





## 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	16/10/2020 10:05
Date Of Accident	12/10/2020 13:10
Exact Location Of Accident	AT NO 7 GAMBAS CRESCENT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8994Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CAPRIOXY TRADING SERVICES PTE LTD
Co Reg No	-
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-90994210
Alternative Phone No	OFFICE-98653811

### Vehicle Particulars

Manufacturer	HINO
Model	500
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	SD20V05399/VCH/R00
Cover Note Number	

### Driver

Name of Driver	AHMAD MUSTAKIM BIN MUHAMMAD SALIM
NRIC No	SXXXX544B
Date Of Birth	28/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	06/05/2015
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90994210
Fax Number	
Contact Number	OTHERS 09552811

Address	BLK 91 HENDERSON ROAD #03-140
Postcode	150091
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	SIDE SWIPE
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)	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	SBN5937S
Vehicle Make/Model/Colour	MERCEDEZ BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



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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.



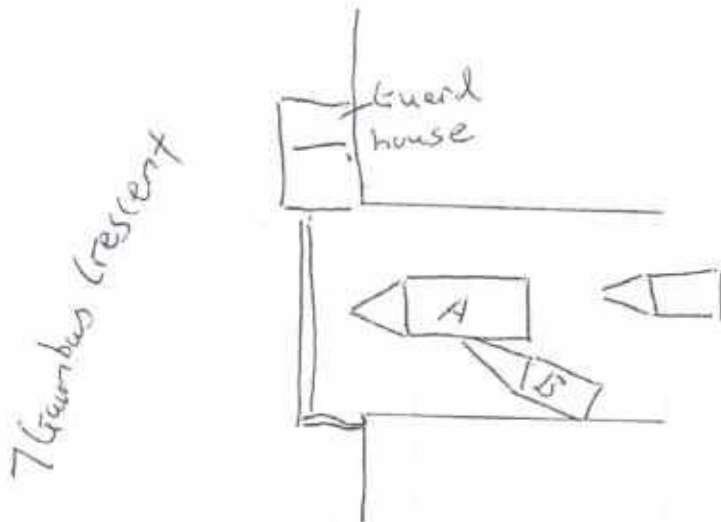
Policyholder's Signature  
Date & Time:

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

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

16/10/2020  
Keshi, [Signature]

SKETCH PLAN



A) Y/P 8994Z  
B) SBN 5937S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was queuing outside the car park entrance to go into 7 Gumbus Crescent, I move my vehicle slowly suddenly I felt a straight impact from my left and stopped my vehicle and alighted I saw vehicle B have try to cut into my lane and collided onto my left portion of my vehicle, This is a one lane traffic.

DECLARATION

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



*[Signature]*

*[Signature]* 16/10/2020  
Res. 10/10/20

Date of Accident : 12/10/2020 Accident Time: 1310 (24-HR-Format)  
Accident Place : 7 Gambas Crescent  
Vehicle No. (Car Plate No.) : 7P8994Z Make/Model: HINO 500  
Insurance Company : LIBERTY Policy No: SD20V05399/VCH/ROO  
Owner or Company Name IC No. : CAPRIOXY TRADING SERVICES PTE LTD  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 90994210 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : AHMAD MUSTAHM BIN Muhammad Selim 595035413  
DRIVER'S Date Of Birth : 28011995 DRIVER'S License Pass Date 06 May 2015  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling (Employee) Others: \_\_\_\_\_  
DRIVER'S Address : Henderson Road BKK91 #03-140 150091  
DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 98653811  
DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_ info@caremith.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): ~~1~~ 01  
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): NIL

Other Party Driver's Particular (if any)


Vehicle No: <u>SBN 5937S</u>	Vehicle No: _____
Vehicle Make/Model: <u>Mercedes</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



## 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, 1967 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

<b>Certificate No</b>	SD20V05399 /VCH /R00
<b>Form</b>	MZ301A
<b>Date Of Issue</b>	18-MAY-2020
<b>1. Index Mark and Registration No. of Vehicle:</b>	YP8994Z
<b>2. Chassis number of Vehicle:</b>	FD9JPN10028
<b>3. Name of Policyholder:</b>	CAPRIQXY TRADING SERVICES PTE LTD
<b>4. Effective date of Commencement of Insurance for the purposes of the Act:</b>	17-MAY-2020 00:00 AM
<b>5. Date of Expiry of Insurance:</b>	16-MAY-2021 23:59 PM
<b>6. Persons or Classes of Persons entitled to drive*:</b>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
<b>7. Limitations as to use:</b>	<p>A) Use in connection with the Policyholder's business.</p> <p>B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>C) Use for social, domestic and pleasure purposes.</p>
<b>8. The Policy does not cover:</b>	<p>A) Use for racing, pace-making, reliability trials or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward.</p>
*Limitations rendered inoperative by Section 5 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 are not to be included under these headings.	
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 1967.	
<p><b>VIRTUAL INSURANCE AGENCIES PTE LTD</b> 117 Waterway Street #02-02 Singapore, Singapore 187969 Tel: (65) 63800023 Fax: (65) 63300028</p>	
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p> <p></p> <p>Authorised Signature</p>	
<b>For information only:</b>	
<b>COVERAGE:</b>	Comprehensive, Unlimited Windscreen, Additional Accessories - Power Tailgate SI \$55,000/-
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section I: \$51000 Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: \$3000 Windscreen Excess: \$5100
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	VIRTUAL INSURANCE AGENCIES PTE LTD

PLASPLAS/18-MAY-20

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18-MAY-20