

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 First Submission	24/05/2024 16:55 (SGT)
Reported by	Actual Driver
Date of Accident	24/05/2024 11:20 (SGT)
Exact Location of Accident	Old Tampines Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2917G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SAMWOH PREMIX PTE LTD
Company Reg No	199703387Z
Email Address	
Mobile Phone No	(Phone)
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	Fm370
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	10837

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 400002457 MKF

DRIVER

Name of Driver	YIN XIANCHUN
Passport No/FIN	
Date Of Birth	
Occupation	Outdoor

Driving Pass Date	12/01/2010
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) + [REDACTED]
Alt. Phone Number	-
Email Address	[REDACTED]
Address	[REDACTED] k
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	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

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM8155U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MURUGESAN NAVANEETHAKANNAN
Passport No/FIN	G8936679N

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



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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.

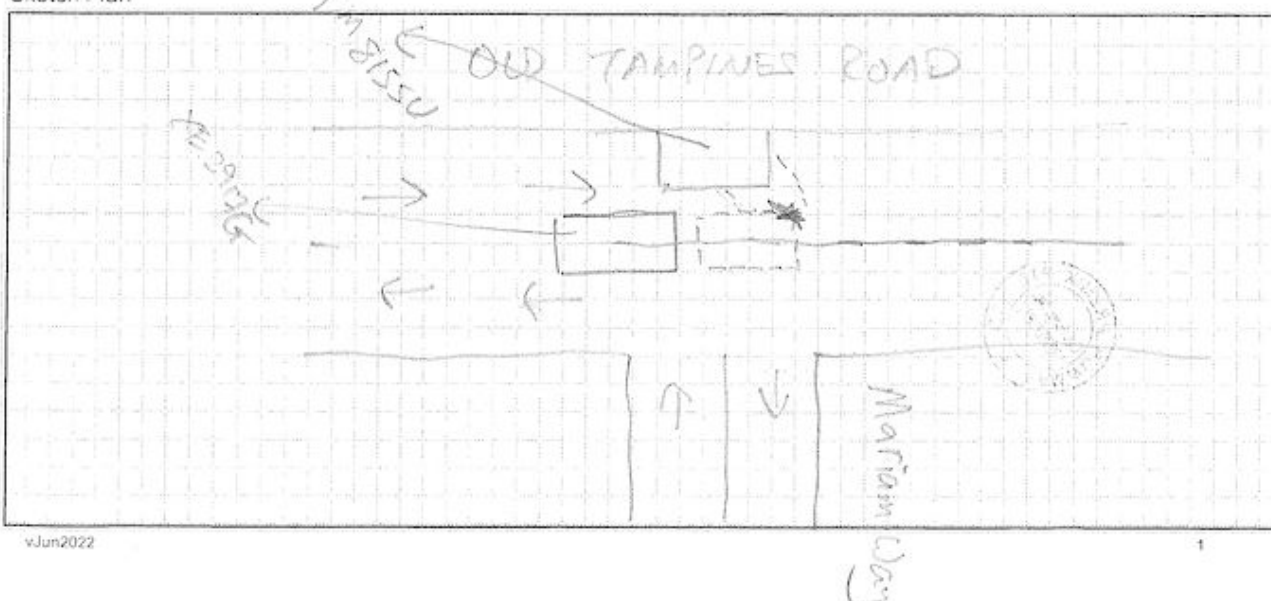


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

Date: 24 May 2024

Time: 1120 hours

Location: Old Tampines Road toward Upper Changi Road North Junction of marium way

Details:

Our driver XE2917G was conveying GGAB to Changi airport and while travelling on Old Tampines Road junction of Marium Way, he noticed YMS155U parked at the road side. It's a single carriageway (two lane) therefore he drove toward the center of the road in order to pass vehicle YMS155U. While at the junction of Old Tampines Road and Marium Way, vehicle YMS155U moved & attempt to make a right turn toward Marium Way and hit onto XE2917G.

None was injured in this accident.

Damage: YMS155U Front right head lamp,
XE2917G scratches on trade left



Declaration

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



Policyholder's Signature / Date & Time

尹贤春

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

A.

