

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 06/12/2022 16:27 (SGT)
Reported by Both
Date of Accident 05/12/2022 15:40 (SGT)
Exact Location of Accident Woodlands, Singapore
Additional Location Information WOODLANDS AVENUE 12 (LAMP POST 74)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK5633J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner RENESCO INJECTION (WATERPROOFING) PTE LTD
Company Reg No 198501934E
Email Address JENNIFERX4325@GMAIL.COM
Mobile Phone No (Phone) +65-91195295
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model Nhr87aue4aa
Variant MT
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 Goods vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SD22V15432/VCH/R00

DRIVER

Name of Driver PANNEER MURUGANANTHAM
Work Permit No G8430528L
Date Of Birth 15/04/1987
Occupation Outdoor

Date Of Driving Pass	28/03/2021
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83164250
Alt. Phone Number	-
Email Address	JENNIFERX4325@GMAIL.COM
Address	60 PENJURU PLACE
Address complement	#06-69 PENJURU DORMITORY 1
Postcode	608561
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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	Raining
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?	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

ON 05/12/2022 AT ABOUT 1540HRS, I WAS TRAVELLING ALONG WOODLANDS AVENUE 12 (LAMP POST 74) IN LANE 3.

IT WAS RAINING AT THE POINT OF ACCIDENT. WHEN SUDDENLY, VEHICLE IN FRONT BRAKED. I COULDN'T BRAKE IN TIME AND HIT ONTO IT.

I ALIGHTED TO CHECK ON THE DAMAGES AND DISCOVERED IT WAS A CHAIN COLLISION.

WE EXCHANGED PARTICULARS AND LEFT THE SCENE. I WISH TO STATE THAT THERE WAS NO INJURY INVOLVED.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1



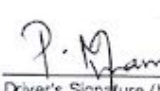
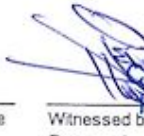
Vehicle Registration Number	GBJ9867E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	XU XU PING
NRIC No	S8571117B
Contact Number	-
Address	24 WOODLANDS DRIVE 16
Address complement	#13-09
Postcode	737881
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

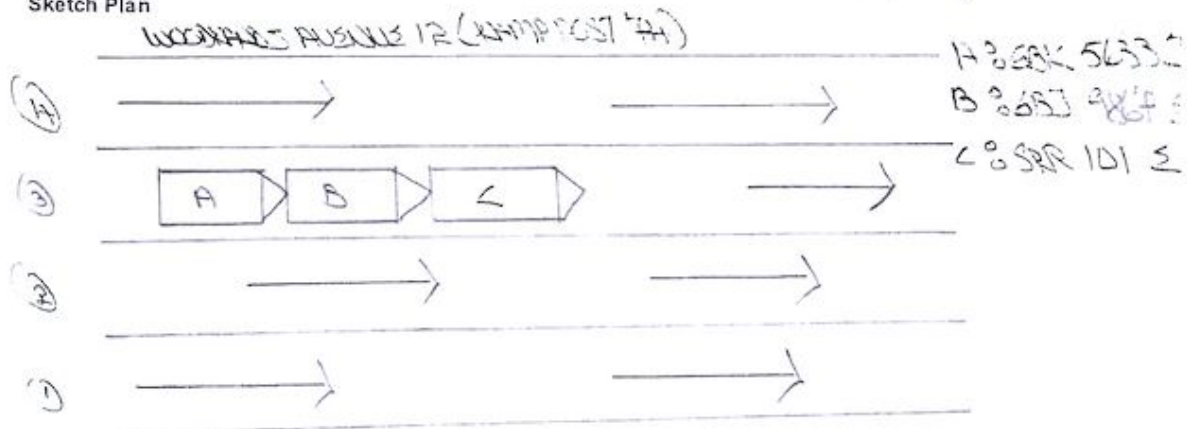
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

Policyholder's Signature / Date & Time
 Driver's Signature (If driver is not the policyholder) / Date & Time
 Witnessed by Reporting Centre Personnel

Jenny Koh 06/12/2022
 Claims Executive
 HR 8139 9800 1617 hrs

Sketch Plan



Describe Circumstances of the Accident

On 05/12/2022 at about 15H/hrs, I was travelling along Westbank Avenue 12 (Camp Port #4) on lane 3.

It was raining at the point of accident. When suddenly, vehicle in front braked. I couldn't brake in time and hit into it.

I stopped to check on the damages and discussed it was a chain collision.

We exchanged particulars and left the scene. I wish to state that there was no injury involved.

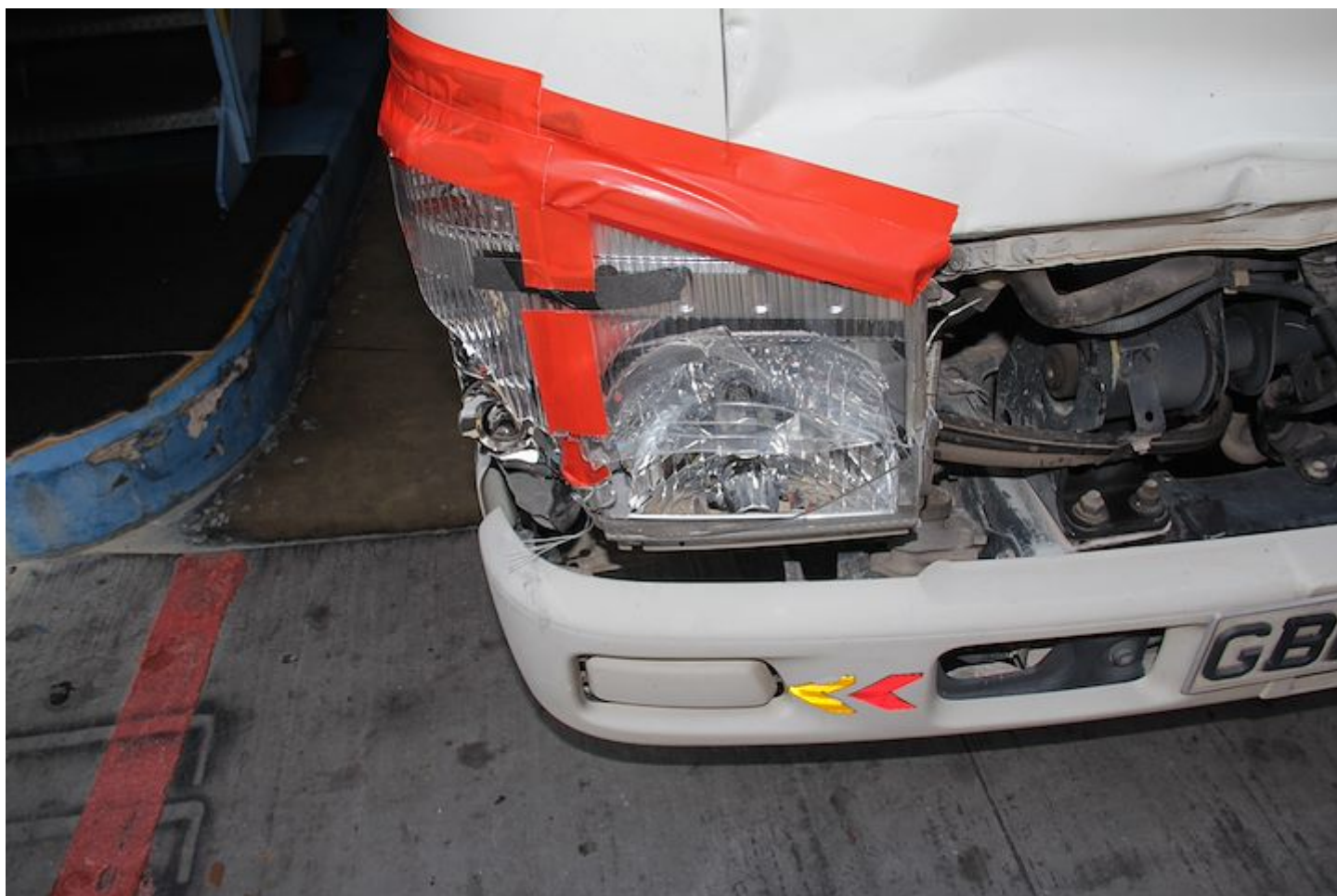
Declaration

We declare the foregoing particulars are true in every respect.

X   06/12/22
Policyholder's Signature / Date & Time

P. Marnett 06/12/22 12:00
Driver's Signature (if driver is not the policyholder) / Date & Time

Jenny Koh 06/12/2022
Claims Executive
NR 8489 9800 1617hrs
Witnessed by Reporting Centre Personnel



















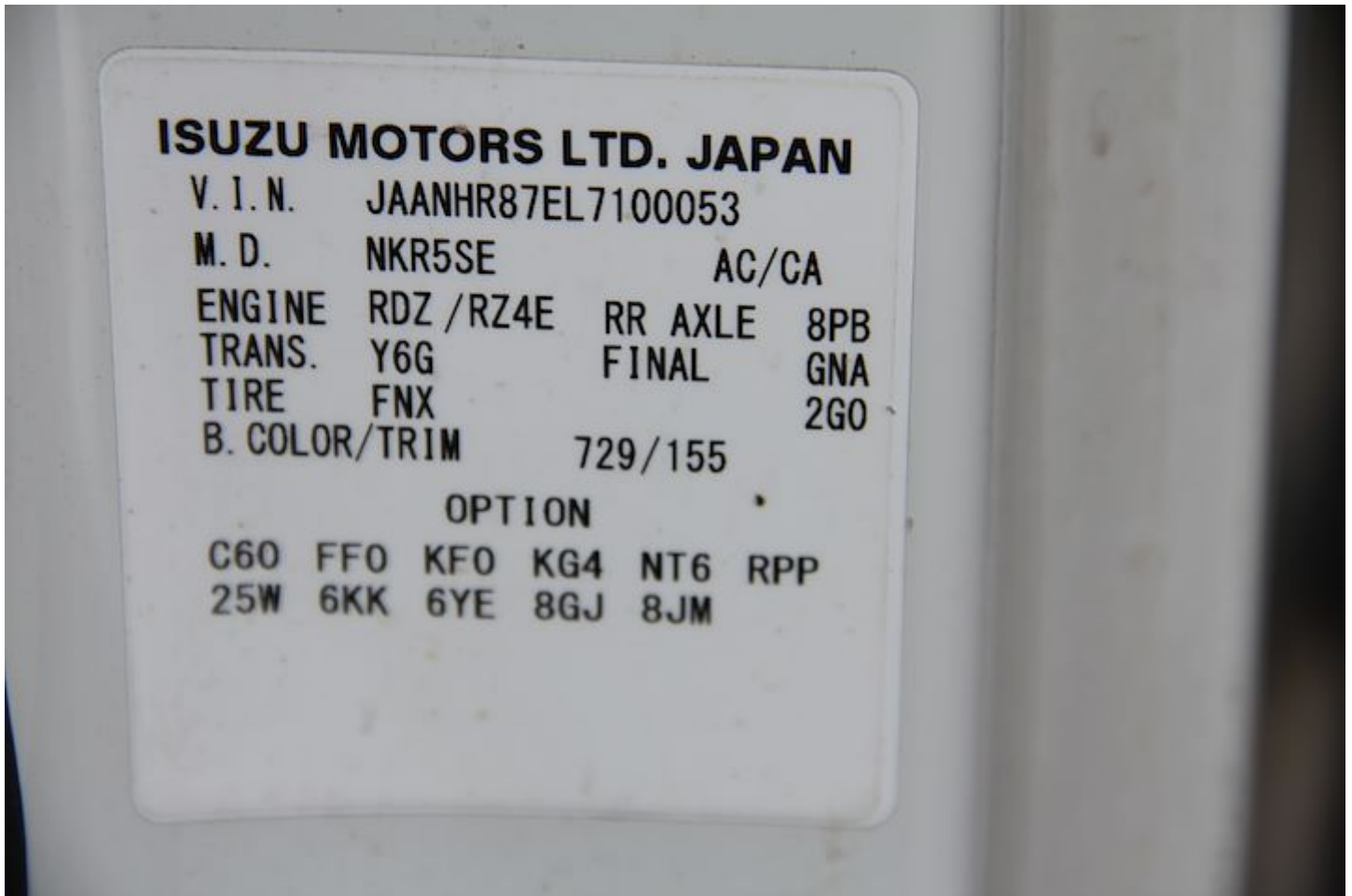














Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street

#03-00 Liberty House

Singapore 069428

Tel: (65) 6221 8611

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1962

ROAD TRANSPORT ACT, 1987

ROAD TRANSPORT (AMENDMENT) ACT 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD22V15432 /VCH /R00
Form	MZ301A
Date Of Issue	02-NOV-2022
1.Index Mark and Registration No. of Vehicle:	GBK5633J
2.Chassis number of Vehicle:	JAANHR87EL7100053
3.Name of Policyholder:	RENESCO INJECTION (WATERPROOFING) PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	28-OCT-2022 00:00 AM
5.Date of Expiry of Insurance:	27-OCT-2023 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
<p>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.</p> <p>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.</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 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> <p>C) Use for the carriage of passengers for hire or reward.</p>	
<p>*Limitations rendered inoperative by Section 5 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.</p>	
<p>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>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>	
<p><i>[Signature]</i> Authorised Signature</p>	
<p>VIRTUAL INSURANCE AGENCIES PTE LTD 192 Waterloo Street #02-02 Skyline Building, Singapore 187966 Tel: (65) 63380063 Fax: (65) 63380048</p>	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Road SI \$55000.00
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I \$5000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$53000, Windscreen Excess \$5100
FINANCE COMPANY:	TOYOTA FINANCIAL SERVICES SINGAPORE PTE LTD
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD