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Owner / Driver: (				Cover Type: (		<del></del>	
Policy No: (	) Period		)	Time:			
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Claimant's Particulars	2) DA : Damag	e Assessment (\$100)	; INC (\$80) \$40/\$45				
Driver/Owner:	4) FT: Follow-Through Survey \$120						
Contact No:	St GT - Follow	Through Survey (Res	urvey) \$30 vef 10 Jan 2005)				
		6) TR : Re-insq	pection	\$75 \$160			
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SN09215J0007 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 19/05/2021 17:41 (SGT) SUBMITTED BY: Liew Shan Hui

VERSION: 1 (19/05/2021 17:41 (SGT))



## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

 This Form must be completed by the Policyholder and/or the Authorised Driver
 This Form must be completed by the Policyholder and/or the Authorised Driver
 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.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability of the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 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.
 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 Date of Accident Exact Location of Accident

Additional Location Information Country/State of Loss

19/05/2021 17:41 (SGT) 18/05/2021 14:45 (SGT) Chapel Rd, Singapore

Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBB7666Z

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

**Email Address** 

Mobile Phone No

Alternative Phone No

SHANTHI ENGINEERING & CONSTRUCTION PTE LTD

WEEHOEAUTO@HOTMAIL.COM

(Phone) +65-91148759

+65-91148759

VEHICLE PARTICULARS

Manufacturer

Model

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? Vehicle Category

Transmission CC

Fiat

Doblo

Employment

No - Claiming third party

Commercial vehicle Manual

1600

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number Liberty Insurance Pte Ltd

ThirdParty

SI21V01430/VCV/R01

DRIVER

Name of Driver Work Permit No SUBRAMANIYAH PANDIYARAJ GXXXX278M



Accident report SN09215J0007

Page 1 of 20

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number

Alt. Phone Number Email Address Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

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

Yes No

No

SKZ3903H

DETAILS OF OTHER VEHICLE PROPERTY 1

Private car

Dry

07/06/1980

07/12/2020

5 MONTHS

(Phone) +65-90090922

WEEHOEAUTO@HOTMAIL.COM

BLK 402 CHUA CHU KANGAVE 3 #04-221

Hit and run / Vandalism / Damaged whilst parked

Outdoor

Male

680402

Employee

No

No

No

2 No

Yes

0

No

No

No

REFER TO STATEMENT

ATTACHMENT(S)

Was there any audio recorded?

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver Contact Number Address

Address complement

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

# ACCIDENT STATEMENT

1. DETAILS OF VEHICLE  OJVEHICLE NUMBER:  DJINSURANCE COMPANY:  DJINSURANCE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  CJPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  e)MAKE & MODEL:  THE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  e)MAKE & MODEL:  THE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  e)MAKE & MODEL:  THE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  e)MAKE & MODEL:  THE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  e)MAKE & FOR USING AT A CCIDENT TIME:  LINGUIST HOP LEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)  1. INSURED / POLICY HOLDER  A)NAME:  DJINRIC/FIN/PASSPORT:  CONTACT:  CONTACT:  TOMALE / FEMALE)  DJINRIC/FIN/PASSPORT:  CONTACT:  CONTACT:  CONTACT:  THIRD PARTY CLAIM  MALE / FEMALE)  DJINRIC/FIN/PASSPORT:  CONTACT:  COMPANY?  (YES / NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  DJINRIC/FIN/PASSPORT:  CONTACT:  THIRD PARTY VEHICLE  D) VEHICLE NUMBER:  D) RICC/FIN/PASSPORT:  CONTACT:  MODEL:  DRIVER'S NAME:  O) VEHICLE NUMBER:  MODEL:  DRIVER'S NAME:  O) VEHICLE NUMBER:  MODEL:  DRIVER'S NAME:  O) VEHICLE NUMBER:  MODEL:  MICC/FIN/PASSPORT:  CONTACT:  CONTACT:  MODEL:  DRIVER'S NAME:  O) RICC/FIN/PASSPORT:  CONTACT:  MICC/FIN/PASSPORT:  CONTACT:	ACCIDENT	DATE:(18/5/21	)(DD/MM/YYYY)	, TIME:(	MM:HH)(
DINSURANCE COMPANY: DI LID  CPOLICY NUMBER:  DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  e) MAKE & MODEL: THE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  e) MAKE & MODEL: THE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  e) MAKE & MODEL: THE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  e) MAKE & MODEL: THE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE / OTHERS)  l) NAME YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIMY REPORTING ONLY)  2. INSURED / POLICY HOLDER  A) NAME: (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT: 909 9972  C) ADDRESS: (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT: 909 9972  C) ADDRESS: (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT: 909 9972  C) ADDRESS: (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT: 909 9972  C) ADDRESS: (MALE / FEMALE)  D) NRIC/FIN/PASSPORT: CONTACT: 909 9972  C) DIP NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  D) RELATIONSHIP OF THE DRIVER WITH INSURED:  D) RORLATIONSHIP OF THE DRIVER WITH INSURED:  D) MORLATING CONTACT: (MODOR / OUTDORS)  IF YES, PLEASE STATE WHICH POLICE STATION:  8. THIRD PARTY VEHICLE  D) NRIC/FIN/PASSPORT: CONTACT:  D) DRIVER'S NAME: (MODEL: 900)  O) VEHICLE NUMBER: MODEL:  D) DRIVER'S NAME: (MODEL: 900)  O) VEHICLE NUMBER: MODEL:  D) DRIVER'S NAME: (MODEL: 900)  O) VEHICLE NUMBER: MODEL:	LOCATION	E	est chapel to	ect	
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IJARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO)  IF NO, PLEASE STATE (THIRD PARTY CLAIMY REPORTING ONLY)  2. INSURED / POLICY HOLDER  A)NAME: (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT: 9148359  C)ADDRESS:  CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER  BRIVER  d)NAME: (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT: 909 977  c)ADDRESS: (MA CM) HOME (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT: 909 977  c)ADDRESS: (MA CM) HOME (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT: 909 977  c)ADDRESS: (MA CM) HOME (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT: 909 977  c)ADDRESS: (MA CM) HOME (MALE / FEMALE)  b)NRIC/FIN/PASSPORT: CONTACT: 909 977  c)ADDRESS: (MA CM) HOME (MALE / FEMALE)  b)OCCUPATION: (INDOOR / OUTDOOR)  f)YEARS OF DRIVING EXPRERIENCE:  4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES./ NO)  IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  5. c)WEATHER CONDITION: (CLEAR / RAINING / OTHERS  b)ROAD SURFACE: (DRY / WET / OTHERS  6. WAS ANYBODY INJURED (YES / NO)  7. c)REPORTED TO POLICE (YES / NO)  18 YES, PLEASE STATE WHICH POLICE STATION:  19 YES, PLEASE STATE WHICH POLICE STATION:  10 VEHICLE NUMBER: MODEL:  10 VEHICLE NUMBER: MODEL:  20 DRIVER'S NAME:  21 OF PRESENGER  21 OF PRESENGER  22 ONTACT: MODEL:  23 ONTACT: MODEL:  24 ONTACT: MALE / FEMALE)  25 ONTACT: MALE / FEMALE)  26 DRIVER'S NAME:  27 ONTACT: MALE / FEMALE)  28 ONTACT: MALE / FEMALE)  29 DRIVER'S NAME:  20 ONTACT: MALE / FEMALE)  20 ONTACT: MALE / FEMALE)  21 ONTACT: MALE / FEMALE)  22 ONTACT: MALE / FEMALE)  23 ONTACT: MALE / FEMALE)  24 ONTACT: MALE / FEMALE)  25 ONTACT: MALE / FEMALE)  26 ONTACT: MALE / FEMALE)  27 ONTACT: MALE / FEMALE)  28 ONTACT: MALE / FEMALE)  29 ONTACT: MALE / FEMALE)  29 ONTACT: MALE / FEMALE)  20 ONTACT: MALE / FEMALE)  20 ONTACT: MALE / FEMALE)  21 ONTACT: MALE / FEMALE)  21 ONTACT: MALE / FEMALE)  22 ONTACT: MALE / FEMALE)  23 ONTACT MALE / FEMALE)  24 ONTACT MALE / FEMALE)  25 ONTACT MALE / FEMALE)  26 ONTACT MALE / FEMALE)  26 ONTACT MALE / FEMALE)  27 ONTACT MALE / FEMALE)  28 ONTACT MALE / FE	g)VE	HICLE CATEGORY: (PRI	VATE / COMMERCIA	L/MOTORCYC	
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Mo of passanger a) VEHICLE NUMBER: 3/123903+ MODEL: Including driver) b) DRIVER'S NAME:  ( ) NRIC/FIN/PASSPORT: CONTACT:  9. THIRD PARTY VEHICLE  ( ) VEHICLE NUMBER: MODEL:			POLICE STATION:_		
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Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any willful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>,
- 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.
- 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 :

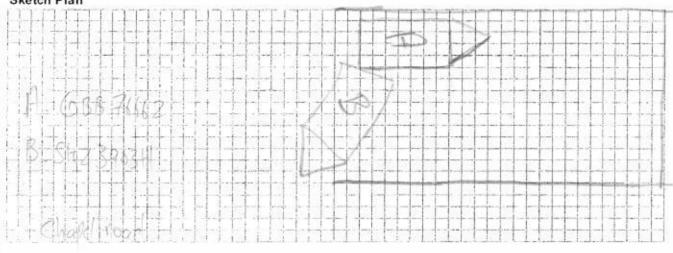
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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 haurers' 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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

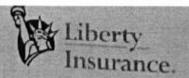
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Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan







Liberty Insurance Pte Ltd

Registration no 199002791D 51 Club Street 803-00 Liberty House Singapore 069426 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertymu.rance.com

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189).
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) BULES, 1940
ROAD TRANSPORT ACT, 1947 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1949 (MALAYSIA)

Certificate No Form	SI21V01430 /VCV /R01 MZ300A
Date of issue:	28-Jan-2021
1. Index Mark and Registration No. of Vehicle:	GBB7666Z
2 Chassis number of Vehicle	ZFA22300005621261
3 Name of Policyholder	SHANTHI ENGINEERING & CONSTRUCTION PTE LTD
Effective date of Commencement of Insurance for the purposes of the Act.	10-FEB-2021 00:00
5 Date of Expiry of Insurance	09-FEB-2022 23:59

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 an 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 ions 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.

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 or any one disabled mechanically propelled vehicle.

\*Limitations rendered inoperative by Section & of the Mistor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

L'We hereby certify that the Policy to which this Certificate relates is itsued in accordance with the provisions of the Motor Vehicles (Third Perty Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only;

COVERAGE:

Third Party Only

SUM INSURED (SS):

EXCESS (SS)

FINANCE COMPANY PRODUCER NAME

Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00

VIRTUAL INSURANCE AGENCIES PTE LTD