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



























H C AUTO PTE LTD

160 Sin Ming Drive #05-09 Sin Ming Auto City Singapore 575722

Tel: 6457 0678 Fax : 6457 8287

Co .GST Reg No: 200820153N

PROFORMA INVOICE

Date : 12-Jun-2024

Invoice No : HC/P/4268

Vehicle No. : XE 2917 G

Make/Model : VOLVO FMX370 64R RSS SC (B)

Date of Accident : 24-May-2024

Year of Manufacture : 2016

Chassis No. : YV2X1E1D3HB805510

Colour : Blue

Name : M/s Samwoh Premix Pte Ltd

Address : C/o 160 Sin Ming Drive
#05-09 Sin Ming Auto City
Singapore 575722

To supply spare parts, labour charges, spray painting and miscellaneous: -

Total Lump Sum Repair

SS\$ 8,230.00

Add: 9% GST

SS\$ 740.70

Total

SS\$ 8,970.70

Singapore dollars: Eight Thousand Nine Hundred And Seventy And Cents Seventy Only.

HC Auto Pte Ltd



RW AUTOMOTIVE APPRAISERS SERVICES
(Licensed Appraisers Claims Adjusters)
256 Bishan St. 22 #12-472 Singapore 570256
Tel +65 6996 9988 Hp: +65 8338 9988
Email: rw9988@yahoo.com Reg. 52821270B

INVOICE

HC Auto Pte. Ltd.
160 Sin Ming Drive
#05-09, Sin Ming Auto City
Singapore 575722
On behalf of Samwoh Premix Pte. Ltd.

Invoice No : 240016
Date : 13.06.2024

Being:		
Survey Fees (including 46 photographs and transport charges)		\$ 736.00
S'pore Dollars	: Seven Hundred and Thirty-Six only.	\$ 736.00
Our Reference No.	: RW/0016/24TP	
Vehicle No.	: XE 2917 G	

SURVEYED WITHOUT PREJUDICE

RICHARD WONG
(Licensed Appraiser)



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Samwoh Premix Pte. Ltd.
c/o HC Auto Pte. Ltd.
160 Sin Ming Drive
#05-09, Sin Ming Auto City
Singapore 575722

Report No : RW/0016/24TP

Date : 13.06.2024

VEHICLE INSPECTION REPORT

REFERENCE

Requested by : Workshop, owner's behalf
Date of Request : 29.05.2024
Date of Accident : 24.05.2024
Date of Inspection : 29.05.2024
Inspected at : HC Auto Pte. Ltd.
160 Sin Ming Drive, Sin Ming Auto City
#05-09, Singapore 575722

VEHICLE DETAILS

Vehicle No.	: XE 2917 G	Make & Model	: Volvo FMX370
Year Make	: 2017	Colour	: Blue
Engine No.	: D11400325	Chassis No.	: YV2X1E1D3HB805510
Engine Capacity	: 10,837 cc	Mileage	: 344,974 km
Air-Con	: Yes	Radio/CD/Cassette	: Yes
Seat Belt	: Yes	Rims	: Standard

GENERAL CONDITION OF VEHICLE

General Condition	: Good	Modification	: Nil
Brakes	: Serviceable	Handbrake	: Serviceable
Steering	: Serviceable		

<u>Tyres</u>	<u>Make</u>	<u>Size</u>	<u>Rim</u>	<u>Tread Balance</u>
Front Right	Sailmax	315/80 R22.5	Standard	8 mm
Front Left	Sailmax	315/80 R22.5	Standard	8 mm
Rear Right	GoodYear	315/80 R22.5	Standard	20 mm
Rear Left	GoodYear	315/80 R22.5	Standard	20 mm

ASSESSMENT

	<u>Repairer's Estimate</u>	<u>Recommendation</u>
Spare Parts	: \$ 9,179.51	\$ 6,686.33
Labour Charges	: \$ 4,120.00	\$ 2,000.00
Paint Work	: \$ 2,200.00	\$ 1,600.00
Towing Charges	: \$ -	\$ -
Total	: <u>\$ 15,499.51</u>	<u>\$ 10,286.33</u>
Recommend lump sum repairs	: \$ 8,230.00	
Reduction	: \$ 7,269.51	
Estimated Period Required for Repair	: <u>6 days</u>	



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ADJUSTMENT ON REPAIR COST & REPLACEMENT OF PARTS

Vehicle No: XE 2917 G

Report No.: RW/0016/24TP

<u>S/No</u>	<u>QTY</u>	<u>Description</u>	<u>Condition/ Remarks</u>	<u>Repairer's Estimates</u>	<u>My Recommendation</u>
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REPLACEMENT OF DAMAGED PARTS

