



# 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	01/04/2022 09:20 (SGT)
Date of Accident	31/03/2022 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS AVE 12 TWDS SLE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2936G
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AVM ENGINEERING PTE LTD
Company Reg No	2XXXXX941K
Email Address	veera@avmengg.com
Mobile Phone No	(Phone) +65-98234369
Alternative Phone No	+65-98234369

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI22V02018/VCV/R02
Cover Note Number	-

### DRIVER

Name of Driver	KALIYAPERUMAL KALAIVANAN
Passport No/FIN	GXXXX466K

Date Of Birth	09/05/1975
Occupation	Outdoor
Date Of Driving Pass	20/09/2019
Driving experience	2 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83871998
Alt. Phone Number	-
Email Address	veera@avmengg.com
Address	5 KALLANG SECTOR
Address complement	#03-05
Postcode	349279
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

#### 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	GBE3997D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) ..... -

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	KALIYAPERUMAL KALAIWANAN
Gender	Male
Phone No	(Phone) +65-83871998
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBF2936G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

## SKETCH PLAN

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### **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.



\_\_\_\_\_  
Policyholder's Signature / Date & Time

*[Signature]*  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 01/04/22  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### **Sketch Plan**



**Describe Circumstances of the Accident**

I was travelling along Woodlands Ave 12 towards S/E, when approaching traffic light I saw the traffic light on Amber turning red. I slow down in a safety manner, suddenly I felt a huge impact from my rear of my vehicle, the impact cause my vehicle to move forward. I got down of my vehicle and realise vehicle B collided onto my vehicle.

**Declaration**

We declare the foregoing particulars are true in every respect.



\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

*Shyam* 01/04/22  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Date of Accident : 31/03/2022 Accident Time: 1400 (24-HR-FORMAT)  
 Accident Place : Woodlands Ave 12 towards SLE  
 Vehicle Reg. No (Car plate No.) : GBF29364 Vehicle Make/Model: Toyota Dyna  
 Insurance Company : Liberty Policy No. S122V02018/VCV/R02  
 Name of Registered Owner : Company / Individual AVM Engineering Pte Ltd  
 ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: 20329941K  
 : Co Contact No: \_\_\_\_\_ Owner's Contact No: 9823 4369  
**DRIVER'S Name** : Kaliyaperumal Kalivemban **DRIVER'S NRIC No:** 92169466K  
**DRIVER'S Date of Birth** : 09/05/1975 **DRIVER'S License Pass Date** 20/09/2019  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other : \_\_\_\_\_  
**DRIVER'S Address** : 5 Kallang Sector #03-05 S(349279)  
**DRIVER'S Contact No./ Alt No.** : 1) 8387 1998 2) \_\_\_\_\_  
**DRIVER'S Occupation** : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
 Email Address : veera@avmenig.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 Driver): 1 Name & Gender: \_\_\_\_\_  
 Was the accident reported to the police? YES \ NO  
 Was there any video Captured by car camera: YES \ NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
 Any injuries, if yes (name of the injured person) Driver

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: <u>GBE3947D</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

**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  
ROAD TRANSPORT (AMENDMENT) ACT 2019  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	SI22V02018 /VCV /R02
<b>Form</b>	MZ300A
Date of Issue:	11-Feb-2022
1.Index Mark and Registration No. of Vehicle:	GBF2936G
2.Chassis number of Vehicle:	KDY2318025273
3.Name of Policyholder:	AVM ENGINEERING PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	25-FEB-2022 00:00
5.Date of Expiry of Insurance:	24-FEB-2023 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 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.	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p>  <p>Authorised Signature</p>	
<b>For Information only:</b>	
COVERAGE:	Comprehensive, Unlimited Windscreen, Hood
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section I \$500.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$1,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	
PRODUCER NAME:	INSURED UNITED AGENCY PTE LTD