

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 Submission 11/10/2021 16:38 (SGT)
Date of Accident 09/10/2021 09:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information Pioneer Rd towards Pioneer Rd North
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH9533D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SAN ENGINEERING & CONSTRUCTION PTE. LTD.
Company Reg No 2XXXXX413K
Email Address candy@sanengrg.com
Mobile Phone No (Phone) +65-68611683
Alternative Phone No (Office) +65-68611683

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Nhr87aue4aa
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? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 1898

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number SD20V13686/VCV/R00
Cover Note Number -

DRIVER

Name of Driver LOO YUEN CHOY
NRIC No SXXXX015H

Date Of Birth	17/07/1952
Occupation	Outdoor
Date Of Driving Pass	06/08/1973
Driving experience	48 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91096843
Alt. Phone Number	-
Email Address	candy@sanengrg.com
Address	APT BLK 165 STIRLING ROAD
Address complement	#08-1251
Postcode	140165
Is the driver the policyholder?	No
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 - Roundabout
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

On 9/10/2021, around 09:00hrs, I was driving vehicle GBH9533D along Pioneer Rd towards Pioneer Rd North. At the roundabout, in front there was a traffic police who instruct the traffic. There was a vehicle XD5882H coupled with trailer TRD352A which at my left side, its right side grazed across my left side portion. No injury.

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	XD5882H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIU XIPING
Passport No/FIN	GXXXX930L

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.
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. 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 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:

11 OCT 2021

Driver's Signature

(If driver is not the policyholder)

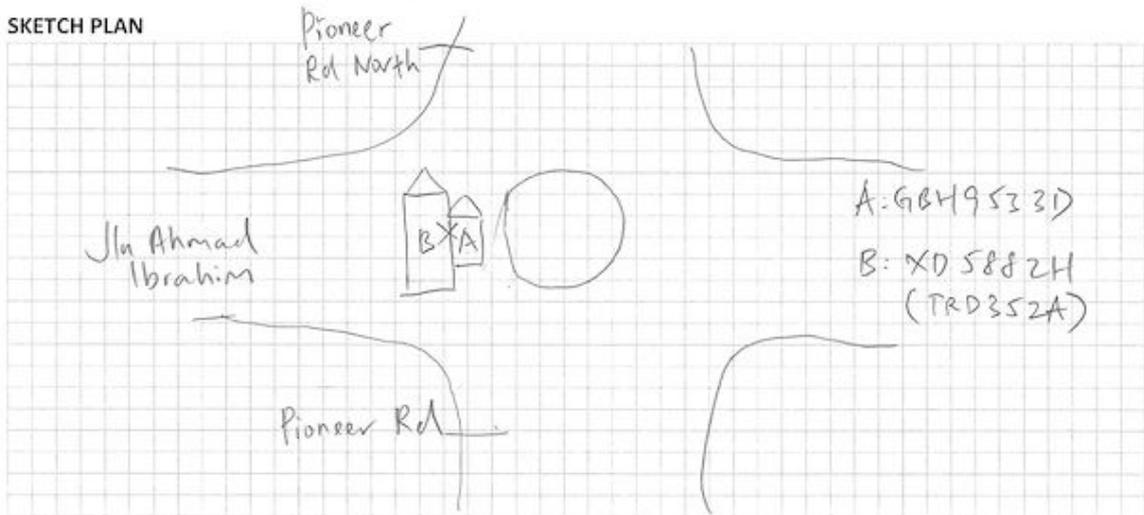
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/10/2021, around 09:00 hrs. I was driving vehicle GBH9533D along Pioneer Rd towards Pioneer Rd North. At the roundabout, in front there was a traffic police who instruct the traffic. There was a vehicle XD5882H coupled with trailer TRD352A which at my left side, its right side grazed across my left side portion. No injury.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 11 OCT 2021


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

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











OO HUAWEI P30 Pro
LEICA QUAD CAMERA

















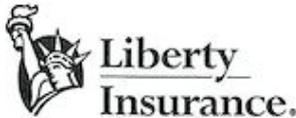












Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8611 Fax: (65) 6226 3361

Certificate of Insurance

THE 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
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD20V13686 /VCV /R00
Form	MZ300A
Date Of Issue	29-OCT-2020
1.Index Mark and Registration No. of Vehicle:	GBH9533D
2.Chassis number of Vehicle:	JAANHR87EJ7100099
3.Name of Policyholder:	SAN ENGINEERING & CONSTRUCTION PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	01-NOV-2020 00:00 AM
5.Date of Expiry of Insurance:	31-OCT-2021 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 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, Additional Accessories (Hood - Sum Insured \$2,000)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	INTEG INS AGENCY PTE LTD

SCJC 20201029

Ver.1.260705