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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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,
- 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.
- 5. Any false reporting may be referred to the Police for investigation,
- 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

	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
D	ETAILS 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

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)

2

involved in the accident

NO

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

NO 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)

- 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)

Lunderstand, 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)
 - (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 littins, 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 of 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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing traud. 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.

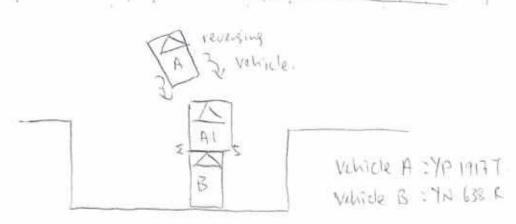
Policyholder's Signature Date & Time:

Driver's Signature

If driver is not the pallicyholder)

Date & Time:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was receiving	and parting my vehicle sinte landing/unleading Bay enne when I accordantally recovered into vehicle &
which was pa	used on the boy. My redu portion but onto the
	he vehicle portooch. Henre I wan involved in
on widet of 3	vehides.
	VIL A: YP 1917.
	WILE: YN 688R.
	4
TO ADATION	

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Streeture

(If driver is not the policyholder)

Date & Time:

Reporting Centre Ferton

Narrus:

NAIC/FIN No.:

The Personnel's Senature MATON

Date of Accident	21 Sept 2020 Accident Time: 1245 by (24-HR-Format)
Accident Place	61 Tas song Avenue loosting/ Uninching Bay
Vehicle, No. (Car Plate No.)	YP 1917 T Make Model: Mitsubishi TUROPINA
Insurace Company	Cibraty Insurance Policy No: SBY DOY A 4225 With ROC
Owaer of Company Name, IC No.	Copy sony Tracting Services He Und.
Owner or Company Contact No.	Owner's Hp Company Tel
DRIVER'S Name IC No.	: Mulapunad Solehin Bin Salleh 392001596.
DRIVER'S Date Of Birth	: 64 Jan 1992 DRIVER'S License Pass Date 27 May DOLS
Relationship of Owner & Driver	Spouse Parents Children Sibling Employee Others:
DRIVER'S Address	· BIK 273 TOWAIVER STARF 22 #05-46 5(570273)
DRIVER'S Contact No.: Alt No.	:11 8401 1414 - 2)
DRIVER'S Occupation	: INDOOR (OUTDOOR to a working inside or outside office)
Email Address	into@carsmith.diz
Weather & Road Surface	CLEAR & DRY RAINING & WED AFTER RAIN & WET
Reporting Type	Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	vivoni Ol Diver, Ol Presenger.
Was there any video Captured by ea Exact purpose for which vehicle wa Any Injury (IFYES, PIs state):	ir camera: VES (NO) is being used at the time of accident; Private use (Work purpose).
Other I	Party Driver's Particular (if any)
Vehicle, Not. YN 638 R	Vehicle, No:
Vehicle Make Model: WY494	istic Courter - Vehicle Make Model:
Name Thiver:	Name Driver:
IC No. Driver Contact:	IC No. Driver Contact:

* NEW - Passenger's name & gender:





Liberty Insurance Pte Ltd
Registration on 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (85) 6221 8811 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)

A CONTRACTOR OF THE PROPERTY O	CHANGE PROPERTY OF THE PROPERT
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:

4. Effective date of Commencement of Insurance

CAPRIOXY TRADING SERVICES PTE. LTD.

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.

ATUAL INSURANCE AGENT ISS PTE LTD 132 Wateries Street #92-02 Skyline Building, Singapore 1375/16 Tal: (85) 83350083 Fax: (65) 6336-044 For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

MON

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I SS1000, 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