

[illegible]

## 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	02/03/2023 12:59 (SGT)
Reported by	Driver
Date of Accident	02/02/2023 19:30 (SGT)
Exact Location of Accident	7 Straits View, Singapore 018936
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6577H
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MS HOLIDAYS 2000 PTE. LTD.
Company Reg No	2XXXXX152W
Email Address	caivin668sg1@outlook.com
Mobile Phone No	(Phone) +65-87879322
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	FTBCI
Model	LEXBUILD-HOLA
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	8849

#### INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MCV0000716

#### DRIVER

Name of Driver	CALVIN NG
Passport No/FIN	GXXXXX038K
Date Of Birth	22/02/1993
Occupation	Outdoor

Date Of Driving Pass .....	15/03/2017
Driving experience .....	5 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87879322
Alt. Phone Number .....	-
Email Address .....	caivin668sg1@outlook.com
Address .....	100 JALAN SULTAN #02-16
Address complement .....	SULTAN PLAZA
Postcode .....	199001
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 .....	Side Swipe
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 STATEMENT AND ATTACHMENT

#### 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 .....	SHD6313S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	(Phone) +65-94795521

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.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**M.S. HOLIDAYS 2000 PTE LTD**

100, Jalan Sultan, Sultan Plaza  
#02-16

Singapore 199001

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

Refer attached.

Describe Circumstance of the Accident

Refer to attached statement.

Declaration

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

**M.S. HOLIDAYS 2000 PTE LTD**

100, Jalan Sultan, Sultan Plaza

#02-16

Singapore 199001

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Accident Date: 02/02/2023

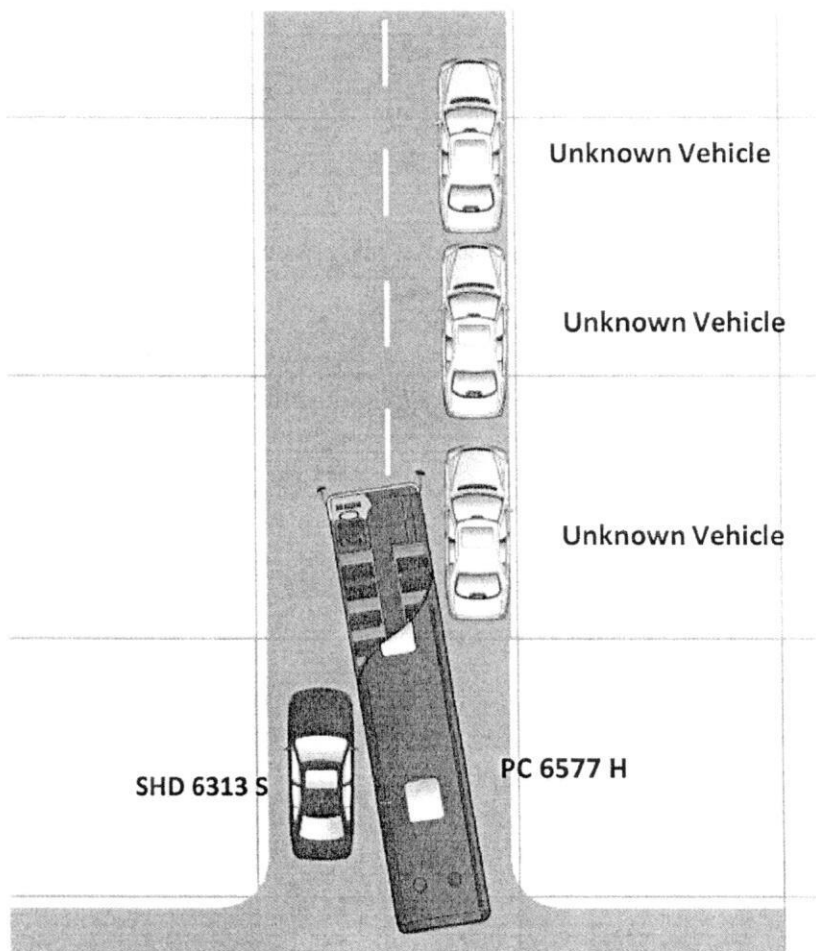
Accident Time: 1930 Hr

Location: 7 Straits View

Vehicle                      A) PC 6577 H  
                                    B) SHD 6313 S

At 02/02/2023, around 7.30pm, I was driving my company vehicle PC 6577 H along Straits View at the right lane. When I reach 7 Straits View, there were few vehicles parking at road side and blocked my way. When I slowly moving straight, suddenly a taxi SHD 6313 S moving very near on my left side and scratched my left hand fender and caused taxi right side mirror only cracked. Nobody was injured.

We exchanged contact number and I was waiting the driver of SHD 6313 S to contact me for repair cost after that. But I didn't receive any call since that, and caused my late reporting.



