/1996
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	[REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED]
Address complement	-
Postcode	[REDACTED]
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
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?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to police report no : J/20221221/7087

ATTACHMENT(S)

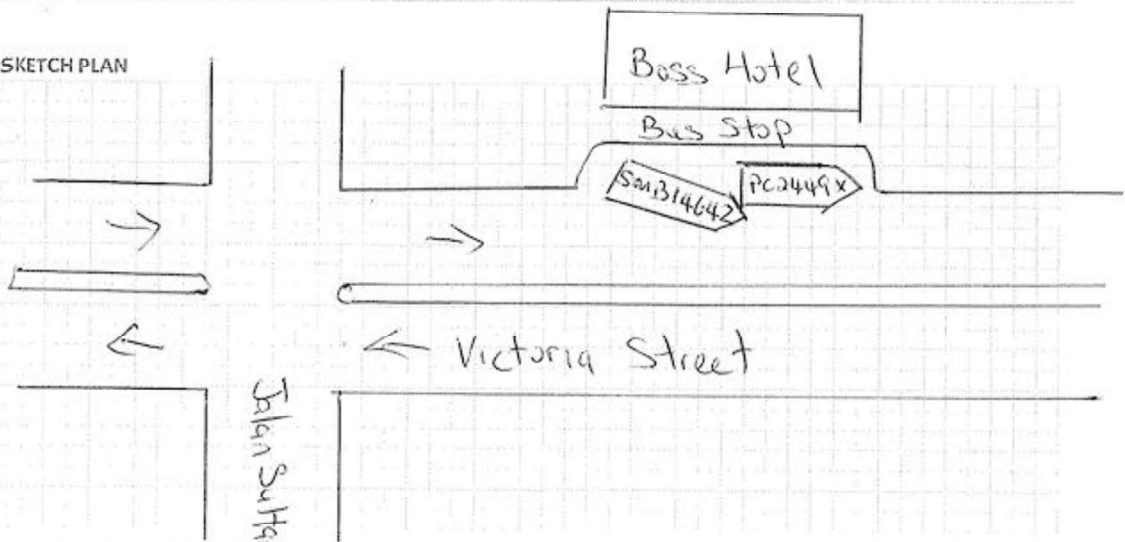
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	With Customer

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB1464Z
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

I/We declare the foregoing 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.:

SKETCH PLANIMPORTANT 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. 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 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.:



MS First Capital Insurance Limited (Sole No. 199601006) 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 : BUSES - FLEET
 Type of Cover : Comprehensive
 Certificate No. : D-22099716MF8P/16
 Vehicle No / Chassis No : PC2449X / WMAA69ZZ5DC018672
 Name of Insured : SINGAPORE DUCKTOURS PTE LTD
 Period Of Insurance : 01.08.2022 To 31.07.2023
 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

ALL EXCESS AMOUNTS ARE SUBJECT TO GST

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 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/B0188/M2601A20

Issued at Singapore on 29.07.2022

Authorised Signature

Singapore DUCKtours

- 1 Singapore DUCKtours Pte Ltd. reg no. 201101075Q
- 1 Tourist Information & Services (S) Pte Ltd. reg no. 201101075Q
- 1 Day Bus Singapore City Sightseeing Pte Ltd. reg no. 201101075Q



Office Address: 11, Angkor Street,
Level 4, Singapore 409091
Email: info@ducktours.com
Web: www.ducktours.com
Tel: 65044552 Fax: 65044554

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





















**SINGAPORE
POLICE FORCE**



J/20221221/7087

1 of 2

POLICE REPORT (NP299)

Report No. J/20221221/7087

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 21/12/2022 19:43	Vide Report No.	Station Diary No.
Name Of Informant LEE SHIUNG HAI	Address [REDACTED]	
ID Type / ID No. NRIC NO / [REDACTED]	Contact No. Home/Office: [REDACTED]	Mobile: [REDACTED]
Nationality SINGAPORE CITIZEN	Email Address [REDACTED]	
Occupation Operations Manager	Sex Male	Age 35
Institution/School Name	Date of Birth 27/10/1987	Race Chinese
Date/Time Of Incident 21/12/2022 10:00 - 21/12/2022 10:05	Location Of Incident 638 CHOA CHU KANG STREET 64 #10-39 SINGAPORE 680638	

Brief details.

I am making this report on behalf of my company, Singapore DUCKtours Pte Ltd. The company is the registered owner for vehicle PC2449X involved in an traffic incident, reference A/20221221/0043.

The traffic incident happened on 21st Dec 2022, approximately between 1000hrs-1005hrs along Victoria Street in the direction of Kallang Road, at Bus Stop ID 01211 outside Hotel Boss. The driver of the bus PC2449X was at the Bus Stop picking up passengers on its Hop On & Hop Off Tour. There was a SMRT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2022 19:43
Officer In-Charge Of Case:	Classification Of Case:



SINGAPORE
POLICE FORCE



J/20221221/7087

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20221221/7087

Bus, SMB1464Z stopping behind PC2449X. When the SMRT bus was trying to cut out of the bus lane and proceed with its route, it hit the rear right of PC2449X. The driver of PC2449X was not aware of the incident and did not stop to exchange particulars. This incident was made known to us when SIO Jeff called in requesting for assistance.

The information of the driver for PC2449X is as follows -

Name - Tan Joo Yong

[REDACTED]
[REDACTED]

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/12/2022 19:43
Officer In-Charge Of Case:	Classification Of Case: