

[illegible]

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	31/05/2023 10:09 (SGT)
Reported by	Actual Driver
Date of Accident	30/05/2023 09:45 (SGT)
Exact Location of Accident	10 Tuas South Ave 8, Singapore 637421
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1480B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RICO ENGINEERING WORKS PTE LTD
Company Reg No	1XXXXX407G
Email Address	junmin147@icloud.com
Mobile Phone No	(Phone) +65-98448882
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	SI23V00257/VCV/R01

DRIVER

Name of Driver	PAZHANISAMY BAKKIYARAJ
Passport No/FIN	GXXXX603R
Date Of Birth	20/05/1985
Occupation	Outdoor

Date Of Driving Pass	09/12/2019
Driving experience	3 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86521556
Alt. Phone Number	-
Email Address	junmin147@icloud.com
Address	-
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 on collision
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	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	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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' 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.



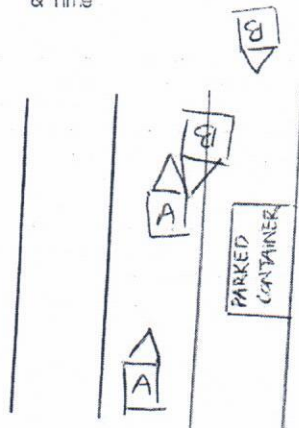
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

10 Tuas South Ave 8



A) GBC 1480B

B) GBC 8058S

Describe Circumstances of the Accident

On the Stated date and time, I Was travelling
along 10 Tuas South Ave B. I Was traveling on the right
lane on a 2 lane road. There was a parked container
on the RT side of the other way.

Vehicle no. GBC80585 cut into my lane as he was
avoiding the container, thus causing the collision

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature] 0782148013

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

[Signature] 31/05/2023
Witnessed by Reporting Centre
Personnel

DATE OF ACCIDENT : 30/05/2023

TIME : 0945hrs

LOCATION : 10 Tuas South Ave 8

INFORMANTS PARTICULARS

- 1) VEHICLE NO.: GBC1480B MODEL: Toyota Dyna
2) INSURANCE CO.: LIBERTY POLICY NO.: G123V00257 / VCV / RO1
3) CLAIM TYPE: OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)
4) OWNER NAME: Rico Engineering Works Pte Ltd I/C 199800407G TEL: 9844 8882
5) OWNER EMAIL: Junmin147@icloud.com ALTERNATIVE PHONE NO.:
6) DRIVER NAME: Pazhanisamy Bakkiyann I/C G7754C03R TEL: 852 1556
7) DRIVER OCCUPATION: Driver EMAIL: Xinmin-1995@hotmail.com
8) RELATIONSHIP WITH OWNER: Employee
9) DOES DRIVER OWN ANY CAR? YES / NO (QN 9 & 10 APPLY FOR NON OWNER ONLY)
10) DRIVER'S OWN VEHICLE REG NO.: _____ INS CO.: _____
11) WEATHER CONDITION: CLEAR / RAINING / OTHERS
12) ROAD SURFACE: DRY / WET / OTHERS
13) ANY SCENE PHOTOS: YES / NO
14) ANY VIDEO CAPTURED BY CAR CAMERA: YES / NO
15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT: Working
16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING
ACCIDENT CLAIMS ASSISTANCE: YES / NO
17) NO. OF PASSENGERS (INCLUDING DRIVER): 1 A) PASSENGER NAME: _____
18) No. of Vehicle involved (including own vehicle): 2 MALE / FEMALE
B) PASSENGER NAME: _____
MALE / FEMALE

THIRD PARTY (OTHER VEHICLE) PARTICULARS

- VEHICLE 1 1) VEHICLE NO.: GBC8058S MODEL: _____
2) DRIVER NAME: _____ I/C _____
3) ADDRESS: _____
4) CONTACT NO.: _____ INS CO: _____
- VEHICLE 2 1) VEHICLE NO.: _____ MODEL: _____
2) DRIVER NAME: _____ I/C _____
3) ADDRESS: _____
4) CONTACT NO.: _____ INS CO: _____

* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT : (YES / NO)
IF YES, FOREIGN VEHICLE NO.: _____
FOREIGN VEHICLE CATEGORY: _____

WITNESS PARTICULARS

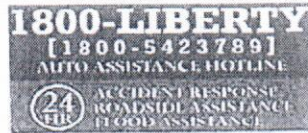
- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW :-
2) NAME & NRIC: _____ TEL: _____
3) RELATIONSHIP WITH INVOLVED PARTIES: _____

OTHERS

- 1) ANY INJURIES (YES / NO) IF YES, STATE INJURY SUSTAIN: _____
2) WAS ACCIDENT REPORTED TO POLICE (YES/NO) - IF YES, PLEASE PROVIDE A
COPY OF POLICE REPORT.
3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES/NO) - IF YES, PLS PROVIDE
A COPY OF THE NOTICE.
4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO
THE ABOVE ACCIDENT (YES/NO).



**Liberty
Insurance**



Liberty Insurance Pte Ltd
Registration no. 199902791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 139)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999

Certificate No	SI23V00257 /VCV /R01
Form	MZ300A
Date of Issue:	29-Dec-2022
1. Index Mark and Registration No. of Vehicle:	GBC1480B
2. Chassis number of Vehicle:	JTFAT35Y70K201529
3. Name of Policyholder:	RICO ENGINEERING WORKS PTE LTD
4. Effective date of Commencement of Insurance for the purposes of the Act:	26-JAN-2023 00:00
5. Date of Expiry of Insurance:	25-JAN-2024 23:59
6. 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 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 hire or reward or 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.
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 139) and Section 55 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 139) 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:	Third Party Fire & Theft
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: S\$3,000.00
FINANCE COMPANY:	
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

東南企業
RICO ENTERPRISE
250/252 JALAN KAYU
SINGAPORE 799475/78
TEL: 6221 1903 FAX: 6481 1903