A STATE OF THE PARTY OF THE PAR	CU109225 V1000/	and a subject to the same
TIONAL Assessment Centre Services, minnen	Date & Time Completed	Done by
1 Ch description	15/16/2017	and the same of th
SAS collins		The second secon
E-mall printer and and	0)	1
air No: Off Off Off 'I-Motor Claim Form	1 3 1	
1-Meter W/O (White:0	Dineral resil	
C 79: Repening Only	- Aller	The second secon
Assessment/Survey Rey	701	A test material and material and de des
7 Insurer: Ass't Report by Eax ( )	and to Owner Willia	Fax:
West of the Control o	Toll	7 4.A .
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MC( ) Non-IMC( )	- Janes - Land
	Tel:	The state of the s
Coviner / Driver: ( ) Period: (	· ) Cover Type: (	Carried Street, or other Parket Street, or other Street,
Policy 10: 6	Times to 5	0.110%
Confirmed by 1" ( 93) (Note-list Status (WO):	14: 0.2014, F: 21.79%. Pt :	A. J. A. A. A.
10 VER ( )/ IS	0()	The state of the s
Yest of Asissacova )	and the state of t	
- A COUNTY OF THE PROPERTY OF	A THE LOT WAS A STORY OF THE PARTY OF THE PA	13. C.
enter if Remark to Customers Information strictly Confident Syrate-in Customers Information Strictly Confident	ner a entailing report of tabe	A Marine AA American Address of the Control of the
Yella Loss Case : to c-mail Ensurer URGENTLY.		ample of the second sec
Market YES ( ) / NO	) Towing Coll	The Property of the Party of th
7777	The same of the sa	
	TANKER DIRECTOR CONTRA	23 Para Done Of
RAMAPISTED RUNG TOOLAND TESTOS TOOL OF THE CONTRACT CONTR	AND DERVIOLE CHIPTE	The second secon
12 senty (of Transport Allowance ( ) / Courses of	Description of the second	TO PRODUCE OF
1) Apply to: Transport Allowance ( ) Contany on ( )	ANT CARACTEC CONTRA	21 20015 53
1) Apply to: Transport Allowance ( ) Contany on ( )	Constant Constant	TO STATE OF THE PARTY OF THE PA
1) Apply to: Transport Allowance ( ) Contany on ( )		ST PONE SY
1) Apply for Transport Allowance ( ) Court and ( ) 2) GC Check / Peri Repuir Inspection ( ) 3) Upload Resurvey Photo [Repair Cost > \$3000] ( )  Injury :		Some Sy
1) Apply for Transport Allowance ( ) Court and ( ) 2) QC Check / Perl Repuir Inspection ( ) 3) Uplacd Resurvey Photo [Repair Cost > \$3000] ( )		
1) Apply for Transport Allowance ( ) Coursely 2) CC Check / Post Repair Inspection ( ) 3) Uplaced Resurvey Photo (Respair Cost > \$3000) ( )  Injury /  Data Tirout Sychemy (1975) ( )		
1) Apply for Transport Allowance ( ) Coursely () 2) CC Check / Peri Repair Inspection ( ) 3) Uplaced Resurvey Photo (Respair Cost > \$3000) ( )  Injury /  Onto Tirout My Charles (1999)		
1) Apply for Transport Allowance ( ) Coursely 2) CC Check / Post Repair Inspection ( ) 3) Uplaced Resurvey Photo (Respair Cost > \$3000) ( )  Injury /  Data Tirout Sychemy (1975) ( )		
1) Apply for Translant Allowance ( ) Court and ( ) 2) CC Check / Pest Repair Inspection ( ) 3) Uplaced Resurvey Photo (Respoir Cost = \$3000) ( )  Injury /  Data Tural Conference ( )		
1) Apply for Translant Allowance ( ) Court as, or Court a	Note: Penal Vol. Co. 410	
NO 230 601 NATSO 600	AR: Accident Paragona (1889)  DA: Dairage Antermore (1800)	NC (355) 510/515
NO 280 601 MATSO 600	ARI Action Paragram (1800)  ARI Action Paragram (1800)  ARI Contag Fits  To Fit Couling Fits  The	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NO 280 601 MATSO 600	Alti Accident Parents (Story)  Alti Accident Parents (Story)  77; Tewins 71:  197; Fellow-Theres & S. 17)  197; Fellow-Theres & S. 17)  Town 197; Fellow-Theres & S. 17)	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1) Apply for Transport Allowance ( ) Court and () 2) CC Check / Peri Repuir Inspection 3) Uplaced Resurvey Photo [Respoir Cost = \$3000]  Injury :  No. 280   601   NATSO   608  Injurial of Section lines   1000   1	NVS.Co. Propagation Co.	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1) Apply (b) Transport Allowance ( ) Court and () 20 Check / Peri Repuir Inspection () 2) Upland Resurvey Photo (Repair Cast = \$3000) ()  Injury :  Only Thought Madign () Ariso (60)  Illustriate Particulity () (1) (1) (1) (1) (1) (1) (1) (1) (1)	Alti Accident Parents (Story)  Alti Accident Parents (Story)  77; Tewins 71:  197; Fellow-Theres & S. 17)  197; Fellow-Theres & S. 17)  Town 197; Fellow-Theres & S. 17)	NC (355)  510/512  11.22  27.356  21.12  21.
MO 280 1601 MAISO 1600  Months Former Proto Repair Cost = \$30001  Months Former March 1600  Mont	ART Action Paragram (1800)  ART Action Paragram (1800)  ART Course Antennate (1800)  Fri Towing Fitt  Fri Tellow Things S. INEY (1819)  ART Religion Paragram (1810)  Fri Tellow Things S. INEY (1819)  This Action are are  NITH Action and Experience  (1810)  This Action are are  This Action and Experience  (1810)  One of the Action and Experience  (1810)  One of the Action and Experience  (1810)	NC (354)  11 (10 10 10 10 10 10 10 10 10 10 10 10 10 1
NO 280 601   MAISO 608  Months Remarks Photo Repair Cost = \$3000]  Months Turned Maria Maria   Maria	ANGERTAL CONTEST AND CONTEST OF THE ANGEROUSE TO STATE AND CONTEST OF THE ANGEST OF TH	10 (
Apply to: Translant Allowance ( ) Course, Cour	ART ACCISED PROPERTY (1889)  ART ACCISED PROPERTY (1889)  ART ACCISED PROPERTY (1889)  ART TOWING FIRE  OF THE PROPERTY OF SOMEY (1889)  THE PROPERTY OF SOMEY (1889)  OF THE PROPERTY OF SOMEY (1889)	SIC (355)
MO 280 601 MATSO 600  Minimal Results Allowance ( )  MO 280 601 MATSO 600  Minimal Results ( )  Minimal Results (	ART ACTION OF STATE STATE  () The Administration of the Allocation of the Control	100 100 100 100 100 100 100 100 100 100
NO 280 601 AAPISO 609  Months Transport Allowabee ( ) Contract ( )  Months Transport Reput (Inspection ( ) )  Months Transport Reput ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	ART ACTION OF STATE STATE  () The Administration of the Allocation of the Control	100 (354) 100 (3

,

:

SN09235V0001 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 31/05/2023 10:09 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (31/05/2023 10:09 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 witholding of material facts
- 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.
- 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

31/05/2023 10:09 (SGT) **Actual Driver** 30/05/2023 09:45 (SGT) 10 Tuas South Ave 8, Singapore 637421

Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBC1480B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No **Email Address** Mobile Phone No Alternative Phone No

Yes RICO ENGINEERING WORKS PTE LTD 1XXXXX407G junmin147@icloud.com (Phone) +65-98448882

VEHICLE PARTICULARS

Manufacturer Model Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Transmission CC

**Employment** 

Toyota

Dyna

No - Claiming third party Commercial vehicle Manual 2982

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number Liberty Insurance Pte Ltd SI23V00257/VCV/R01

DRIVER

Name of Driver Passport No/FIN Date Of Birth Occupation

PAZHANISAMY BAKKIYARAJ GXXXX603R 20/05/1985 Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	09/12/2019 3 YEARS AND 5 MONTHS Male (Phone) +65-86521556 - junmin147@icloud.com No Employee No	
Insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident Weather Conditions Road Surface	Collision - Head on collision Clear Dry	
OTHER INFORMATION		
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 1 No	
DETAILS OF POLICE ACTION		
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
ATTACHMENT(S)		
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No	
DETAILS OF OTH	ER VEHICLE PROPERTY 1	

Vehicle Registration Number	GBC8058S
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	

#### SKETCH PLAN

#### 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 Authorised 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. 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)

lunderstand, 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' law yers/law see, 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.

ON THE RIME OF THE OLD STATE OF THE OLD

Policyholder's Signature / Date & Time

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

Sketch Plan

Thas south Ave

MAKED CONTAINER

Witnessed by Reporting Centre

A) GBC 1480B

B) GBC 80585

The state of the s
On the Stated date and time, I was travelling
along 10 Tuas South Ave 8. I was traveling on the hight
lane on a 2 lane road. There was a parked container
on the RH side of the other way.
vehicle no. GBCBOSBS cut into my lane as he was
avoiding the container, thus causing the collision

### Declaration

WWe declare the foregoing particulars are true in every respect.

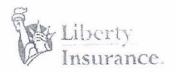
Policyholder's Signature / Date & Time

V 4 UTQU48013 Deiger's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Personnel

