# **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 witholding of material facts may allow insurance companies to repudiate

- 9. Information provided mast by as distinct and second as positive 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 the insurance application by interested parties. 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 29/06/2021 15:18 (SGT) Date of Accident 28/06/2021 15:15 (SGT) Exact Location of Accident Singapore Additional Location Information 47 JALAN BUROH Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Nissan

Vehicle Registration Number GBG8160H

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner E-FULFILLMENT PTE LTD Company Reg No 2XXXXX302E Email Address efufillmentsg@gmail.com Mobile Phone No (Phone) +65-91598504 Alternative Phone No +65-91598504

#### VEHICLE PARTICULARS

Model Nv350 Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 1480

#### INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD20V13612/VCV/R00 Cover Note Number

## DRIVER

Name of Driver LEE GUOXIAN SXXXX971D

Date Of Birth 25/05/1988 Occupation Indoor Date Of Driving Pass 28/12/2010 Driving experience 10 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-91598504 Alt. Phone Number Email Address efufillmentsg@gmail.com BLK 854 JURONG WEST STREET 81 #09-514 Address Address complement Postcode 640854 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 Clear Road Surface Dry 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 DETAILS OF POLICE ACTION Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER STATEMENT

(ATTENDED BY: JAMES NG)

ATTACHMENT(S)

Are accident photos available for attachment? Yes

Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident CANNOT BE UPLOADED INTO SYSTEM

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number **GBK4160M** Vehicle Manufacturer Nissan Vehicle Model Nv350 Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver SIM WEI HAO



NRIC No	SXXXX759B
Contact Number	(Phone) +65-91072913
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

## SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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 yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature / If driver is not the policyholder / Date & Time Z9 JUN 2021 Witnessed by Reporting Centre Personnel NG WING KIN JAMES admin.vac@vicorn.com.sg

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# Declaration

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

Policyholder's Signature / Date &

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

2 9 JUN 2021

CONTRACTOR OF THE PARTY OF THE

Witnessed by Reporting Centre Personnel

NG WING KIN JAMES admin.vac@vicom.com.sg



















#### Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street 51 Cub Street #03-00 Liberty House Singapore 069428 Tel. (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertyinsurance.com.sg

## 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	SD20V13612 /VCV /R00				
Form	MZ300A				
Date Of Issue	28-OCT-2020				
1.Index Mark and Registration No. of Vehicle:	GBG8160H				
2.Chassis number of Vehicle:	JN1MC2E26Z0009516				
3.Name of Policyholder:	E-FULFILLMENT PTE. LTD.				
4.Effective date of Commencement of Insurance	02-NOV-2020 00:00 AM				
for the purposes of the Act:					
5.Date of Expiry of Insurance:	01-NOV-2021 23:59 PM				
6 Parsons or Classes of Davesus					

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

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 or 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 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.

For and on behalf of LIBERTY INSURANCE PTE LTD

Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I SS600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S \$3000, Windscreen Excess S\$100

FINANCE COMPANY:

UNITED OVERSEAS BANK LIMITED

PRODUCER NAME:

CASA MERAKI PTE LTD

PLAS/PLAS/28-OCT-20

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28-OCT-20

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