# **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 witholding 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.

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   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 07/12/2024 09:27 (SGT) Reported by **Actual Driver** Date of Accident 29/11/2024 13:20 (SGT) Exact Location of Accident Singapore Additional Location Information SLE (BEFORE WOODLANDS AVE 12 (EXIT 9) Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Mitsubishi

Vehicle Registration Number YN6032Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner RENOLA MANUFACTURING PTE LTD Company Reg No 2XXXXX908C Email Address abmntthiyagu@gmail.com Mobile Phone No (Phone) +65-90951344 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model CANTER FEB21ER4SDEB (CBU) 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? Yes Vehicle Category Commercial vehicle Transmission Manual CC 2998 Vehicle Fuel Diesel First Regisration Date Chassis no FEB21EA00818

# INSURANCE COMPANY

Name of Insurance Company **ECICS Limited** Policy Number / Cover Note Number MCV24A00007700

Effective Date/Time of Ownership

DRIVER

Name of Driver ANANDAPADMANABAN THIYAGARAJAN Passport No/FIN MXXXX672Q Date Of Birth 22/05/1988 Occupation Outdoor Driving Pass Date 23/01/2024 Driving License Pass Class Driving License Validity Valid Driving experience 10 MONTHS Gender Male Mobile Number (Phone) +65-82800257 Alt. Phone Number Email Address ABMNTTHIYAGU@GMAIL.COM Address BLK undefined undefined undefined undefined undefined undefined Address complement Postcode Is the driver the policyholder? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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 WITH 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** 

XE3897Z

Vehicle Registration Number

Vehicle Manufacturer Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Commercial vehicle
Name of Driver	CAO SHUFENG
	GXXXX136M
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

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- 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.
- 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)

Lunderstand, 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' law yers/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 law vers/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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: YN 6032Z

B: XE 3897Z

A Location: BLE

(Before Woodlands Ave 12)

Exit 9

	I was driving along SLE Before Wood lands Ave 12 (Exity) S	
	4 May 11 May 11 May 12	_
was dr	ring Straight at the most left lane. Front of the vehicle suddenly	-
rake &	could not stop in time & hit into Vehicle B rear poition & caused	
damages	to my Vehicle.	
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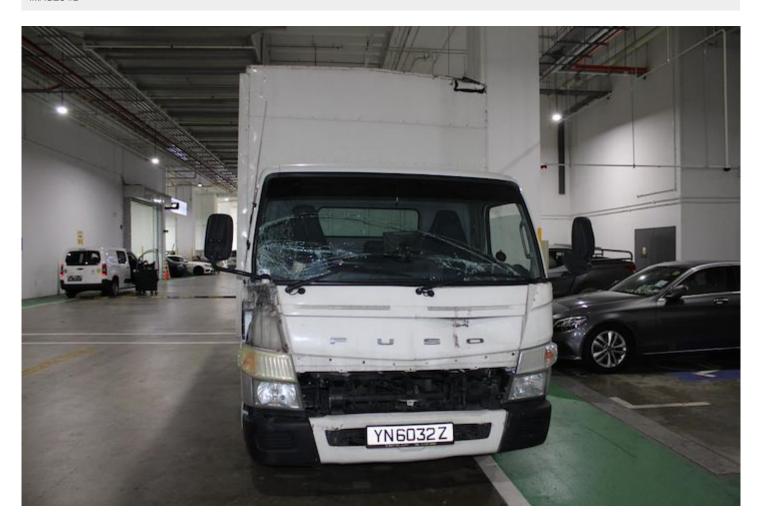
# Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel















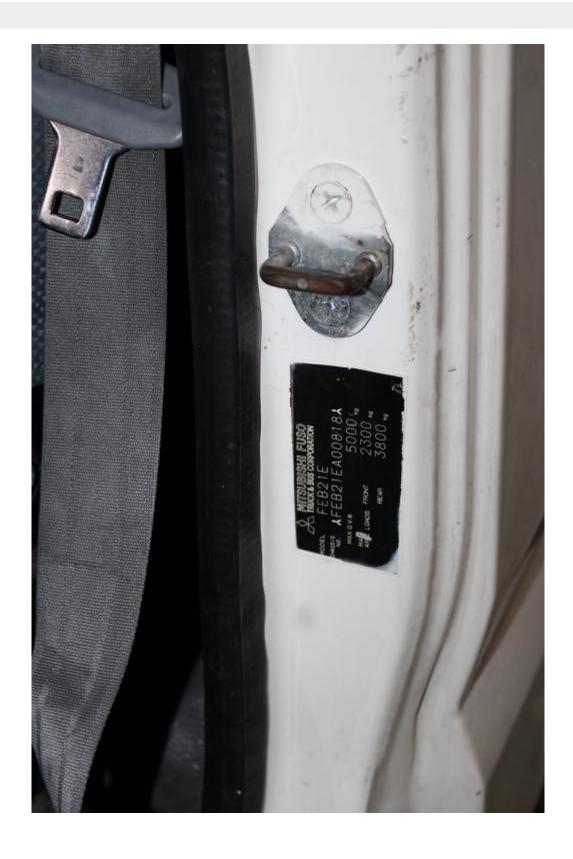
















# CERTIFICATE OF INSURANCE

AUTHORISED WORKSHOPS

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Roles, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

MZ300E COMPREHENSIVE ORIGINAL.

CERTIFICATE NO: MCV24A00007700

Chassis No: FEB21EA00818

Agency Name:

SKYLINK INSURANCE AGENCY PTE LTD

Engine No: 4P10B28967

Agency Code:

A0000269

Index Mark and Registration Number of Vehicle: YN6032Z

2. Name of Policyholder: RENOLA MANUFACTURING PTE. LTD.

3. Period of Insurance (both dates inclusive): 06 February 2024 to 05 February 2025

4. Persons or Classes of Persons entitled to drive

a) Any other person who is driving on the Insured's order or with his permission, provided it is in relation to Insured's business.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Car 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 Car.

5. Limitations as to use

a) Use in connection with the Policyholder's Business as described in the Policy Schedule.
b) Use for carriage of passengers (other than for hire or reward) in connection with the Policyholder's business as described in the Policy Schedule.

The Policy does not cover the use for hire or reward, racing, pace-making, reliability trial or speed-testing, use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

EXCESS APPLICABLE

WINDSCREEN

SECTION I - STANDARD EXCESS
(AUTHORISED DRIVERS)

SGD 600.00

ADDITIONAL EXCESS:

SECTION I - YOUNG, ELDERLY OR INEXPERIENCED DRIVERS
EXCESS (AGE <27 OR HOLDS A VALID DRIVING
LICENSE FOR <2 YEARS)

SGD 1,000.00

7. Hire Purchase Company: SKYLINK CREDIT PTE LTD

Signed for and on behalf of ECICS Limited

AUTHORISED SIGNATORY

#### Important Notice:

- i) Policyholders are hereby warned that it shall be unlawful for any person to use or cause or permit any other person to use a motor vehicle without a valid insurance under the Act.
- ii) On the sale of a motor vehicle, Policyholders must surrender all insurance papers issued including the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189).
- iii) The Certificate of Insurance and the Policy will cease to be valid once the motor vehicle has been sold or transferred.
  iv) The Payment Before Cover Warranty or Premium Payment Warranty found in the Policy must be complied with otherwise there would be no liability under the Policy and Certificate of Insurance.

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