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 Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 25/07/2022 17:26 (SGT) Reported by Driver Date of Accident 25/07/2022 07:20 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS TUAS BEFORE KJE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **GBL3444X**

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner SNRS ENGINEERING PTE LTD Company Reg No 201404274E Email Address SARAN522@YAHOO.COM Mobile Phone No (Phone) +65-91474393 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Nv200 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 No - Claiming third party your vehicle?

Vehicle Category Commercial vehicle Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V04588/VCV/R00

DRIVER

Name of Driver KALYANI CHETTIAR SARAVANAN NRIC No S7184332G Date Of Birth 01/04/1971 Occupation Outdoor

Date Of Driving Pass 25/11/2009 Driving experience 12 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-91474393 Alt. Phone Number Email Address SARAN522@YAHOO.COM Address 341 UBI AVENUE 1 Address complement 03-911 Postcode 400341 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHED 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 GBD8101U 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)	3
PASSENGER 1	
Name	PASSENGER
Gender	Male
PASSENGER 2	
Name Gender	PASSENGER Female

SKETCH PLAN

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.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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.

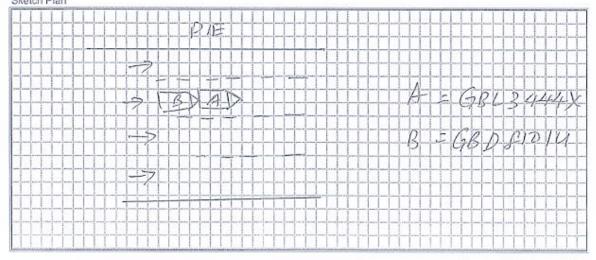
Policyholder's Signature / Date & Time

Reg. No: 01404274E

Criver's Signature (if driver is not the policyholder) / Date

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

Sketch Plan



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escribe Circumstance of the Accident									
	I	81	'op	my	vehlo	le .	Sud d	enly	Vehicl
3 Came	fo	n	beh.	nd	and	hit	hto	12	nar
podion	9	my	w	hicle					
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		1 1/2							

Declaration

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

CINEERING Rag. No. 201404274E

Policyholder's Signature / Date & Time

K. Sang

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

SERVICE Co. Reg. No. 7 2013/188550

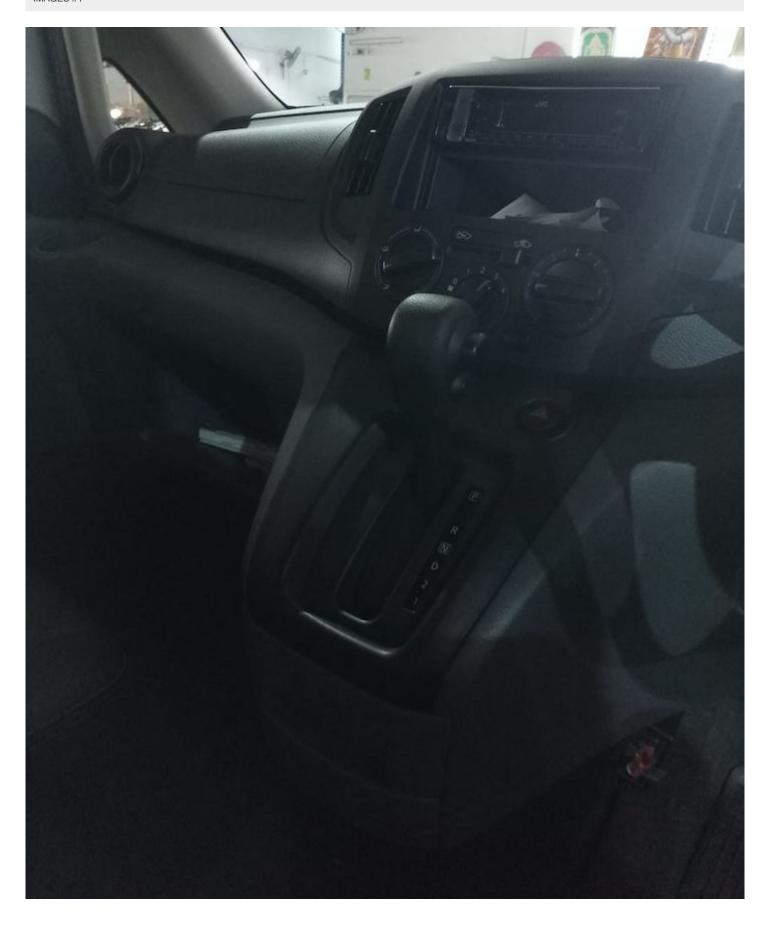
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2























Liberty Insurance Pte Ltd Hospitalism no 1990/27910 51 Calo Sireet W3-90 Liberty House Singapore 699-28 Tel (69) 6221 3611 Website http://www.liberty/nsurance.com.eg

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 JAMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS BULLES 1950

Certificate No	SO22V045887/CV /Rt00				
Form	MZ300A				
Date Of Issue	31-MAR-2022				
1.Index Mark and Registration No. of Vehicle:	G8L3444X				
2.Chassis number of Vehicle:	VM20162139				
3.Name of Policyholder:	SNRS ENGINEERING PTE LTD				
Effective date of Commencement of Insurance for the purposes of the Act:	22-MAR-2022 00:00 AM				
5.Date of Expiry of Insurance:	21-MAR-2023 23:59 PM				
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 Scensing 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 demage.

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-tasting.
 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.

t/We hereby certify that the Potey to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 199) and Part IV of the Road Transport Act 1997.

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE: SUM INSURED:

EXCESS:

Comprehensive Unlimited Windscreen

MARKET VALUE AT THE TIME OF LOSS

FINANCE COMPANY:

Section I S\$600,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S \$3000, Windscreen Excess S\$100

UNITED OVERSEAS BANK LIMITED VIRTUAL INSURANCE AGENCIES PTE LTD

PRODUCER NAME: PLSE/PLSE/31-MAR-22

S1_CI_T1_T3_OS_Template2-Ver1.

31-MAR-22

Mar 31 2022 10 01 AM