

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 | 26/09/2022 14:10 (SGT) |
| Reported by | Driver |
| Date of Accident | 24/09/2022 08:55 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | YN6538G |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | Yes |
| Name Of Registered Owner | UNISCAFFOLD PTE LTD |
| Company Reg No | 201002225E |
| Email Address | admin@hue-uni.com.sg |
| Mobile Phone No | (Phone) +65-91519987 |
| Alternative Phone No | +65-82018138 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Hino |
| Model | XZU710R-HKFMS3 |
| 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 | 4009 |

INSURANCE COMPANY

| | |
|---|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SI22V12687/VCV/R04 |

DRIVER

| | |
|-----------------------|----------------------|
| Name of Driver | GOVINDARAJ VELALAGAN |
| Passport No/FIN | G8208961L |
| Date Of Birth | 04/06/1986 |
| Occupation | Outdoor |

| | |
|--|-------------------------------|
| Date Of Driving Pass | 23/02/2017 |
| Driving experience | 5 YEARS AND 7 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97893865 |
| Alt. Phone Number | - |
| Email Address | admin@hue-uni.com.sg |
| Address | Westlite Mandai Blk 36 #10-36 |
| Address complement | - |
| Postcode | 729940 |
| 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 | Chain Collision |
| Weather Conditions | Cloudy |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| 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? | Yes |
| Police Station Name | Ang Mo Kio South Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004519999 |
| Alt. Police Station Phone No | (Fax) +65-65535679 |
| Police Station Address | 81 Ang Mo Kio Ave 3 Singapore 569929 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

ATTACHMENT(S)

| | |
|---|------------------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | SD card with traffic police. |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SJQ4322L |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|----------------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-96254043 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|----------------------|
| Vehicle Registration Number | PC3888E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Bus |
| Name of Driver | - |
| Contact Number | (Phone) +65-96606570 |
| 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 | - |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SJQ4322L |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

IMPORTANT NOTICE

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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:

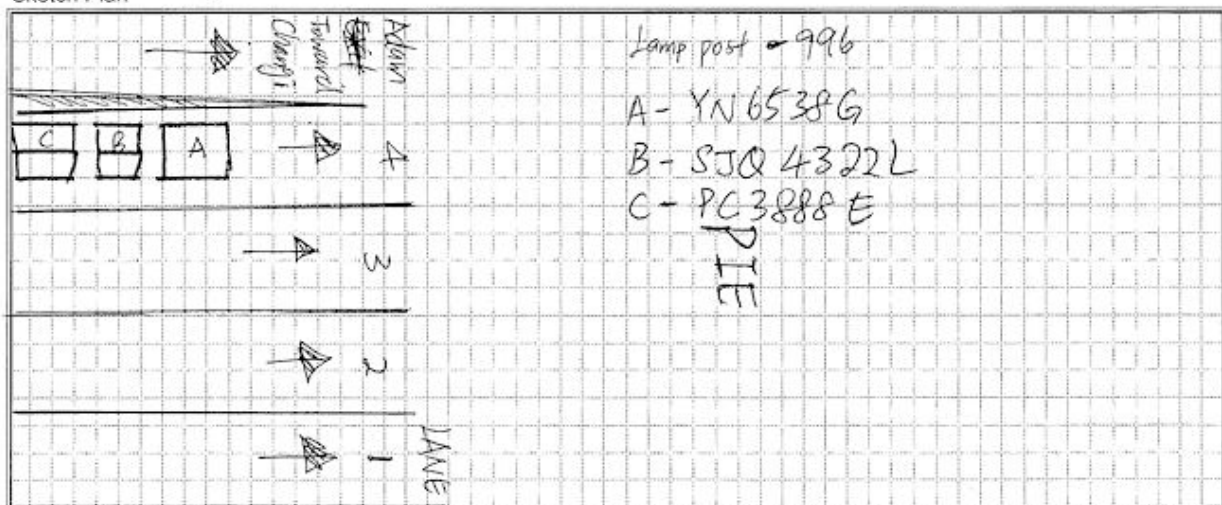
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

[Signature]
Policyholder's Signature / Date & Time
26 Sept 2022

[Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time
26 Sept 2022

[Signature]
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) SOH JIT HOON

Sketch Plan



Describe Circumstance of the Accident

* Please refer to Police's Report.