DATE OF ACCIDEN	7: 30 05 2023	TIME	0945hvs		
LOCATION: 10 Tue			and the second second second second		
INFORMANTS PAR	A STATE OF THE PERSON OF THE P	T 0 45 50 121 1			
1) VENICLE NO.:	GBC 1480B	MODEL:	104010 DAN	0	201
3) CLAIM TYPE : OM	LIBERTY IN DAMAGE / THIRD PA	POLICY NO.:	S123V00	524 1 ACA 11	40 1
A) OWNER NAME:	RICO Engineering Work	S VC 19030	NOTO TEL	0900 800	
5) OWNER PANIL .	Managara A A A A A A A A A A A A A A A A A A	ALTEDNATIO	VE DUONE N	1044 000	-
S) DOIVED NAME .	Junmin 147 & 1610ud: Cor	MALIERINATI	CICORP TONE IN	00.50 1556	Months of
7) DRIVER OCCUPA	TION: Driver	E AAAI · S	THE PARTY OF STREET		anne
POPEL ATIONS LID M	ITH OWNER: EMP	LIVIAIL. XI	NAME - LELIS E	Charment Con	n constant
9) DOES DRIVER OWI	NANY CAR? YES IND (C	N 9 & 10 APPLY	FOR NON OW	NEP ONLY	
10) DRIVER'S OWN VE	EHICLE REG NO.:	IN OCTOMPTE!	CO:	MEN ONLI)	
11) WEATHER CONDI	TION: CLEAR / RAINING	OTHERS	5 00		
12) ROAD SURFACE:	EHICLE REG NO.:  TION: QLEAR / RAINING /  DRY / WET / OTHERS  OS: YES / NO	-			1 1
13) ANY SCENE PHOT	OS: YES/NO		20	05/1985	09/12/2019
14) ANT VIDEO CAPTO	DRED DI CAR CAMERA:	TESTINO)			. 1.
	OF VEHICLE BEING USE ROACHED BY UNKNOWN				
ACCIDENT CLAIMS	ASSISTANCE : YES / NO				
17) NO. OF PASSENG	ERS (INCLUDING DRIVER	۵, ا	) PASSENGER	NAME:	THE EAST OF THE SAME AND ADDRESS OF THE SAME ADDRESS OF THE SAME AND ADDRESS OF THE SAME ADDRESS OF THE SA
18)No. of Vehicle involve	ed (including own vehicle):	2 1	NALE / FEMA	fra .	).* 16
* * * * * * * * * * * * * * * * * * * *	ī.,		,	NAME:	The second secon
TURN DADTVINTÜES	VEHICLE) PARTICULAR	1	MALE / FEMA	Enter Enter World	
VEHICLE 1 1) VEHI	OLE NO.: GBC8058S	MODEL:		No make an indicate linear control of the last	2
2) DR	IVER NAME :		1/C		
3) AD	DRESS:				
4) CO	NTACT NO.:	ins	S CO:	and the second second second second	
VEHICLE 2 1) VEHI	CLE NO.:	MODEL;			
	VER NAME:		I/C	,	
	DRESS:		***************************************	and all colored and an experience for a proposition of the second and the second	
	NTACT NO.:		s co:		
				analised one (see Constitution Confidence of the	
* ANY FOREIGN VEHICLE II IF YES, FOREIGN VEHICLI	NVOLVED IN THE ACCIDENT :	(YES/NO)			
FOREIGN VEHICL					
WITNESS PARTICULARS			±46		
1) ANY WITHESS (YES / NO)	- IF YES, PLS PROVIDE AS BE	ELOW:-			
			\$54		
/	DLVED PARTIES :				
. 1	COLUMN STATE		and a second sec		
<u>OTHERS</u>					
1) ANY INTURIES IVES I NO	IF YES STATE IN HIDV SUST	-ΔΙΝ -			
	IF YES, STATE INJURY SUST ED TO POLICE (YES/NO) - IF		/IDE A		
<ol> <li>WAS ACCIDENT REPORTE COPY OF POLICE REPORT</li> </ol>	ED TO POLICE (YES/NO) - IF ' T.	YES, PLEASE PROV			
<ol> <li>WAS ACCIDENT REPORTE COPY OF POLICE REPORT</li> </ol>	ED TO POLICE (YES/NO) - IF	YES, PLEASE PROV			





Liberty Insurance Pte Ltd Registration no.1990027910 51 Club Street #93-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Website: http://

## 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. 1, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

S123V00257 /VCV /R01 Certificate No MZ300A Form Date of Issue: 29-Dec-2022 GBC1480B 1. Index Mark and Registration No. of Vehicle:

JTFAT35Y70K201529 2. Chassis number of Vehicle

RICO ENGINEERING WORKS PTE LTD 3. Name of Policyholder:

26-JAN-2023 00:00 4. Effective date of Commencement of Insurance for the purposes of the Act:

25-TAN-2024 23:59 5.Date of Expiry of Insurance:

5.Persons or Classes of Persons entitled to drive":

Any person who is driving on the Policyholder's order or with their permission.

Provided that the perion driving as permitted in accordance with the licensing or other taws 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 reacon of any cracetment or regulation to that schaff from driving the Motor Vehicle.

And provided further that the Motor Vehicle is regulated 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 Policyhelder's business.

C) Use for social, domestic and pleasure purposes.

8. The Policy does not cover:

A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.
 B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.

\*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.

Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers \$3,000.00

PWe 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 39) and Part IV of the Read Transport Act, 1987.

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

Third Party Fire & Tack

SUM INSURED (SS):

MARKET VALUE AT THE TIME OF LOSS

EXCESS (SS):

FINANCE COMPANY:

PRODUCER NAME:

VIRTUAL INSURANCE AGENCIES PTE LTD

177 11 CO ENTERPRISE -0/252 JALAN KAYU GAPORE 799475/78 7 1153 FAX: 8481 1903