

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 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. 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 Report	13/08/2019 18:26
Date Of Accident	10/08/2019 16:00
Exact Location Of Accident	ALONG TAMPINES AVENUE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX3204A
Insured/Policyholder	
Name Of Registered Owner	DW AIRCON SERVICING PTE LTD
Co Reg No	201808029G
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86121590
Alternative Phone No	OFFICE-86121590

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD19V03580/VCV/R00
Cover Note Number	

Driver

Name of Driver	SIVANANTHAM RAJES KUMAR
Passport No/FIN	G6806894R
Date Of Birth	21/04/1998
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2013
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86121590
Fax Number	
Contact Number	OFFICE-86121590
Email Address	HANCARREPAIRS@GMAIL.COM

Address -
 Postcode -
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured -
 Vehicle Registration Number of Driver's Own Vehicle -
 Insurance Company of Driver's Own Vehicle -

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 this accident? NO
 Number of vehicles (including own vehicle) involved in the accident 2
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of Intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC4316C
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 Name of Driver LEE ENG KIM
 NRIC/Passport Number S1561111A
 Contact Number 96650590
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

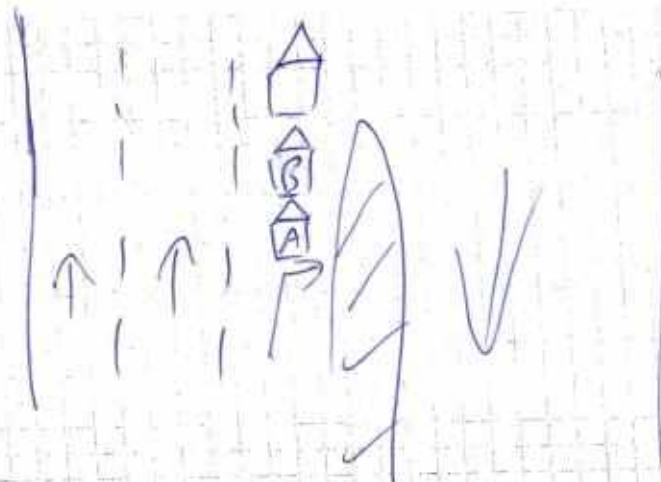
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Tampines Ave 4.



(A) GY 320 4A

(B) SHC 4316C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was not able to brake in time and hit onto vehicle (B).

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:

13/08/2019

Rosa Lim

PERSONAL PARTICULARS

Date of Accident: 10/08/2019 Time of Accident: 4 pm (24Hrs)
Vehicle No: GX3204A Vehicle Make/Model: Toyota Hiace
Exact Location of Accident: Tampines ~~Central~~ Ave 4
Owner's Name/NRIC: DW Airan Servicing PTE LTD / 2018080296
Driver's Name/NRIC: Sivagnanham Rajes Kumar / 96806894R
Driver's Contact: 86121590 Insurance Co & Policy No: Liberty
Driver's Email Address: hancar-repairs@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Company

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: Lee Eng Kim / S1561111A Vehicle No: SHC 4316C
Insurance Company: _____ Driver's Contact: 96650590

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.



WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
EVERYWORKS PTE. LTD.

For LKK/NAC Use Only



Name
SIVANANTHAM RAJES KUMAR
Work Permit No.
W 35154841
Sector
CONSTRUCTION



X1587841

VISIT PASS
Immigration Regulations

IS 07-2015

Name
SIVANANTHAM RAJES KUMAR

For LKK/NAC Use Only



File
G6806694R

Date of Birth
21-04-1988
Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SG Visit Pass
App to check status



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G6806894R

Name:

SIVANANTHAM RAJES KUMAR

For LKK/NAC Use Only

Birth Date: 21 Apr 1988

Issue Date: 14 Feb 2018

Valid Till 21/03/2023



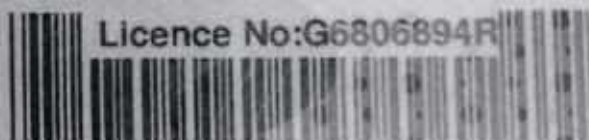
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles ≤ 200 cc	22 Mar 2013
Class 3	Motor cars with unladen weight ≤ 3000 kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500 kg	22 Mar 2013

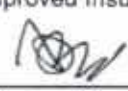
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NP 428A



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)

Certificate No	SD19V03580 /VCV /R00
Form	MZ300A
Date Of Issue	19-MAR-2019
1.Index Mark and Registration No. of Vehicle:	GX3204A
2.Chassis number of Vehicle:	LH1621011003
3.Name of Policyholder:	DW AIRCON SERVICING PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	08-MAR-2019 00:00 AM
5.Date of Expiry of Insurance:	07-MAR-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*: Any person who is driving on the Policyholder'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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.	
7.Limitations as to use*: A) Use in connection with the Policyholder's business. B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. C) Use for social, domestic and pleasure purposes.	
8.The Policy does not cover: A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing 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).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE : Third Party Fire & Theft SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000 FINANCE COMPANY: ETHOZ GROUP LTD PRODUCER NAME: NET LINK COMMERCIAL PTE LTD	

CSJP/CSJP/19-MAR-19

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19-MAR-19