

# 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 .....	29/03/2023 17:12 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	27/03/2023 10:00 (SGT)
Exact Location of Accident .....	Paya Lebar Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	YN5964R
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	VEHICLE TRADING
Company Reg No .....	52942958J
Email Address .....	VEHICLETRADING@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-88563031
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hino
Model .....	HINO 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 .....	Goods vehicle
Transmission .....	Manual
CC .....	4009

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD22V11009/VZ/R00

### DRIVER

Name of Driver .....	MURUGAN CHANDRASEKAR
Passport No/FIN .....	G6580794M
Date Of Birth .....	11/05/1991
Occupation .....	Outdoor

Date Of Driving Pass .....	28/04/2021
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88563031
Alt. Phone Number .....	-
Email Address .....	VEHICLETRADING@YAHOO.COM.SG
Address .....	56 SEMBAWANG RD #01-03 S 779086
Address complement .....	-
Postcode .....	-
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 .....	Raining
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) .....	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

#### REFER TO SKTECH 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 .....	GBD3793E
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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  5. Any false reporting may be referred to the Police for investigation.
  6. The 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.
  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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

<p>x</p>  <p>Policyholder's Signature / Date &amp; Time</p>	 <p>Driver's Signature (if driver is not the policyholder) / Date &amp; Time</p>	<p>Jan W Li Ni</p> <p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan

PAYA LEBAR ROAD

A-YN5964R  
B-GBD3793E



Describe Circumstances of the Accident


I WAS TRAVELLING ALONG PAYA LEBAR ROAD. SUDDENLY VEHICLE B (GBD3793E) REAR ENDED MY VEHICLE.

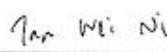
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

x  21/9/1  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel





















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SS37233T0004 Vehicle Registration No: YN5964 R  
 Name (as shown in NRIC): vehicle trading NRIC/FIN/Passport No: 5294 2958J  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 56 Sembawang rd #01-03 S Singapore (779086)  
 Contact (Tel): 88563031 Mobile No.: -  
 Email Address: vehicletrading@yahoo.com.sg  
 Date of Accident: 27/03/2023 Time of Accident: 10 00 am  
 Place of Accident: Paya Lebar Rd  
 Insurance Company: Liberty

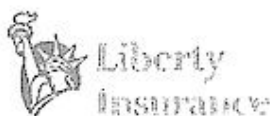
**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

want to amend email address.

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

e.  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:



Liberty Insurance Pte Ltd  
 Registration no. 159002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 059428  
 Tel: (65) 6221 8011  
 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, 1990  
 ROAD TRANSPORT ACT, 1987  
 ROAD TRANSPORT (AMENDMENT) ACT 2019  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

<b>Certificate No</b>	SD22V11009 /VCZ /R00
<b>Form</b>	MZ407
<b>Date Of Issue</b>	10-OCT-2022
<b>1.Index Mark and Registration No. of Vehicle:</b>	YN5964R
<b>2.Chassis number of Vehicle:</b>	JHHUCS3H80K009939
<b>3.Name of Policyholder:</b>	VEHICLE TRADING
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	01-OCT-2022 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	17-AUG-2023 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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.
<b>7.Limitations as to use*:</b>	A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.
<b>8.Policy does not cover:</b>	A) Use for racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.
*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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b> <b>COVERAGE :</b> Third Party Only <b>SUM INSURED:</b> <b>EXCESS:</b> Section II S\$1500, Sub-Lease - Additional Excess - All Claims S\$1000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$2000 <b>FINANCE COMPANY:</b> <b>PRODUCER NAME:</b> VIRTUAL INSURANCE AGENCIES PTE LTD	

PLSL/PLSL/10-OCT-22

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10-OCT-22

Oct 10, 2022, 12:04 PM