1)	1	Front bumper bottom LH	Dented	\$ 1,280.00	N	\$ 1,280.00
2)	1	Front bumper side garnish LH	Cut	\$ 340.62	N	\$ 340.62
3)	1	Front door LH	Dented	\$ 3,844.00	N	\$ 3,844.00
4)	1	Front door outer handle LH	Cut	\$ 620.30	N	\$ 620.30
5)	1	Side panel LH	Repairable	\$ 1,557.20	N	\$ -
6)	1	Side panel '370' LH	Necessary	\$ 128.00	N	\$ 128.00
7)	1	Side panel 'EURO 5' LH	Necessary	\$ 95.00	N	\$ 95.00
8)	1	Rear pillar LH	Repairable	\$ 568.00	N	\$ -
9)	1	Side guard LH	Dented	\$ 988.00	N	\$ 988.00
10)	1	Rear fender LH	Repairable	\$ 645.00	N	\$ -
				<u>\$ 10,066.12</u>		<u>\$ 7,295.92</u>
Less 10%				<u>\$ 1,006.61</u>		<u>\$ 729.59</u>
				<u>\$ 9,059.51</u>		<u>\$ 6,566.33</u>

11)	1	Front door sticker LH	Necessary	\$ 120.00	SN	\$ 120.00
Total (Parts):				\$ 9,179.51		\$ 6,686.33

LABOUR CHARGES

12)	Labour charges.	\$ 3,800.00	\$ 1,800.00
13)	Re-seal anti rust.	\$ 200.00	\$ 150.00
14)	To check wiring.	\$ 120.00	\$ 50.00
15)	To putty and re-spray painting.	\$ 2,200.00	\$ 1,600.00
Total (Labour):		\$ 6,320.00	\$ 3,600.00

Total:	<u>\$ 15,499.51</u>	<u>\$ 10,286.33</u>
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Page : 2

Vehicle No: XE 2917 G

Report No.: RW/0016/24TP

POINT OF IMPACT

Along the left side of the vehicle.

RECOMMENDATION

The vehicle was inspected thoroughly based on the repairer's estimate against the actual damages found on the vehicle. My findings and recommendation are listed as per attached.

My adjusted amount for the cost of repair is **\$10,286.33.**

CONCLUSION

The repairer has agreed to undertake repairs at a lump sum of **\$8,230.00** corresponding to labour charges, spray painting and replacement of parts.

SURVEYED WITHOUT PREJUDICE

RICHARD WONG
(Licensed Appraiser)

Your Ref : YM 8155U
Our Ref : **XE 2917G/ym**
Date : 25 May 2024

Fax : **6538 3708**
Tel : **3152 0994**
Email : **accident@kscgp.com**

Liberty Insurance Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 24 May 2024

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We are instructed by the owner of XE 2917G to notify you of a road traffic accident on 24 May 2024 at about 1120hrs along Old Tampines Road, involving our client's vehicle registration number XE 2917G and vehicle registration number **YM 8155U** which was insured by you at the material time. A copy of the Singapore accident statement is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceeds to repair the damaged vehicle, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

NB. Any settlement or offer is on the express condition that this settlement is in respect of our client's claim for property-related damages only and shall not preclude client's driver/passenger from claiming injury-related damages arising from this accident.

Yours faithfully,

ym

Enc.

Your Ref : YM 8155U
Our Ref : **XE 2917G/HCA/ym**
Date : 27 May 2024

Fax : 6538 3708
Tel : 3152 0994
Email : accident@kscgp.com

Liberty Insurance Pte Ltd

BY EMAIL ONLY

DATE OF ACCIDENT: 24 May 2024

NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS

We refer to your email of even date.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead, we propose you to choose a surveyor from our client's list of surveyors as appended below: -

S/no.	Surveyor
1.	Richard Wong of RW Automotive Appraisers Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : HC Auto Pte Ltd
Blk 32 Sin Ming Drive
#01-349
Singapore 575706

Contact Person/Tel : Joe (Tel: 9457 0678)

Yours faithfully,

ym

Your Ref : YM 8155U - IVS24/1008
Our Ref : XE 2917G/HCA/ym
Date : 27 May 2024

Acknowledgement

This is to confirm that I _____ *[Full Name of Surveyor]* of _____ *[Surveyor's Company]* have completed as follows:-

(a) Pre- Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(b) Pre- Repair Survey/Inspection (during dismantling) on _____[Date] at _____[Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

(c) Re-inspection of new replacement part (part by part) on _____ [Date] at _____[Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:

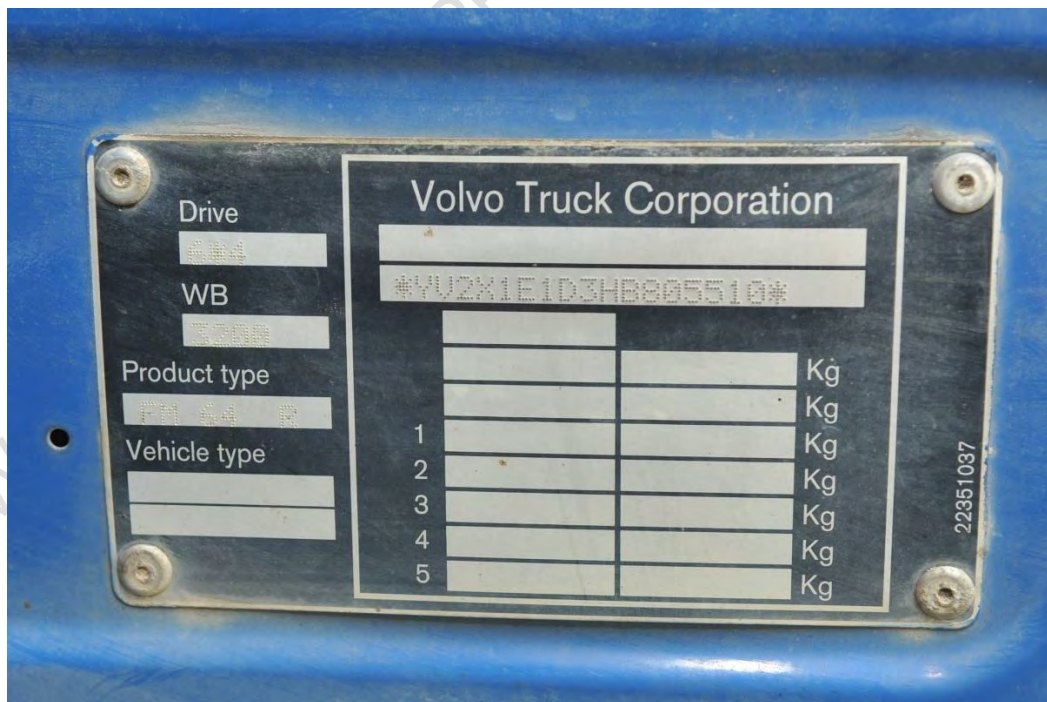
(d) Post – Repair Survey/Inspection on _____ [Date] at _____ [Time].

Name and signature of Appointed Surveyor
Company Stamp

Witnessed by:
Date:



Report No: RW/0016/24TP





RW AUTOMOTIVE APPRAISERS SERVICES

(Licensed Appraisers & Claims Adjusters)

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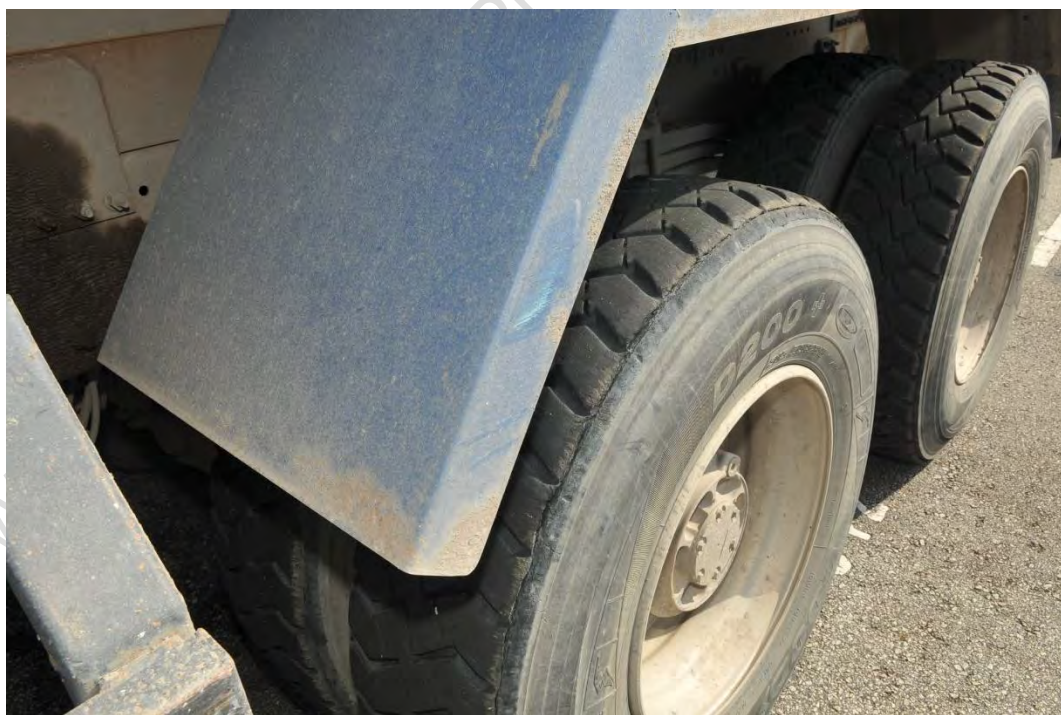
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RECORD MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