Declaration

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



 Policyholder's Signature / Date & Time
 26 Sept 2022


 Driver's Signature (if driver is not the policyholder) / Date & Time
 26 Sept 2022

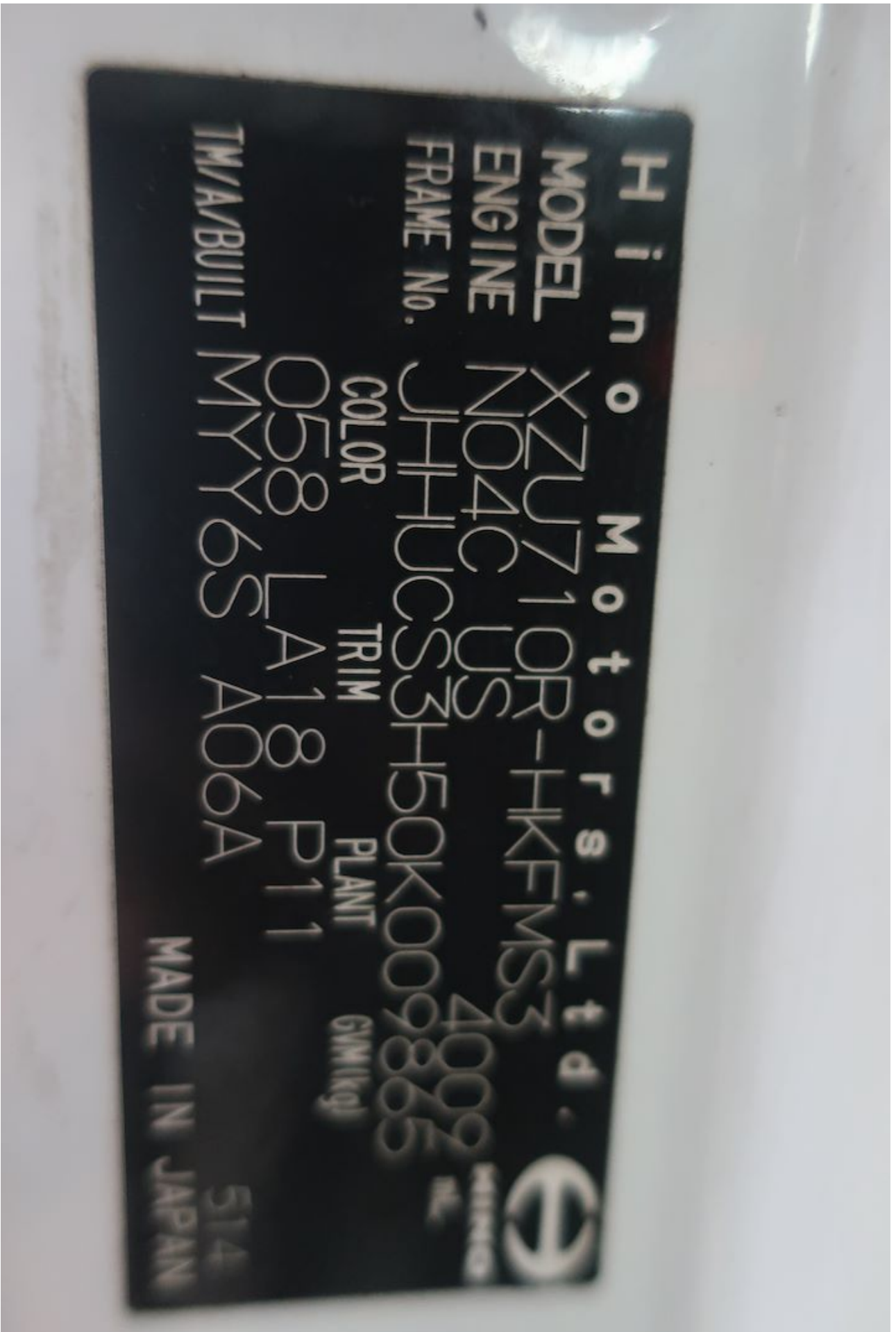

 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card) SOH JIT HOON
 2












**SINGAPORE
POLICE FORCE**


T/20220924/2029

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

1 of 4

Report No. T/20220924/2029

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 24/09/2022 11:49 | Vide Report No.: E/20220924/0074 | Station Diary No.: 20 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: GOVINDARAJ VELALAGAN | | | Address: APT BLK 36 MANDAI ESTATE #08-32 WESTLITE MANDAI DORMITORY SINGAPORE 729941 | |
| ID Type / ID No.: FIN NO / G8208961L | | | Contact No.: Home/Office: | Mobile: 97893865 |
| Nationality: INDIAN | | | Email: | |
| Sex: Male | Age: 36 | Date of Birth: 04/06/1986 | Type of Informant: Driver | |
| Race: Indian | | | Language: English | Institution / School Name: |
| Occupation: Lorry driver | | | Driving Licence Information: Class: 2B,3 | Date of Expiry: 12/09/2026 |

General Information of the Accident

| | | | | |
|--|------------------------------|------------------------------------|--|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 24/09/2022 08:55 | Type of Location: Straight Road |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Lamp Post Number: 996 | | | | |
| Weather: Cloudy | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: Yes | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-----------------------|------|-------|-------|---------------------|-----------------|
| PC3888E | Bus/Coach/Mi nibus | | | | | 0 |
| SJQ4322L | Car | | | | | 1 |
| YN6538G | Lorry | | | | Slightly Damaged | 3 |



**SINGAPORE
POLICE FORCE**



T/20220924/2029

2 of 4

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220924/2029

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | Unknown Driver | ID No. | NIL |
| Related Vehicle | PC3888E (Bus/Coach/Minibus) | Contact No. | 96606570 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | Unknown Driver | ID No. | NIL |
| Related Vehicle | SJQ4322L (Car) | Contact No. | 96254043 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | GOVINDARAJ VELALAGAN | ID No. | G8208961L |
