

# 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 ..... 16/03/2023 10:38 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 15/03/2023 07:10 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Along West Coast Highway towards West Coast Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE7687L

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... POH TIONG CHOON LOGISTICS LIMITED  
Company Reg No ..... 196900049H  
Email Address ..... jinming.hu@ptclogistics.com.sg  
Mobile Phone No ..... (Phone) +65-66628822  
Alternative Phone No ..... (Office) +65-66628822

### VEHICLE PARTICULARS

Manufacturer ..... CAMC  
Model ..... HN4251X40C2M6  
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 ..... Auto  
CC ..... 11813

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Policy Number / Cover Note Number ..... D-22099587MFVS/26

### DRIVER

Name of Driver ..... Lim Ah Thye  
Passport No/FIN ..... F8487741R  
Date Of Birth ..... 21/07/1964  
Occupation ..... Outdoor

Date Of Driving Pass .....	08/03/2007
Driving experience .....	16 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-82145618
Alt. Phone Number .....	-
Email Address .....	jinming.hu@ptclogistics.com.sg
Address .....	22 Teban Gardens Road
Address complement .....	-
Postcode .....	600022
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
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

Refer to sketch plan.

#### 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 .....	SLJ3409R
Vehicle Manufacturer .....	Mazda
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	Omar Bin Mohd Hussein
Contact Number .....	(Phone) +65-96673175

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.
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 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.

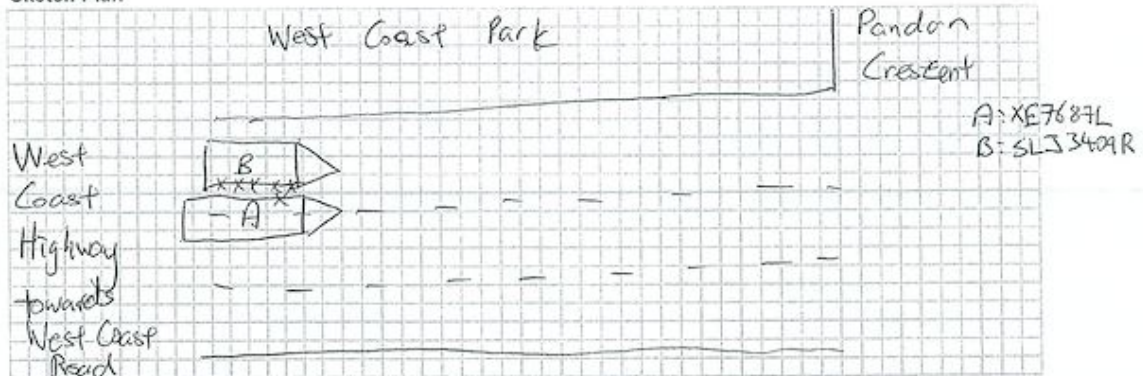


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

On 15/03/2023, at about 0710 hrs, I was driving Vehicle A XE7687L along West Coast Highway toward West Coast Road. When I am approaching Controlled Intersection at Pandan Crescent and West Coast Highway, I lane change from centre lane to the left lane. During that time, my vehicle A XE7687L front left wheel collided ~~into~~ onto Vehicle B SLJ3409R right portion.

No one was injured.

Vehicle B SLJ3409R sustained damage to the right wing mirror, driver door and right rear Passenger door.

## Declaration

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



*Signature*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



































**MS First Capital Insurance Limited** Co. Reg. No. 195000106C 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](http://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. : FLEET - HEAVY COMMERCIAL VEHICLE  
 Type of Cover. : Comprehensive  
 Certificate No. : D-22099587MFVS/26  
 Vehicle No / Chassis No : XE7687L / LZ5N4DD36NB003391  
 Name of Insured : POH TIONG CHOON LOGISTICS LIMITED  
 Period Of Insurance : 29.09.2022 To 30.06.2023  
 Insured Estimated Value : Market Value At Time Of Loss  
 Financial Institution : MAYBANK

**Excess :**

SGD3,500.00 SECTION I & II SEPARATELY  
 AN ADDITIONAL EXCESS OF SGD2,500.00 ON SECTION I & II SEPARATELY IS IMPOSED ON  
 THOSE DRIVERS WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS  
 OF DRIVING EXPERIENCE  
 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) Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.  
 (2) Use whilst drawing a greater no. of trailers in all that is permitted by law.


\* 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/D0069/MZ801A1

Issued at Singapore On 03.10.2022

  
 Authorised Signature