

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	28/09/2020 16:47
Date Of Accident	21/09/2020 12:45
Exact Location Of Accident	61 TAI SENG AVENUE LOADING AND UNLOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1917T
Insured/Policyholder	
Name Of Registered Owner	CAPRIOXY TRADING SERVICES PTE LTD
Co Reg No	-
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-84011414
Alternative Phone No	OFFICE-84011414

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V04225/VCH/R00
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SOLEHIN BIN SALLEH
NRIC No	SXXXX139C
Date Of Birth	04/01/1992
Occupation	OUTDOOR
Date Of Driving Pass	27/03/2013
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84011414
Fax Number	
Contact Number	OTHERS-84011414
Email Address	INFO@CARSMITH.BIZ

Address	BLK 273 TAMPINES STREET 22 #05-46
Postcode	520273
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	COLLIDED INTO PARKED VEHICLE
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	2
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : COLLEQUE GENDER: : MALE

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	YN638R
Vehicle Make/Model/Colour	MITSHUBISHI CANTER
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)

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.

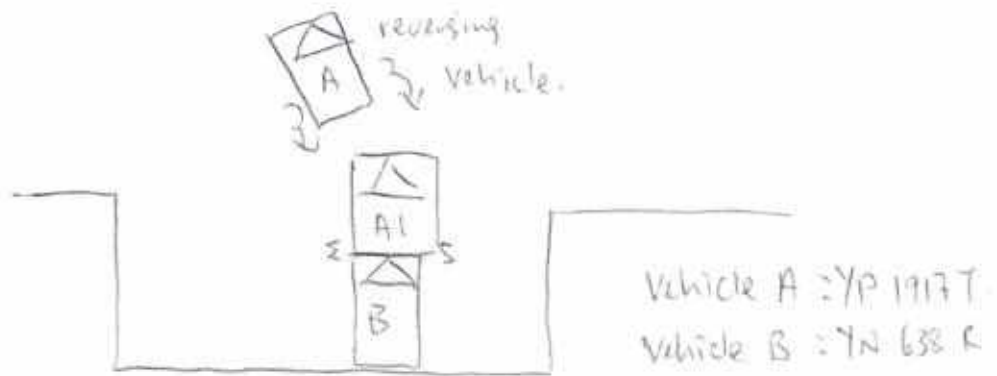
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

61 Tai Sang Avenue loading/unloading Bay.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing and parking my vehicle into loading/unloading Bay of 61 Tai Sang Avenue when I accidentally reversed into vehicle B which was parked in the bay. My rear portion hit onto the front portion of the vehicle parked. Hence I was involved in an accident of 2 vehicles.

Veh A : YP 1917 T.

Veh B : YN 638 R.

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.:

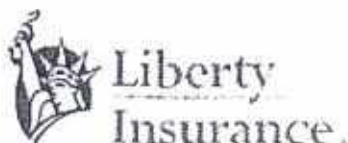
28/09/2020
Rashid

Date of Accident : 21 Sept 2020 Accident Time: 1245 hrs (24-HR-Format)
Accident Place : 61 Tai Sang Avenue Loading / Unloading Bay
Vehicle No. (Car Plate No.) : YP 1917T Make Model: Mitsubishi ~~Pajero~~
Insurance Company : Liberty Insurance Policy No: SOV 20V 04225 / VCH / R00
Owner or Company Name IC No. : Capriox Trading Services Pte Ltd.
Owner or Company Contact No. : Owner's Hp : Company Tel :
DRIVER'S Name IC No. : Muhammad Solihin Bin Salleh 892001596
DRIVER'S Date Of Birth : 04 Jan 1992 DRIVER'S License Pass Date 27 Mar 2013
Relationship of Owner & Driver : Spouse Parents Children Sibling Employee Others:
DRIVER'S Address : BIK 273 Tampines Street 22 #05-46 S(570273)
DRIVER'S Contact No. / Alt No. : 1) 84011414 2) :
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : info@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, 01 Passenger
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 it): NIL

Other Party Driver's Particular (if any)

Vehicle No: YN 638 R	Vehicle No: _____
Vehicle Make/Model: Mitsubishi Canter	Vehicle Make/Model: _____
Name/Driver: _____	Name/Driver: _____
IC No, Driver/Contact: _____	IC No, Driver/Contact: _____


* NEW - Passenger's name & gender:



Liberty Insurance Pte Ltd
Registration no 199002781D
51 Club Street
#03-00 Liberty House
Singapore 069428
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	SD20V04225 /VCH /R00
Form	MZ301A
Date Of Issue	12-APR-2020
1.Index Mark and Registration No. of Vehicle:	YP1917T
2.Chassis number of Vehicle:	FK62FMA20085
3.Name of Policyholder:	CAPRIOXY TRADING SERVICES PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	01-APR-2020 00:00 AM
5.Date of Expiry of Insurance:	31-MAR-2021 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
A) Whilst the vehicle is being used in connection with the Policyholder's business :- Any person provided he is in the Policyholder's employ and is driving on their order or with their permission. B) Whilst the vehicle is being used for social, domestic and pleasure purposes :- 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 racing, pace-making, reliability trials or speed-testing. B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward.	
*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.	
VIRTUAL INSURANCE AGENCIES PTE LTD 132 Waterloo Street #02-02 Skyline Building, Singapore 187866 Tel: (65) 63396083 Fax: (65) 63396044	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  Authorized Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$1000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000
FINANCE COMPANY:	
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD

PLVC/PLVC/17-APR-20

S1_CI_T1_T3_OE_Template2-Ver1

17-APR-20