| Related Vehicle | YN6538G (Lorry) | Contact No. | 97893865 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: 12/09/2026 |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 24/09/2022 at 0855hrs, I was driving my company lorry YN6538G along PIE towards Changi near 20.2 KM on the 4th lane when suddenly, I felt impact from the rear. Upon checking, vehicle SJQ4322L had collided with the rear of my lorry and a bus PC3888E had collided with vehicle SJQ4322L. Due to the accident, passenger from SJQ4322L was sent to hospital. Traffic police came and took my lorry SD Card for the accident recording.

The rear of my lorry was slightly damaged. No one in my lorry was injured.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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569929
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T/20220924/2029

3 of 4

Report No. T/20220924/2029

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20220924/2029

4 of 4

Report No. T/20220924/2029

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: F / SR STAFF SGT NURULHUDA BINTE OMAR | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 24/09/2022 11:49 |
| Officer In Charge Of Case: TP / GIT / STAFF SGT ROIZMAN BIN MOHAMED POSARI Contact No.: 65476131 | Classification Of Case: |

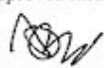
NP168



Liberty Insurance Pte Ltd
 Registration no. 199002791D
 51 Club Street
 #03-00 Liberty House
 Singapore 069428
 Tel: (65) 6221 8811 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
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

| | | |
|---|--|------------------|
| Policy No.: | | SDA12167WCV-1804 |
| Index Mark: | | 623006 |
| Date of Issue: | 19-Sep-2022 | |
| 1. Index Mark and Registration No. of Vehicle: | YN6538G | |
| 2. Chassis number of Vehicle: | JHHUCS3H50K009865 | |
| 3. Name of Policyholder: | UNISCAFFOLD PTE LTD | |
| 4. Effective date of Commencement of Insurance for the purposes of the Act: | 15-OCT-2022 00:00 | |
| 5. Date of Expiry of Insurance: | 14-OCT-2023 23:59 | |
| 6. Persons or Classes of Persons entitled to drive*: | <p>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 hire or reward or 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> | |
| *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 LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> Authorised Signature</p> | | |
| For Information only: | | |
| COVERAGE: | Comprehensive, Unlimited Windscreen, Hood | |
| SUM INSURED (\$\$): | MARKET VALUE AT THE TIME OF LOSS | |
| EXCESS (\$\$): | Section 1 \$500.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$1,000.00, Windscreen Excess \$100.00 | |
| FINANCE COMPANY: | | |
| PRODUCER NAME: | INSURED UNITED PTE. LTD. | |