

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 Actual 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	05/09/2022 13:32 (SGT)
Reported by	Driver
Date of Accident	04/09/2022 15:00 (SGT)
Exact Location of Accident	Commonwealth Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4026K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RECLAIMS ENTERPRISE PTE LTD
Company Reg No	2XXXXX101E
Email Address	hr@reclaim-enterprise.com
Mobile Phone No	(Phone) +65-97807069
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Navara
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V02106/VCH/R00

DRIVER

Name of Driver	DUR AISAMY PRABAHARAN
Passport No/FIN	GXXXX878M
Date Of Birth	16/04/1990
Occupation	Outdoor

Date Of Driving Pass	07/12/2016
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97807069
Alt. Phone Number	-
Email Address	hr@reclaim-enterprise.com
Address	BLK 270 PASIR RIS STREET 21 #04-448
Address complement	-
Postcode	510270
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	Side Swipe
Weather Conditions	DRIZZLING
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PRATHEESH
Gender	Male

PASSENGER 2

Name	SARAVANAN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220904/2078

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNB4188P
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KOK MING
NRIC No	SXXXX329B
Contact Number	(Phone) +65-81180636
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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' 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.

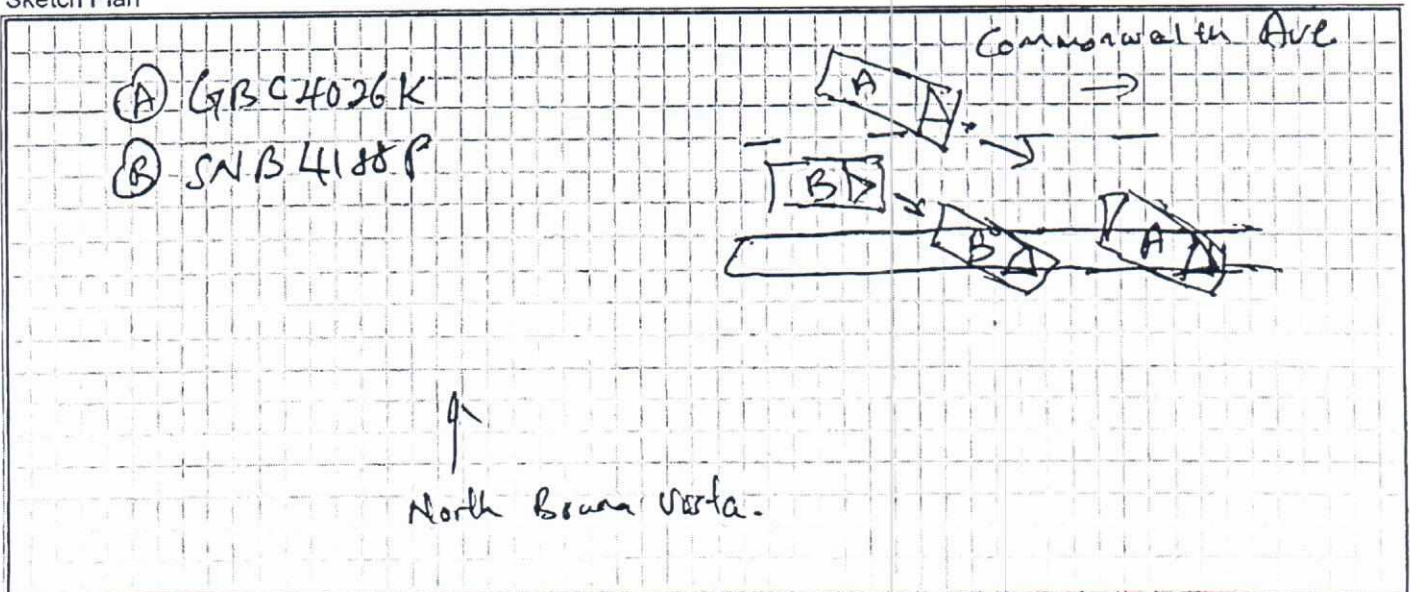


Policyholder's Signature / Date & Time

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

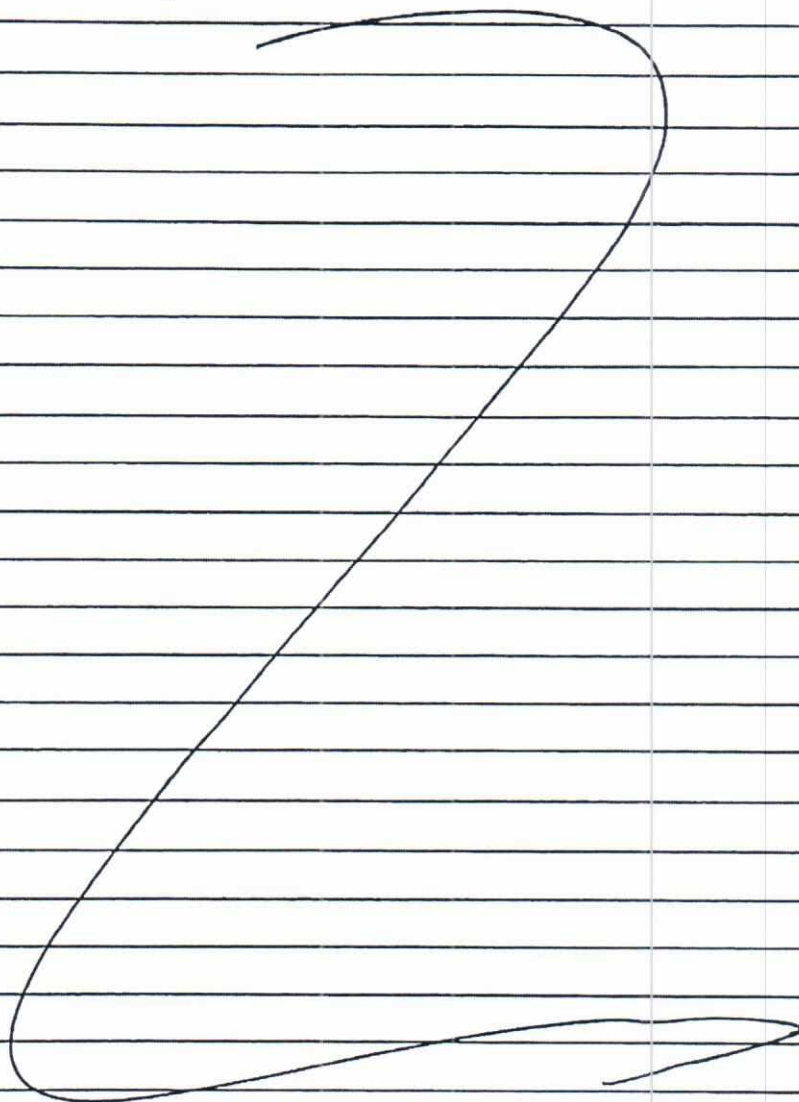
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report no 7/20220904/2078.



Declaration

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



Policyholder's Signature / Date & Time

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

[Signature] 05/09/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20220904/2078

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20220904/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/09/2022 19:54		Vide Report No.: D/20220904/0095		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: DURASAMY PRABAHARAN			Address: APT BLK 270 PASIR RIS STREET 21 #04-448 SINGAPORE 510270		
ID Type / ID No.: FIN NO / G3076878M			Contact No.: Home/Office:		Mobile: 97807069
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 16/04/1990	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 04/09/2022 15:00	Type of Location: X-Junction
Location: COMMONWEALTH AVENUE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC4026K	Lorry	NISSAN	NAVARA 2.5L S/CAB MT ABS D/AIRBAG TURBO	Grey	Seriously Damaged	2
SNB4188P	Car	TOYOTA	NOAH HYBRID 7- SEATER 1.8X CVT	Silver	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220904/2078

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

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Report No. T/20220904/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	DURASAMY PRABAHARAN	ID No.	G3076878M
Related Vehicle	GBC4026K (Lorry)	Contact No.	97807069
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TAN KOK MING	ID No.	S7060329B
Related Vehicle	SNB4188P (Car)	Contact No.	81180636
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/09/2022 at about 3pm, I was driving my vehicle bearing plate number GBC4026K, at the junction of North Buona Vista Rd, turning right to Commonwealth Ave. I was travelling on the 2nd lane of a 4 lanes road and proceeded to make a right turn however, after turning right, I do not know why, I could not straighten back my steering wheel. My vehicle then proceeded to the right and collided onto another vehicle bearing plate number SNB4188P. After colliding onto the vehicle which was on the most right lane of the 3 lanes road along Commonwealth Ave, the 2 vehicles drag and hit onto the guard railing on centre divider.

The vehicle managed to come into a complete stop. The driver and myself got out from the vehicle to make a check and exchanged our particulars. The driver informed that he was not injured. Traffic Police and ambulance attended to us and none of us were conveyed.

The Traffic Police then took an SD card from my dash cam for investigation purposes.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20220904/2078

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Report No. T/20220904/2078

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

G /

SGT 2 TOH SHIMIN, KIMBERLY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN

ABDUL RAHMAN

Contact No.: 65476219

Signature Of Informant:

Date/Time:

04/09/2022 19:54

Classification Of Case:

NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: D/2022090410095

I, Sgt 3 T180244 Far
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of TP
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 01 IRROAD 16 gb sd card
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____



**SINGAPORE
POLICE FORCE**
SAFEGUARDING EVERY DAY

CASE CARD

Report Number: #D/2022090410095
Traffic Accident along Commonwealth Ave
Involving vehicles: _____
On _____ at about _____ am / pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP318E(2018)

from DURASAMY PRABAHARAN (G3076878M)
(Name, NRIC or Passport No. / Rank and No.)
of 270 Pagar Kis St 21 #04-448 SC510270
(Address / Police Station / NPC / NPP)
on 4/9/22 at 1540h
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)
Durasamy Prabaharan
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
(Signature)
Sgt 3 T180244 Far
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 04/09/2021 (dd/mm/yy) Time of Accident: 15:00 hrs (24-HR-FORMAT)

Vehicle No.: GBC 4026K Vehicle Make & Model / Engine (cc): Nissan Navara Private Hire: (Y/N) ☒

Exact location of Accident: Commonwealth Ave.

Policyholder's Name / IC No.: Reclaims Enterprise Pte Ltd ROC/UEN (Company) 200903101E

Driver's Name / IC No.: Duraishamy Prabaharan / G3076878M (As Above) ☐

Driver's Contact No.: 97807069 Company Contact No / Owner Contact No: _____

Driver's Address: Blk 270 Pasir Ris St 21 # 04-48 S (S10270)

Owner Email address: hr@reclaims-enterprise.com Insurance Company: _____

Driver Email address: _____

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 3

*Passenger Name: Pratheesh

Gender: ☒ Male / Female x ()

*Passenger Name: Saravanan

Gender: ☒ Male / Female x ()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☒ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: SD card with traffic police

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Government papery

The Other Party(s) Details:

1. Driver's Name / IC No.: Tan Kok Ming / S7060328B Vehicle No.: SN B4488P

Driver's Contact No.: 81180636 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

Liberty Insurance Pte Ltd



Liberty Insurance.



Liberty Insurance Pte Ltd

Registration no 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611
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
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V02106 NCH /R00
Form	MZ301A
Date Of Issue	05-FEB-2022
1.Index Mark and Registration No. of Vehicle:	GBC4026K
2.Chassis number of Vehicle:	MNTACUD40A0001219
3.Name of Policyholder:	RECLAIMS ENTERPRISE PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	01-FEB-2022 00:00 AM
5.Date of Expiry of Insurance:	31-JAN-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
<p>A) Whilst the vehicle is being used in connection with the Policyholder's business - Any person provided he is in the Policyholder's employ and is driving on their order or with their permission</p> <p>B) Whilst the vehicle is being used for social, domestic and pleasure purposes - Any person who is driving on the Policyholder's order or with their permission.</p> <p>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.</p> <p>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.</p>	
7.Limitations as to use:	
<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>	
8.The Policy does not cover:	
<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward.</p>	
*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.	
VIRTUAL INSURANCE AGENCIES PTE LTD 192 Waterloo Street #02-02 Skyline Building, Singapore 187968 Tel: (65) 63380083 Fax: (65) 63380048	For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers Authorised Signature
For Information only:	
COVERAGE:	Third Party Only
SUM INSURED:	
EXCESS:	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers - S\$1500
FINANCE COMPANY:	
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

PLSE/PLSE/05-FEB-22

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05-FEB-22

Feb 5, 2022, 5:29 PM