



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	23/02/2023 17:13 (SGT)
Reported by	Driver
Date of Accident	01/02/2023 14:00 (SGT)
Exact Location of Accident	Old Tampines Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH9552Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NTH CONSTRUCTION PTE LTD
Company Reg No	1XXXXX324N
Email Address	savinsathish22@icloud.com
Mobile Phone No	(Phone) +65-91282649
Alternative Phone No	-

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
Policy Number / Cover Note Number	SD22V12189/VCH/R00

DRIVER

Name of Driver	MUTHUKUMARAN SAVIN
Passport No/FIN	GXXXX292K
Date Of Birth	22/12/1996
Occupation	Outdoor



Date Of Driving Pass	10/07/2018
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91282649
Alt. Phone Number	-
Email Address	savinsathish22@icloud.com
Address	13 KAKI BUKIT ROAD 4 #03-13
Address complement	-
Postcode	417807
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 - U-Turn
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	FBM941S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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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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

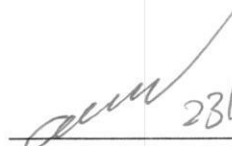
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


NTH CONSTRUCTION PTE LTD

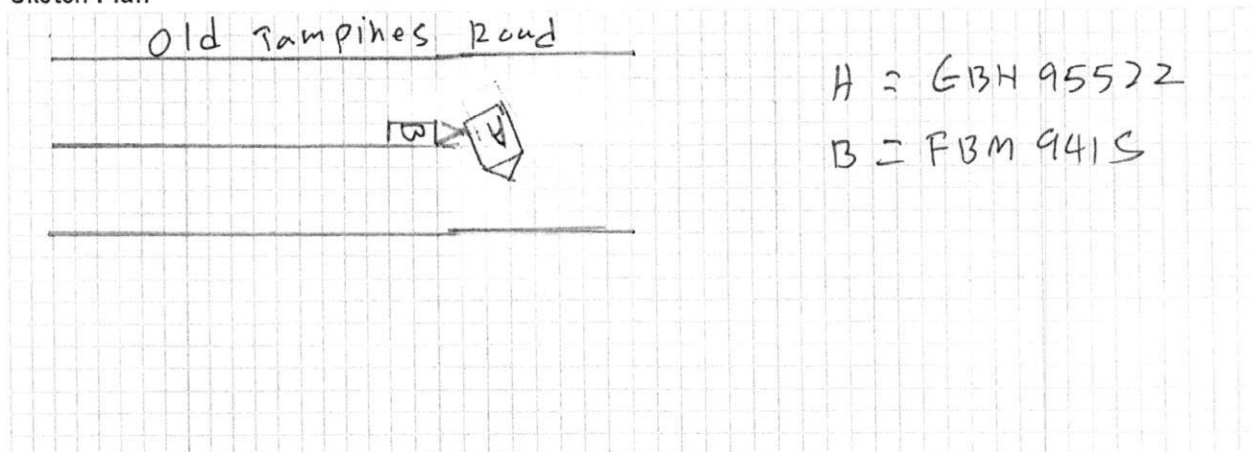
Policyholder's Signature / Date & Time



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

 23/02/2023
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was traveling along old Tampines Road,
The Road was under construction, I stopped
stationary waiting for the Road Marshall to
give instruction to move, a few moment later
suddenly a motor bike collided onto the side
of my lorry.

Declaration

We declare the foregoing particulars are true in every respect.

Ami



Policyholder's Signature / Date &
Time

M. S. S. S.

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

[Signature] 23/01/2023
Witnessed by Reporting Centre
Personnel

Date of Accident : 11/2/2023 Accident Time: 1400 (24-HR-Format)
Accident Place : Old Tampines Road
Vehicle. No. (Car Plate No.) : GBH95522 Make/Model: Toyota DYDIT
Insurance Company : LIBERTY Policy No: SD22V/2109/VUH/1200
Owner or Company Name /IC No. : NTH Construction Pte Ltd (198403324N)
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Muthukumarhan Savin G2957292K
DRIVER'S Date Of Birth : 22/12/1996 DRIVER'S License Pass Date 10/07/2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee Others: _____
DRIVER'S Address : 13 Kaki Bukit Road 4 #03-13, Singapore 417807
DRIVER'S Contact No./ Alt No. : 1) 9128 2649 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : Savin.sathish22@cloud.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
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 Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No: <u>FBM 941S</u>	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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

Certificate No SD22V12189 /VCH /R00
Form MZ301A
Date Of Issue 05-SEP-2022
1.Index Mark and Registration No. of Vehicle: GBH9552Z
2.Chassis number of Vehicle: JTFAT35Y70K212031
3.Name of Policyholder: NTH CONSTRUCTION PTE LTD
4.Effective date of Commencement of Insurance
for the purposes of the Act: 02-SEP-2022 10:27 AM
5.Date of Expiry of Insurance: 13-NOV-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 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 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, Hood - Sum Insured \$5,000
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Windscreen Excess S\$100, Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:	HUI HUA CREDIT PTE LTD
PRODUCER NAME:	HHE INSURANCE AGENCY PTE. LTD.

SCSL 20220905

Ver.1.260705

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	324N
Vehicle Details	
Vehicle No.:	GBH9552Z
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Mar 2023
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1KD2833965
Chassis No.:	JTFAT35Y70K212031
Maximum Power Output:	-
Open Market Value:	\$27,082.00
Original Registration Date:	14 Nov 2018
First Registration Date:	14 Nov 2018
Transfer Count:	1
Actual ARF Paid:	\$1,355.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	13 Nov 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$23,619.00
COE Rebate Amount:	\$13,397.00
Total Rebate Amount:	\$13,397.00

The information contained herein is correct as at 03 Feb 2023

OK