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SN09229S0003 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/09/2022 13:18 (SGT) SUBMITTED BY: Chew Hsiao Tono VERSION: 1 (28/09/2022 13:18 (SGT))



### 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 witholding of material facts may allow insurance companies to repudiate policy liability.

The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 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

Reported by

Date of Accident

Exact Location of Accident

Additional Location Information

Country/State of Loss

28/09/2022 13:18 (SGT)

Driver

27/09/2022 04:20 (SGT)

Pasir Panjang Terminal Ave 8, Singapore

Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number

XD6992S

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

SG SYSTEM SOLUTIONS PTE, LTD.

2XXXXX131Z

jamie@makeway.com.sg (Phone) +65-84997453

VEHICLE PARTICULARS

Manufacturer

Model

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?

Vehicle Category

Transmission

CC

Scania

P400LA4X2MSZ

Employment

Commercial vehicle

Manual 12742

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Liberty Insurance Pte Ltd SD22V05736/VCH/R04

DRIVER

Name of Driver

NRIC No.

Date Of Birth

Occupation

MUHAMMAD ABDUL HALIM BIN JAMARI

SXXXX704C 22/08/1989

Outdoor



Date Of Driving Pass 14/06/2015 Driving experience 7 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-84997453 Alt, Phone Number Email Address iamie@makeway.com.sq Address BLK 263 YISHUN STREET 22 #02-167 Address complement Postcode 760263 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 Collision - Head to Rear Type of Accident Clear Weather Conditions 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) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement 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 PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

XD8761D Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Commercial vehicle Vehicle Category 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)	

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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

14/4/13/4

Driver's Signature (if driver is not propolicyholder) / Date

Witnessed by Reporting Centre Personnel

AUG

Sketch Plan

MONG ) XD6992S ) XD876D

Describe Circumstance of the Accident
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on mentioned date and time, I was at the said location. Suddenly I was blinded by a glare white light. By the time, I realist there is a trailler infrom of me, I try very hord to jamued my brelet. unfortunctely still collected onto the from
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Declaration

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

Co. Reg No. 10 20102/1312 mm

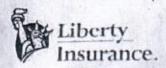
Policyholder's Signature / Date & Time

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

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



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: 2+ Time of Accident: 04 . 20 /2021 (dd/mm/yy) (24-HR-FORMAT) Vehicle Make & Model / Engine (cc): Sconia / p406 LA 4x2 MSZ ROÇ/UEN (Company) Driver's Contact No. : Company Contact No / Owner Contact No: St 22 402-167 5 (760263) Owner Email address: Jamie @ Makeway - com- Sg. Insurance Company: Driver Email address: Relationship between Owner & Driver: (Please CIRCLE one opty) 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/ Work purpose Private use./ \*No. of Passengers (Including Driver): \*Passenger Name: Gender: Male / Female x( ) \*Passenger Name: Gender: Male / Female x( ) Weather condition & Road conditions? (On the day of accident) Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Remarks: Any Injuries: No (If YES) Injured Person' Name: Injuries Sustain: Injured Person in Which Vehicle: Police Report filed: (If YES) Which Police Station: The Other Party(s) Details: Vehicle No: XD8761D 1. Driver's Name / IC No: Insurance Company : \_ Driver's Contact No: \_\_ Driver's Name / IC No (If Any): \_\_\_\_ Vehicle No: \_\_\_\_Insurance Company : \_\_\_\_ Driver's Contact No: \_\_ \*Independent Witness (If Any): \_\_\_\_\_\_ Contact No: \_\_\_\_ Preferred Workshop Name: \_\_\_\_ Contact No:





Liberty Insurance Pte Ltd Registration no.199002791D 51 Club Street 803-00 Liberty House Singapore 069428 Tel: (65) 6221 6511 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 THE MOTOR VEHICLES THIS CONTROL ACT 2019

THIRD-PARTY RISKS) RULES, 1959				
Gertificate No	SD22V05736 /VCH /R J4			
Form Date Of Issue	MZ301A 27-APR-2022			
1.Index Mark and Registration No. of Vehicle:	XD6992S			

2.Chassis number of Vehicle: YS2P4X20005315549 3.Name of Policyholder:

SG SYSTEM SOLUTIONS PTE. LTD. 4.Effective date of Commencement of Insurance 11-MAY-2022 00:00 AM

for the purposes of the Act: 5.Date of Expiry of Insurance: 10-MAY-2023 23:59 PM

6.Persons or Classes of Persons entitled to drive\*:

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.

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.

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 racing, pace-making, reliability trials or speed-testing.
 B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle C) Use for the carriage of passengers for hire or reward.

\*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, Third Party Working Risk

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

All Claims S\$1500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S

\$1500, Windscreen Excess S\$100

FINANCE COMPANY:

PRODUCER NAME:

VIRTUAL INSURANCE AGENCIES PTE LTD

PLVC/PLVC/28-MAY-22

S1\_CI\_T1\_T3\_OE\_Template2-Vert.

28-MAY-22



# Vehicle Registration Details

Vehicle No XD6992S	Make/Model SCANIA SCANIA /P400LA4X2MSZ	Vehicle Scheme
Current Propellante	Chassis No	Vehicle Type & The State Co.
Diesel	YS2P4X20005315549	Goods (Open) Prime

Owner's Details

Owner Name:

SG SYSTEM SOLUTIONS PTE. LTD.

NRIC/Passport/Company Cert No.:

201627131Z

Mailing Address:

Registration Details

Previous Vehicle No.:

Original Registration Date:

16 Apr 2013

No. of Transfers:

1

Vehicle Specifications

Engine No.:

6756136

Year of Manufacture:

2013

Secondary Colour:

Owner ID Type:

Company

Registered Address

38 KIAN TECK DRIVE SINGAPORE 628858

Birth Date

Effective Date of Ownership:

21 Dec 2016

Registration Date:

16 Apr 2013

IU Label No.:

IO Laberrio..

2010439401

Chassis No.:

YS2P4X20005315549

Primary Colour:

Multicolor

Passenger Capacity:

Engine Capacity / Power Rating:

Maximum Power Output:

12742 cc/-

Max Unladen Weight:

Maximum Laden Weight:

7260 kg

80000 kg

Vehicle Attachment 1:

Vehicle Attachment 2:

No Attachment

Vehicle Attachment 3:

Additional Registration Fee (ARF) and COE Information

Open Market Value:

Additional Registration Fee Rate:

\$110,246.00

5.00 %

Actual ARF Paid:

Vehicle Lifespan Expiry Date:

\$5,513.00

15 Apr 2033

OPC Cash Rebate Eligibility:

QP during COE Bidding Exercise:

No

\$53,900.00

COE No .:

COE Expiry Date:

2013040105000020W

15 Apr 2023

COE Category:

COE Registration Category:

C - Goods Vehicle & Bus

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota

Premium:

Actual QP Paid

\$53,900.00 / -

\$53,900.00

QP (Regn Cat):

\$53,900.00

**PARF Rebate Details** 

PARF Eligibility:

PARF Eligibility Expiry Date:

No

Minimum PARF Benefit:

Vehicle Emissions Details

CO2 Emission: