

MAH 200 72828

Date In: 2/10/8, 2020 1P/15	Job description	Date & Time Completed	Done by
Ref No: N/A / LP 2000 89664	SAS e-Milling		
Veh No: YP/97624	E-mail (Update 2hrs, AIG 2hrs)		
DOA: 2/10/8 2020 17/15	I-Motor Claim Form		
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / QW: ()		Tolt		Funct	
TP Participants:	Veh No: XE 57355	INC () / Non-INC ()			
Owner / Driver: ()	Tel: ()				
Policy No: ()	Period: ()	Cover Type: ()			
Confirmed by: ()		Date:		Time: ()	
Insured/Driver Liability: ()	%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]				
Year of Registration: ()	Warranty: YRS () / NO ()				
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()				

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice# YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo [Repair Cost > \$3000] ()			

Injury: _____

[illegible]

047004435		INVOICE FOR SERVICES	DATE: 11/11/11	BY: [Signature]
Client Name:		1) AIT: Accident Reporting (\$30)		
Address:		2) DA: Damage Assessment (\$100)	ING (\$10)	
City/State/Zip:		3) TT: Towing Fee	\$40/\$45	
Contact Person:		4) PT: Follow-Through Survey	\$120	
Contact No:		5) FT: Follow-Through Survey (Resurvey)	\$30	
Insured Portion:		For claim against BIC Only (over \$10,000)		
		6) TR: Re-inspection	\$75	
		7) NI: Idea DA + EMRT Survey	\$160	
Checked by (Engr-In-Charge):		8) NTUC Additional Services		
Director's Comments:		ON:		
		*NI: Courtesy Car / Tpt Allowance	\$3	
		*Nt: Repairs Coordination	\$10	
		*Nt: Post Repair Inspection	\$25	
		*Nt: DV / Collect Excess Coordination	\$3	
		TF (NI): TF (NA ING) against DRG	\$10	
		9) NI: Idea Mobile	\$0	
		Invoice dated	Fee Charged	
		Invoice dated	Fee Charged	

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 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 Report	25/08/2020 14:15
Date Of Accident	24/08/2020 17:15
Exact Location Of Accident	AYE TOWARDS CHANGI BEFORE CLEMENTI AVENUE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP9762U
Insured/Policyholder	
Name Of Registered Owner	CAPRIOXY TRADING SERVICES PTE. LTD.
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90994210
Alternative Phone No	OFFICE-88923079

Vehicle Particulars

Manufacturer	ISUZU
Model	LORRY
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V1507/VCV/R00
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AFDZAL BIN ZAINUL ABIDIN
NRIC No	SXXXX136A
Date Of Birth	05/12/1997
Occupation	OUTDOOR
Date Of Driving Pass	11/02/2019
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90994210
Fax Number	
Contact Number	OTHERS-88923079
Email Address	NOEMAIL

Address	BLK 422 BEDOK NORTH ROAD #03-573
Postcode	460422
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE5753S
Vehicle Make/Model/Colour	VOLVO 7L
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBJ3350T
-----------------------------	----------

Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SARAVANN S/O KALIMUTHU
NRIC/Passport Number	SXXXX718B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	PA5807L
Vehicle Make/Model/Colour	MITSHBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AFDZAL BIN ZAINUL ABIDIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	YP9762U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

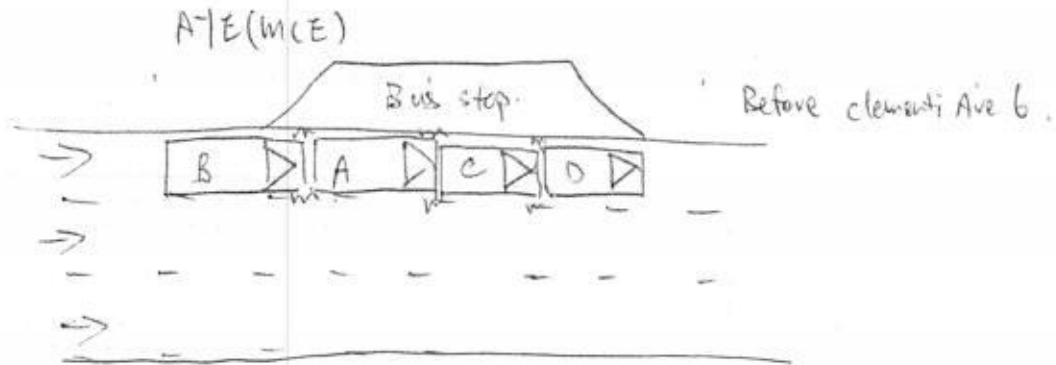


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



veh A YP 97624
veh B XE 5753S
veh C GBJ 3350T
veh D PA 5807L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along A/E(MCE) on the left most lane of a 3 lane expressway. Somewhere before Clementi Ave 6 exit, as I was driving straight and in my lane, I suddenly felt a strong impact from the rear portion of my vehicle. The impact caused my vehicle to surge forward and collided into the vehicle ahead of me. After the accident, I alighted to see that vehicle B had collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into vehicle C who is ahead of me. Vehicle C front portion also collided into vehicle D rear portion. Hence I was involved in an accident of 4-vehicles.

As I experienced pain and ache from the accident, I will be seeking medical attention.

veh A YP 97624
veh B XE 5753S
veh C GBJ 3350T
veh D PA 5807L

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Date of Accident : 24/01/2020 Accident Time: 1715h (24-HR-Format)

Accident Place : ATE toward Changi, before Clementi Ave 6 exit

Vehicle No. (Car Plate No.) : YP 9762 U Make/Model: ISUZU

Insurance Company : Liberty Insurance Policy No: SD19V15070 / VCV/R00

Owner or Company Name / IC No. : Capriox Trading Services Pte Ltd

Owner or Company Contact No. : 9099 4210 ^(Boss) Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : Muhammad Afzal Bin Zainul Abidin

DRIVER'S Date Of Birth : 05 Dec 1997 DRIVER'S License Pass Date 11 Feb 2019 (less 4)

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address : Blk 422 Bedok North Rd #03-573 S(460422)

DRIVER'S Contact No. / Alt No. : 1) 8892 3079 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : 17fo@carsmith.biz

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 01 - Driver

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Driver - 01

<u>Veh B</u>	<u>Other Party Driver's Particular (if any)</u>
Vehicle No: <u>X F 5753 S</u>	<u>Veh C</u> Vehicle No: <u>GBJ 3350 T</u>
Vehicle Make/Model: <u>Volvo FL</u>	<u>NISSAN</u> Vehicle Make/Model: <u>NISSAN</u>
Name Driver: <u>Ken Express Services P/L</u>	<u>S8307718B</u> Name Driver: <u>Saravann 90 Kalimuthy</u>
IC No. Driver/Contact: <u>Hu Shunyi, Allan (S836354A)</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

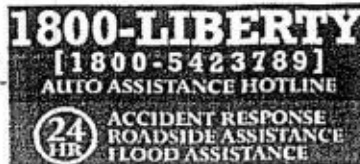
- NIL -

Veh D : PA5807L

Vehicle make/model : Mitsubishi



Liberty
Insurance



Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street

#03-00 Liberty House

Singapore 068428

Tel: (65) 6221 8611 Fax: (65) 6225 6890

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 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD19V15070 /VCV /R00
Form	MZ300A
Date Of Issue	10-DEC-2019
1.Index Mark and Registration No. of Vehicle:	YP9762U
2.Chassis number of Vehicle:	JALFRR907J7000141
3.Name of Policyholder:	CAPRIOXY TRADING SERVICES PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	05-DEC-2019 00:00 AM
5.Date of Expiry of Insurance:	04-DEC-2020 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 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 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.	
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, Unlimited Windscreen, Additional Accessories -Power Tailgate S\$5,000/-
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

PLAS/PLAS/10-DEC-19

S1_CI_T1_T3_OE_Template2-Ver1.

10-DEC-19