

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 | 28/06/2023 14:30 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 27/06/2023 18:11 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | KRANJI CAMP 2/3 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | PC8817C |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | LEISURE DISCOVERY PTE. LTD |
| Company Reg No | 2XXXXX126W |
| Email Address | admin@leisurefrontier.com |
| Mobile Phone No | (Phone) +65-94398983 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Volvo |
| Model | B7R AUTO |
| 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? | No - Claiming third party |
| Vehicle Category | Commercial vehicle |
| Transmission | Auto |
| CC | 7146 |

INSURANCE COMPANY

| | |
|---|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD23V03487 /VBS /R01 |

DRIVER

| | |
|----------------------|-------------------------------|
| Name of Driver | MUHAMED RIZUAN BIN ABD RASHID |
| NRIC No | SXXXX210Z |
| Date Of Birth | 15/02/1983 |
| Occupation | Outdoor |

| | |
|--|---|
| Date Of Driving Pass | 18/07/2011 |
| Driving experience | 11 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-88929128 |
| Alt. Phone Number | - |
| Email Address | admin@leisurefrontier.com |
| Address | APT BLK 994A BUANGKOK LINK #03-343 (S) 531994 |
| 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 | Side Swipe |
| 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? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

| | |
|---|---------------------------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | FILE SIZE TOO LARGE, UNABLE TO UPLOAD |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | 97305MID |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|--------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | NA / Unknown |
| 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.

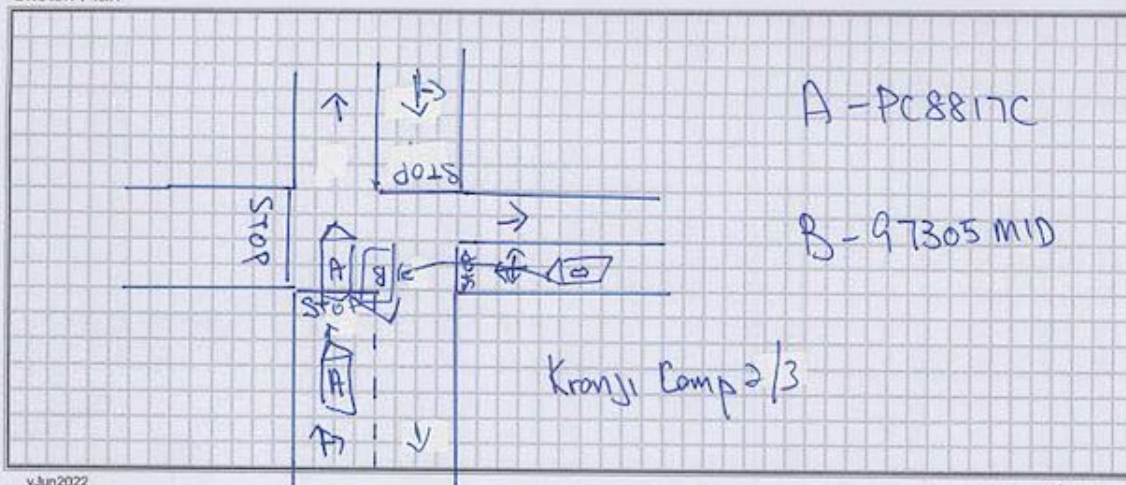


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

Please refer to the Police Report

Declaration

I/We declare the foregoing particulars are true in every respect.



Disco

Policyholder's Signature / Date & Time

Y. J. J.

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)































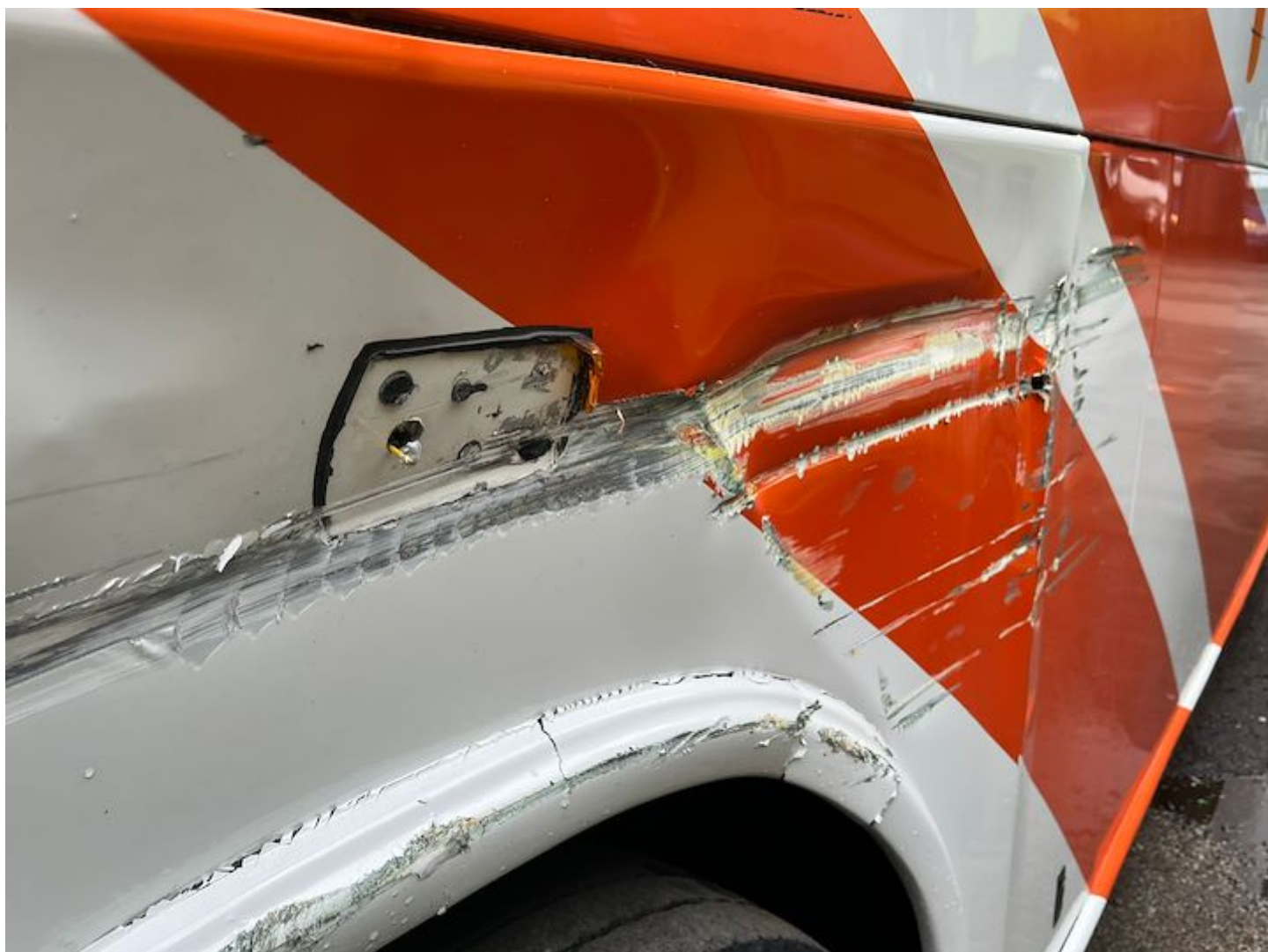








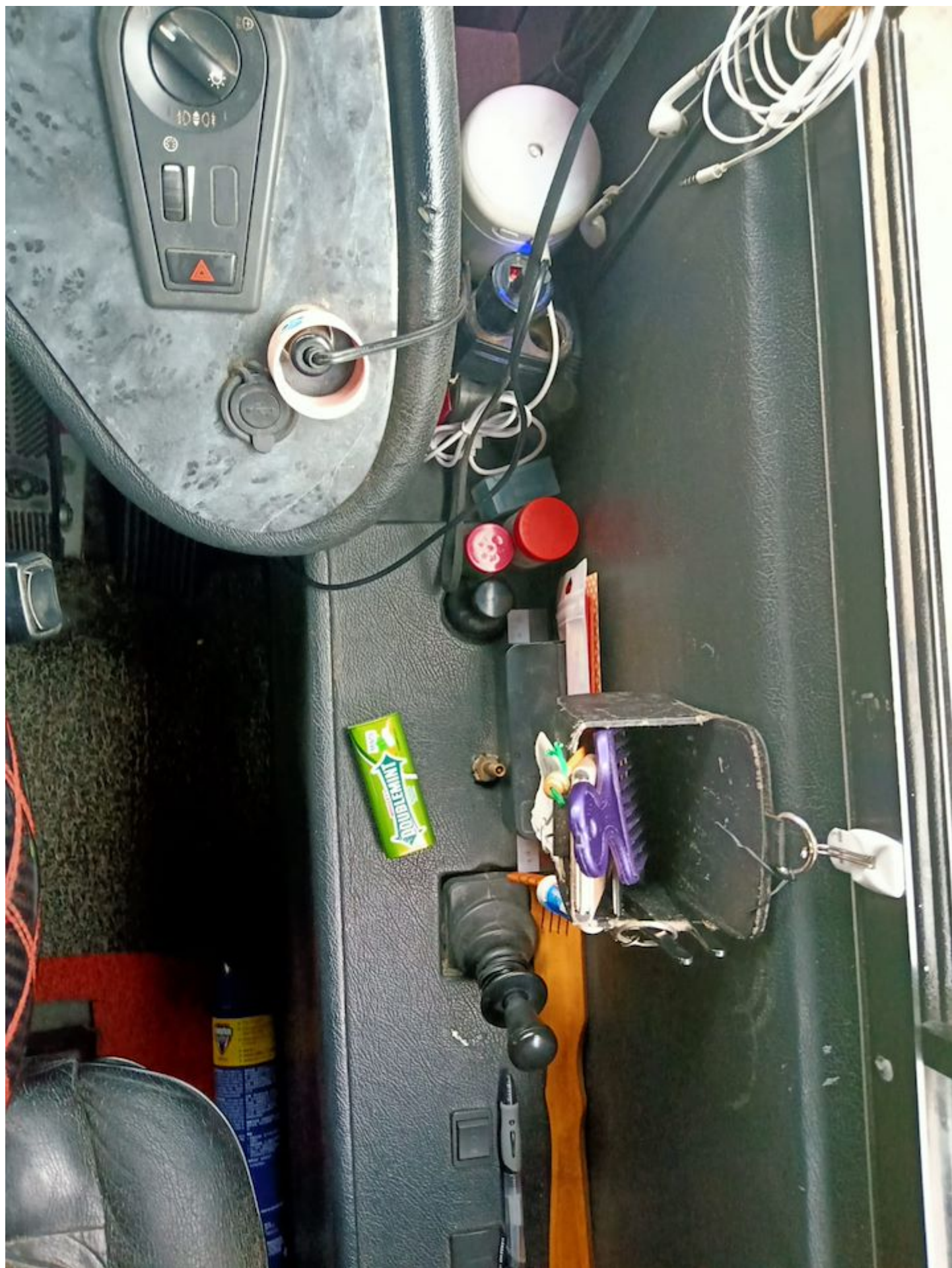
















**SINGAPORE
POLICE FORCE**



T/20230628/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20230628/7011

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|---|--------------------|--|
| Date/Time Report Made: 28/06/2023 10:05 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: MUHAMED RIZUAN BIN ABD RASHID | | | Address: 994A BUANGKOK LINK #03-343 SINGAPORE 531994 | | |
| ID Type / ID No.: NRIC NO / S8306210Z | | | Contact No.: Home/Office: Mobile: 89218401 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: RIZUANRASHID150283@GMAIL.COM | | |
| Sex: Male | Age: 40 | Date of Birth: 15/02/1983 | Type of Informant: Driver | | |
| Race: Malay | | | Language: English | | |
| Occupation: Bus driver | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|-----------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Government Property | Drink Drive: No | Date/Time of Accident: 27/06/2023 18:10 | Type of Location: X-Junction |
| Location: KRANJI CAMP 2/3 | | | | |
| Weather: Clear | | Road Surface: Dry | | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: No Traffic |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|--------|------|-------|-------|----------|-------|
| 97305MID | TANKER | | | | | 0 |
| PC8817C | Van | | | | | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20230628/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230628/7011

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-------------------------------|-----------------------------------|-----------------------------------|
| Name | MUHAMED RIZUAN BIN ABD RASHID | ID No. | S8306210Z |
| Related Vehicle | PC8817C (Van) | Contact No. | 89218401 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

ON 27/6/2023 AROUND 1811HRS, I WAS DRIVING MY BUS PC8817C ALONG KRANJI CAMP 2/3. I WAS TRAVELLING STRAIGHT WITHIN MY LANE. WHEN I REACH THE X JUNCTION I SLOWED DOWN, SUDDENLY I FELT AND IMPACT FROM THE RIGHT SIDE, VEH B TANKER 97305MID MAKE A WIDE LEFT TURN AND COLLIDED ONTO MY RIGHT SIDE.