9 Temasek Boulevard, Suntec City Tower Two #42-01B
Singapore 038989

E-mail: gears-support@shift-technology.com

GST Registration: M400017735

TAX INVOICE

Date of Request: 04/06/2024

Your Ref No: 24.2750.HCA.YM.DS

Dear Sir/Madam,

Date of Accident: 24/05/2024 11:23 (SGT)

Vehicle No: XE2917G

Place of Accident: Singapore

With reference to your application for the accident report, we have attached the following accident report as requested:

DOCUMENTS	ACCIDENT LOCATION	PER DOC (\$)	QTY	AMOUNT (\$)
YM8155U	Singapore	(31.00)	1	(28.44)
GST Amount				(2.56)
Total Amount Due (GST Inclusive)				(31.00)

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank you.

This is a computer generated document and requires no signature.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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 First Submission	03/06/2024 09:35 (SGT)
Reported by	Actual Driver
Date of Accident	24/05/2024 11:23 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OLD TAMPINES ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM8155U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LAW BROTHERS CONSTRUCTION PTE LTD

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	-
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V04338/VCH/R04

DRIVER

Name of Driver	MURUGESAN NAVANEETHAKANNAN
Passport No/FIN	G8936679N
Address	500 OLD CHO A CHU KANG ROAD, #04-41
Address complement	-
Postcode	689924
Does Driver Own Other Vehicles?	No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head on collision
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Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 1
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

CIRCUMSTANCES OF ACCIDENT

REFER TO 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 XE2917G
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver YIN XIAN CHUN
Insurance Company Name -

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 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 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.

6. 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

[Signature]

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

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

Sketch Plan

	<p>A- Ym P155 U</p> <p>B- XE 2917 G</p>
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Describe Circumstance of the Accident

When I was turning right, I collided into Vehicle B (XE1913G) left side.

Declaration

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



Policyholder's Signature / Date & Time

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

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


























INSURER ENQUIRY

Find insurer

Vehicle reg. no.

YM8155U

Date of Accident

24/05/2024 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **Liberty Insurance Pte Ltd**

Period of Insurance **01/06/2023 - 31/05/2024**

Requested By **KSCGP01 (KSCGP JURIS LLP)**

Requested Date **24/05/2024 17:51**

Payment details

Request Amount: **S\$2**

GST Amount: **S\$0.18**

Total Amount Due (GST Inclusive): **S\$2.18**

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

Enquire Vehicle's Insurance Particulars (As At 24 May 2024 / 11:20:00)

Vehicle No.:

YM8155U

Make Description/Model:

MITSUBISHI / FE83BE6SRDEA

Insurance Company Name:

LIBERTY INS P L

Business Transaction Reference No.:

20240529181957655538

Please retain the business transaction reference number for Enquire Vehicle Owner Details (if required).

Enquire Vehicle Owner Details (As At 24 May 2024 / 11:20:00)

Vehicle Owner Details

Owner ID Type:

Company

Owner ID:

201506115C

Owner Name:

LAW BROTHERS CONSTRUCTION PTE. LTD.

Registered Address Type:

Free Format

Registered Block/House No.:

25

Registered Street Name:

BUKIT BATOK CRESCENT

Registered Unit No.:

10 - 11

Registered Building Name:

THE ELITIST

Registered Postal Code:

658066

Vehicle Insurance Details

Vehicle No.:

YM8155U

Make Description/Model:

MITSUBISHI / FE83BE6SRDEA

Insurance Company Name:

LIBERTY INS P L