Calvin Ng

  
02/03/2023



Send/Fax to: \_\_\_\_\_

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION			
Date of Accident:	02/02/2023	Time of Accident:	1930 Hr
Exact Location:	7 Straits View		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	PC 6577 H	NRIC / FIN / Passport no:	202205152W
Name of Registered Owner:	MS Holidays 2000 Pte Ltd		
Owner's Email:	calvin668sg1@outlook.com		
Owner's Address:	100 Jalan Sultan #02-16 Sultan Plaza Singapore 199001		
Vehicle Make:	FTBCI	Vehicle Model:	Lexbuild - HOLA 100 Auto
Engine Capacity (cc):	8849 cc	Transmission:	(Auto) / Manual
Type of Claim:	Own Damage / Third Party / <u>Reporting Only</u>		
Vehicle Category:	Private <u>Commercial</u> Motorcycle / Private Hire		
Name of Insurance Co:	India International Insurance		
Type of Policy:	<u>Comprehensive</u> / Third Party / Third Party, Fire & Theft		
Policy Number:	D23MCV000 0716		

DRIVER			
Name of Driver:	CALVIN Ng	<input type="checkbox"/> same as owner	
NRIC / FIN / Passport no:	G6989038 K	Date of Birth:	22-02-1993
Occupation:	Indoor / <u>Outdoor</u>	Driving Pass Date:	15/03/2017
Contact Number:	8787 9322	Gender:	(Male) / Female
Address:	100 Jalan Sultan #02-16 Sultan Plaza Singapore 199001		
Relationship with Owner:	Owner / <u>Employee</u> / Spouse / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	


GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others: <u>Front to Side</u>		
Weather Condition:	<u>Clear</u> / Raining / Others:	Road Surface:	<u>Dry</u> / Wet
Video available:	Yes / <u>No</u>		
Was anybody injured?	Yes / <u>No</u>	Police Report Made?	Yes / <u>No</u>
No. of passenger onboard (including driver):	0		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHD 6313S		
Vehicle Make / Model:	-		
Name of Driver:	-		
NRIC / FIN / Passport no:	-		
Contact Number:	94795521		
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

  
**M.S. HOLIDAYS 2000 PTE LTD**  
 Signature of Driver 100, Jalan Sultan, Sultan Plaza  
 #02-16  
 Singapore 199001


Date and time \_\_\_\_\_



## CERTIFICATE OF INSURANCE

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

<b>CERTIFICATE NO.: D23MCV0000716</b>		<b>COVER: Comprehensive</b>
1. Index Mark and Registration Number of Vehicle	: PC6577H	
Chassis No	: LA9L1LAK5HFFBC093	
2. Name of Policyholder	: MS HOLIDAYS 2000 PTE. LTD.	
3. Effective date of Insurance	: 03 Jan 2023	
4. Expiry date of Insurance	: 02 Jan 2024	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he is in the Policyholder's employ and is driving on their 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.</p>	
6. Limitations as to use*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business. <b>The Policy does not cover</b> a) Use for racing, pace-making, reliability trial or speed-testing. b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>		
<p>Excess Section I &amp; II Separately (Within Singapore) : SGD2,000.00 Excess Section I &amp; II Separately (Within West Malaysia): SGD4,000.00 Windscreen Excess: SGD500.00 TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE &amp; WEST MALAYSIA ONLY Hire Purchase Company : Index Credit Pte Ltd</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 75 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, AN ADDITIONAL EXCESS OF S\$1500/- ON SECTION I &amp; II (SEPARATELY) WILL BE APPLICABLE.</p>		
<p>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).</p>		
<p>Agent/Broker : A000047/SINCL PTE LTD Date of Issue : 03/01/2023 16:34:11 M.Z. 600C - OMNIBUS (ORGANIZATION)</p>		<p>For India International Insurance Pte Ltd</p> <p> Nalini Venugopal MD &amp; CEO</p>

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**PC6577H**

Make / Model  
**FTBCI / LEXBUILD-HOLA 100 AUTO**

Vehicle Type :

**Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus**

Vehicle Scheme :

**Public Service Vehicle (Others)**

Propellant :

**Diesel**

Motor No. :

-

Power Rating :

-

Maximum Laden Weight :

**18000 kg**

Year Of Manufacture :

**2017**

Lifespan Expiry Date :

**07 Dec 2037**

Quota Premium :

**\$51,890.00**

Road Tax Expiry Date :

**07 Jun 2023**

Inspection Due Date :

**07 Dec 2023**

CO2 Emission :

-

CO Emission :

-

NOx Emission :

-

Vehicle Attachment 1 :

**Air-Conditioned**

Chassis No. :

**LA9L1LAK5HFFBC093**

Engine No. :

**ISL32022262663**

Engine Capacity :

**8849 cc**

Maximum Power Output :

-

Unladen Weight :

**12880 kg**

Original Registration Date :

**08 Dec 2017**

COE Category :

**C - Goods Vehicle & Bus**

COE Expiry Date :

**07 Dec 2027**

PARF Eligibility Expiry Date :

-

Intended Transfer Date :

**03 Mar 2023**

CEV/VES Rebate Utilised Amount :

-

HC Emission :

-

PM Emission :

-