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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.
- 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.
- 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

sforesaid,	
ALL MARKET LEADINGS DURING A SE	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
AND AND THE WAR AND THE DESIGNATION OF DESIGNATION	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YP8994Z
Insured/Policyholder	
Name Of Registered Owner	CAPRIOXY TRADING SERVICES PTE LTD
Co Reg No	<u> </u>
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
11 more than the processing the	CUTTOOR

 NRIC No
 SXXXX544E

 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

Control Number OTUEDO 00062044

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

Ť

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

ambulance?

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

1120 only seed interesting the second

004

Was any injured conveyed to hospital by

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)

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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.
- 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.
- 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.
- 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
 - 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:
 - 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.

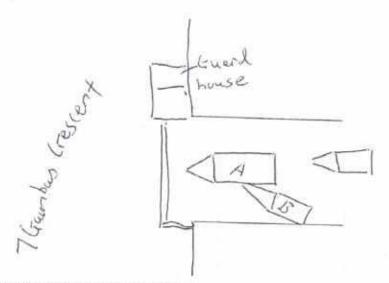
Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Pers

NRIC/FIN No.:



A) /P8994Z B) SBN 6937S

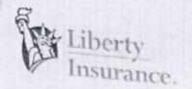
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was quering outside the car park entrance to go into 7 fambus Crescent, I move my verhicle slowly suddenly I left a strength impact from my left and stopped my verhicle and alighted I saw verhicle 13 have try to cut into my lane and collided onto my left portion of my verhicle, This is a one lone traffic.
DECLARATION (We declare the towns of a section of a secti

mar water

Date of Accident	: 12 10 2020 Accident Time: 13 10 (24-HR-Format)
Accident Place	: 7 Gambas Crescent
Vehicle. No. (Car Plate No.)	7P8994Z Make/Model: HINO 500
Insurace Company	: LIBERTY Policy No: SD 20VOS399/VCH/ROD
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.	AHRAD MUSTAKIM BIN Muhammad Salim 595035441
DRIVER'S Date Of Birth	: 2801 1995 DRIVER'S License Pass Date 06 May 2015
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling (Employee) Others:
DRIVER'S Address	Henderson Boad BLK91 #03-140 150091
DRIVER'S Contact No./ Alt No.	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 LAFTER RAIN & WET
Reporting Type	Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including D	river): HE 0
Was there any video Captured by ea Exact purpose for which vehicle was Any Injury (If YES, PIs state):	s being used at the time of accident: Private use. Work purpose
Other P	arty Driver's Particular (if any)
Vehicle No: SBN 593	7.5 Vehicle, No:
Vehicle Make Woodel: Heteles	Vehicle Make Model:
Name Driver:	
IC No. Driver Contact;	IC No. Driver/Contact:

* NEW - Passenger's name & gender:





Liberty Insurance Pte Ltd Registration no 1990027810 61 Club Stimet 815-038 Liberty House 813-03 Liberty House Singapore (65-52) The (65)-65/21 85/11 Faix (65) 8225 4500 Website (65) Evans (Iberty)-sourance new sq.

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1860
ROAD TRANSPORT ACT 1987 (MALAYSIA)

Certificate No	SD20VQ5399 AVCH /R00	
Form Date Of Issue	MZ301A 18-MAY-2020	
1. Index Mark and Registration No. of Vehicle: 2. Chassis number of Vehicle: 3. Name of Policyholder: 4. Effective date of Commencement of Insurance for the purposes of the Act:	YP8994Z	
	FD9JPN10028	
	CAPRIOXY TRADING SERVICES FTE LTD.	
	17-MAY-2020 00:00 AM	
5.Date of Expiry of Insurance;	16-MAY-2021 23-59 PM	
6.Persons or Classes of Persons entitled to drive*:		

A) Whilst the whicle is being used in connection with the Policyhulder's business :

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

8) 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 appeared 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 carnage 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

E) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle

C) Lies for the carnage of passengers for hire or reward

dered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Componeution) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

title 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 169) and Part IV of the Road Transport Act 1967.

CHOUSE RESURBINGS AGENCIES PTE LTD. THE WATER OF THE HER KIZ-GZ The plant Associate Swin (bly controller

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE : SUM INSURED

EXCESS:

Comprehensive Unlimited Windscreen Additional Accessories - Power Tailgate St S\$5,0001-

MARKET VALUE AT THE TIME OF LOSS

Section | 5\$1000 Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers, S.

\$3000.Windscreen Excess S\$100

FINANCE COMPANY: PRODUCER NAME:

VIRTUAL INSURANCE AGENCIES PTE LTD

PEASPLAS/18-MAY/20

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18-MAY-20

May 15, 2020, 129 PM