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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

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

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 Submission 24/09/2021 17:09 (SGT) Date of Accident 23/09/2021 21:15 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information TOWARDS SLE EXIT TO TAMPINES AVENUE 7 Country/State of Loss

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGB6383L

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NALLU DHINAKHARAN NRIC No SXXXX546D Email Address nalludhinakharan@gmail.com Mobile Phone No (Phone) +65-82004476 Alternative Phone No +65-82004476

VEHICLE PARTICULARS

Manufacturer Honda Model Stepwagon Variant Exact purpose for which vehicle was being used at time of accident Private use

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1496

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SI21V034414/VPE/R02 Cover Note Number

DRIVER

Name of Driver NALLU DHINAKHARAN NRIC No SXXXX546D

Date Of Birth 18/06/1987 Occupation Indoor Date Of Driving Pass 09/06/2009 Driving experience 12 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-82004476 Alt. Phone Number +65-82004476 Email Address nalludhinakharan@gmail.com Address BLK 438 TAMPNES STREET 43 #12-163 Address complement Postcode 520438 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name PREETI BHART SHERI Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? 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? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMJ3108Y

Honda

Vezel

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour

Vehicle Model

Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	(-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	•
Dotaile of proporty domested in a still at	-
No. Of Passanger (Including Principle)	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SLR1840Z Honda Shuttle
Vehicle Variant	40
Vehicle Colour	200
Vehicle Category	Private car
Name of Driver	i iivate cai
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

- 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.
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful 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.
- 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.
- 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' 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 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.

(including their law yers/law firms)), which may be sited outside of Si	ngapore, for one or more	e of the above Purposes.
s Stath	is Authorities		au 24/09/2021
Policyholder's Signature / Date & Time	Driver's Signature (If driver is & Time		ate Witnessed by Reporting Centre Personnel
Sketch Plan TPE	(SUR) EXIT TO	Tompiners	NK 7
<u>-</u>	KI® Nu		Vehicle A: SGB6383L Vehicle B: SMJ31084 Vehicle C: SLR 8402

Describe Circumstances of the Accident
On the stated date and time, I was feathing along
the stated location on my which A. The which who
sland down and stopped and I followed cart. Suddente
I Lette an impact to the near of my wehicle. I nectised
that retricte Chad rear ended retricte & coursing
that retrem and rear enough venicle of couring
vehicle B to low propelled, forward into the revoting of vehicle and coursing a 3 car chain collision.
John prby having come to con intial stop
vehicles and couring a scar cuen commen.

Declaration

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel

Date of Accident	: 23/09/2021 Accident Time: 21:15 (24-HR-Format)
Accident Place	: TPE (GLE) exit to Tanpines Auna 7
Vehicle. No. (Car Plate No.)	: SGB6383L Make/Model: Horda Stepragon 1.52
Insurace Company	: Liberty Policy No: SIZIVO3414/UPE/ROZ
Owner or Company Name /IC No.	NALLY DHINAKHARAN/S8717546D
Owner or Company Contact No.	: 82004476 Owner's Hp Company Tel
DRIVER'S Name / IC No.	NACLU DHINA KHARAN
DRIVER'S Date Of Birth	: 18/06/1987 DRIVER'S License Pass Date 09/06/2009
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 438 Tompines Street 43 #12-163 (5520438)
DRIVER'S Contact No./ Alt No.	:1) 8200 4476 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: nalla dhinakharan @ gmail com
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 2
Was there any video Captured by ca Exact purpose for which vehicle was Any Injury (If YES, Pls state): No	s being used at the time of accident. Private use Work purpose
Other P	arty Driver's Particular (if any)
Vehicle. No: SMJ 3108	Y Vehicle. No: SLR 1840Z
Vehicle Make Wodel: Honda	Vehicle Make Model: Honda Shuffle
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	gender:
PREETI BHART SHE	RI
FEMALE	







Certificate of Insurance

www.libertyinsurance.com.sg

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder:

NALLU DHINAKHARAN

Date of Issue: 15 Mar 2021

Registration No.:

SGB6383L

Effective Date of Commencement:

25 Apr 2021 00:00

RP11009161

Chassis No.:

Certificate No.:

SI21V03414/ VPE / R02

Date of Expiry:

24 Apr 2022 23:59

Type of Certificate:

MX1

Persons or Classes of Persons entitled to drive*:

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his 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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*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

For Information Only:

Coverage(s):

Comprehensive, Unlimited Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

MAYBANK SINGAPORE LTD

Name of Producer:

PRIME CARS CREDIT PTE LTD (A1410-2)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Tour		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	546D	
Vehicle No.:	SGB6383L	
Vehicle to be Exported:	No	
Intended Deregistration Date:	29 Oct 2021	
Vehicle Make:	HONDA	
Vehicle Model:	STEPWAGON 1.5G CVT	
Primary Colour:	Silver	
Manufacturing Year:	2015	
Engine No.:	L15B3596542	
Chassis No.:	RP11009161	
Maximum Power Output:	110.0 kW (147 bhp)	
Open Market Value:	\$24,023.00	
Original Registration Date:	25 Apr 2017	
First Registration Date:	25 Apr 2017	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$25,633.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	24 Apr 2027	
PARF Rebate Amount: Intended COE Rebate Details	\$19,224.00	
COE Expiry Date:	24 Apr 2027	
COE Category:	E - Open Category	
COE Period(Years):	10	
QP Paid:	\$53,001.00	
COE Rebate Amount:	\$29,090.00	
Total Rebate Amount:	\$48,314.00	

The information contained herein is correct as at 24 Sep 2021