**SINGAPORE
POLICE FORCE**



T/20230628/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20230628/7011

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476204

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
28/06/2023 10:05

Classification Of Case:

NP168



Liberty Insurance Pte Ltd
 Registration no. 199002791D
 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 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987
 ROAD TRANSPORT (AMENDMENT) ACT 2019
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

| | |
|---|--|
| Certificate No | SD23V03487 /VBS /R01 |
| Form | MZ601 |
| Date Of Issue | 08-MAR-2023 |
| 1.Index Mark and Registration No. of Vehicle: | PC8817C |
| 2.Chassis number of Vehicle: | YV3R6R626JA186904 |
| 3.Name of Policyholder: | LEISURE DISCOVERY PTE LTD |
| 4.Effective date of Commencement of Insurance for the purpose of the Act: | 01-MAR-2023 00:00 AM |
| 5.Date of Expiry of Insurance: | 29-FEB-2024 23:59 PM |
| 6.Persons or Classes of Persons entitled to drive*: | |
| Any person provided he is in the Policyholder's employ and is driving on their 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*: | |
| Use only for the carriage passengers or goods in connection with the Policyholder's business. | |
| 8.Policy does not cover: | |
| 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. | |
| *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, Geographical Area: (Singapore to Larkin Sentral Bus Terminal JB) |
| SUM INSURED: | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS: | Section I - Singapore S\$3000, Section II - Singapore S\$1500, Section I - Malaysia (Larkin Sentral Bus Terminal JB) S\$5000, Section II - Malaysia (Larkin Sentral Bus Terminal JB) S\$5000, Refer Memo - Additional Excess - Section II (applicable to drivers with multiple accidents) - Singapore - S\$1500 / West Malaysia S\$1500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000 |
| FINANCE COMPANY: | AUTOMOBILE TRADERS PTE LTD |
| PRODUCER NAME: | E TAY TRADING COMPANY |

PLSL/-/08-MAR-23

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08-MAR-23

Mar 8, 2023, 7:56 PM