





## 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              | 28/09/2022 13:18 (SGT)                  |
| Reported by                     | Driver                                  |
| Date of Accident                | 27/09/2022 04:20 (SGT)                  |
| Exact Location of Accident      | Pasir Panjang Terminal Ave 8, Singapore |
| Additional Location Information | -                                       |
| Country/State of Loss           | Singapore                               |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | XD6992S                       |
| INSURED/POLICYHOLDER        |                               |
| Is company?                 | Yes                           |
| Name Of Registered Owner    | SG SYSTEM SOLUTIONS PTE. LTD. |
| Company Reg No              | 2XXXXX131Z                    |
| Email Address               | jamie@makeway.com.sg          |
| Mobile Phone No             | (Phone) +65-84997453          |
| Alternative Phone No        | -                             |

### VEHICLE PARTICULARS

|  |                    |
|--|--------------------|
| Manufacturer   | Scania             |
| Model  | P400LA4X2MSZ       |
| 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? | Yes                |
| Vehicle Category   | Commercial vehicle |
| Transmission   | Manual             |
| CC   | 12742              |

### INSURANCE COMPANY

|                                   |                           |
|-----------------------------------|---------------------------|
| Name of Insurance Company         | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD22V05736/VCH/R04        |

### DRIVER

|                |                                 |
|----------------|---------------------------------|
| Name of Driver | MUHAMMAD ABDUL HALIM BIN JAMARI |
| NRIC No        | SXXXX704C                       |
| Date Of Birth  | 22/08/1989                      |
| Occupation     | 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  | jamie@makeway.com.sg             |
| 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

|                    |                          |
|--------------------|--------------------------|
| Type of Accident   | Collision - Head to Rear |
| 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  |
| 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

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | XD8761D            |
| 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)     |  | - |



## 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.



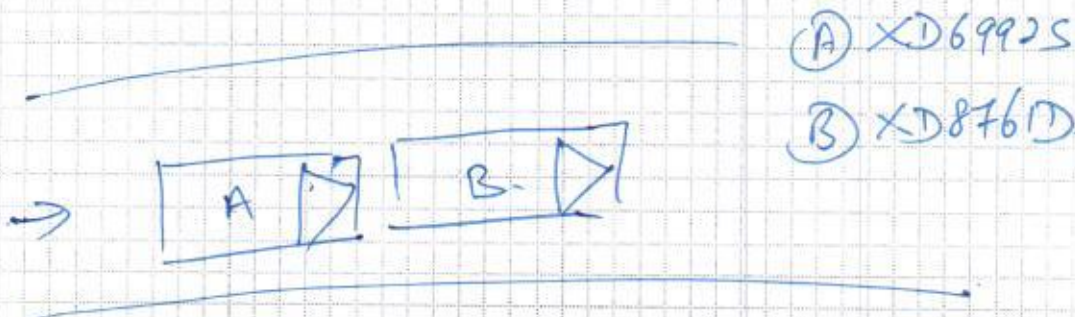
Policyholder's Signature / Date & Time

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

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

Sketch Plan

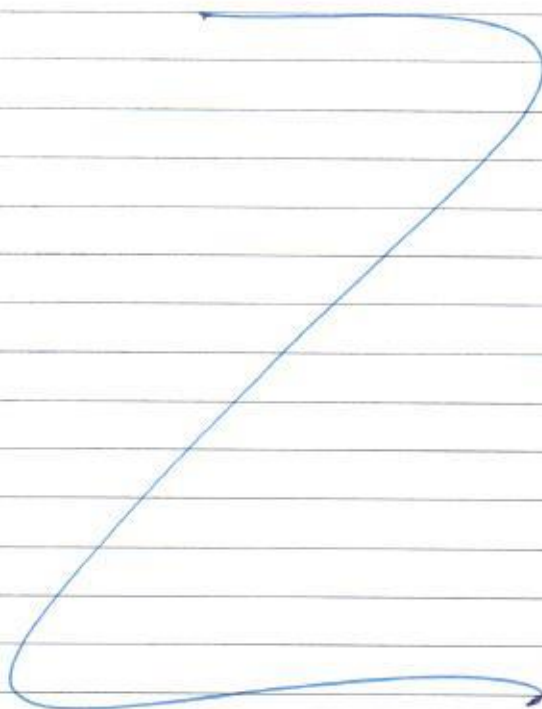
ALONG PASIR PANJANG TERMINAL AVE 2



Describe Circumstance of the Accident

On mentioned date and time, I was at the said location. Suddenly I was blinded by a glare white light. By the time, I realize there is a trailer in front of me, I try very hard to jammed my brake. unfortunately, still collided onto the front trailer (TRB86734) driven by XD 8761D.

X 



Declaration

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



Policyholder's Signature / Date & Time

X 

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

 28/09/2022  
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: 27/09/2022 (dd/mm/yy) Time of Accident: 04:20 (24-HR-FORMAT)

Vehicle No.: XD6992S Vehicle Make & Model / Engine (cc): Scania / P400 LAHX2MSZ Private Hire: (Y/N) ☒

Exact location of Accident: Along Pasir Pangkajene Terminal Ave 8

Policyholder's Name / IC No.: SG System Solutions Pte Ltd ROC/UEN (Company): 201627131Z

Driver's Name / IC No.: Muhammad Muhammad Abdul Halim B. Jamari / 58927404C (As Above) ☐

Driver's Contact No.: 84997453 Company Contact No / Owner Contact No:

Driver's Address: Blk 263 Yishun St 22 #02-167 S (760263)

Owner Email address: jamie@makeway.com.sg Insurance Company: Liberty

Driver Email address: SD22V05736 VCH/ROF

**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?**

☐ Private use / ☒ Work purpose

**Occupation (nature of job):** ☐ Indoor / ☒ Outdoor

**\*No. of Passengers (Including Driver):** 1

\*Passenger Name:

Gender: Male / Female x( )

\*Passenger Name:

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:

**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:

### **The Other Party(s) Details:**

1. Driver's Name / IC No: Vehicle No: XD8761D

Driver's Contact No: Insurance Company:

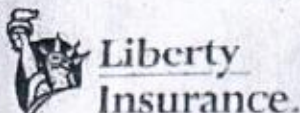
2. Driver's Name / IC No (If Any): Vehicle No:

Driver's Contact No: Insurance Company:

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

Preferred Workshop Name: Contact No:

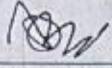




Liberty Insurance Pte Ltd  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8511  
Website: <http://www.libertyinsurance.com.sg>

## 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  | SD22V05736 /NCH /R34  |
| Form  | MZ301A  |
| Date Of Issue   | 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 for the purposes of the Act:   | 11-MAY-2022 00:00 AM  |
| 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 :-<br>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.<br>B) Whilst the vehicle is being used for social, domestic and pleasure purposes :-<br>Any person who is driving on the Policyholder's order or with their permission.<br>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.<br>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.<br>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.<br>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.<br>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.<br>C) Use for the carriage of passengers for hire or reward.<br>*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<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers<br><br>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-Ver1.

28-MAY-22

May 28, 2022, 10:48 PM



## Vehicle Registration Details

|                                     |   |   |
|-------------------------------------|---|---|
| Vehicle No<br><b>XD6992S</b>        | Make/Model<br><b>SCANIA<br/>/P400LA4X2MSZ</b> | Vehicle Scheme                                      |
| Current Propellant<br><b>Diesel</b> | Chassis No<br><b>YS2P4X20005315549</b>        | Vehicle Type<br><b>Goods (Open) Prime<br/>Mover</b> |

### Owner's Details

Owner Name:

**SG SYSTEM SOLUTIONS PTE. LTD.**

Owner ID Type:

**Company**

NRIC/Passport/Company Cert No.:

**201627131Z**

Registered Address

**38 KIAN TECK DRIVE SINGAPORE 628858**

Mailing Address:

Birth Date

### Registration Details

Previous Vehicle No.:

Effective Date of Ownership:

**21 Dec 2016**

Original Registration Date:

**16 Apr 2013**

Registration Date:

**16 Apr 2013**

No. of Transfers:

**1**

IU Label No.:

**2010439401**

### Vehicle Specifications

Engine No.:

**6756136**

Chassis No.:

**YS2P4X20005315549**

Year of Manufacture:

**2013**

Primary Colour:

**Multicolor**

Secondary Colour:

Passenger Capacity:

1

Engine Capacity / Power Rating :

12742 cc / -

Maximum Power Output:

-

Max Unladen Weight:

7260 kg

Maximum Laden Weight:

80000 kg

Vehicle Attachment 1:

No Attachment

Vehicle Attachment 2:

-

Vehicle Attachment 3:

-

#### Additional Registration Fee (ARF) and COE Information

Open Market Value:

\$110,246.00

Additional Registration Fee Rate:

5.00 %

Actual ARF Paid:

\$5,513.00

Vehicle Lifespan Expiry Date:

15 Apr 2033

OPC Cash Rebate Eligibility:

No

QP during COE Bidding Exercise:

\$53,900.00

COE No.:

2013040105000020W

COE Expiry Date:

15 Apr 2023

COE Category:

C - Goods Vehicle & Bus

COE Registration Category:

C - Goods Vehicle & Bus

Quota Premium (QP) / Prevailing Quota Premium :

\$53,900.00 / -

Actual QP Paid

\$53,900.00

QP (Regn Cat):

\$53,900.00

#### PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

Minimum PARF Benefit:

-

#### Vehicle Emissions Details

CO2 Emission: