

**NATIONAL Assessment Centre Services:** (Unit 1 Job) **500922900003**

Ref No:	Job description	Date & Time Completed	Done by
17/09/2022 11:12	SAS e-filing		
Ref No: N/A / LIP 20089157	E-mail (withhold this, A/C 3hrs)		
In No: 18 7592B	1-Motor Claim Form		
O.A: 06/09/2022 13:40	1-Motor W/O (withhold OD, 3hrs, TP 4hrs)		
D: TP / Reporting Only	1-Photo Uploaded		
P Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/WKsp		

referred Wksp / INC Ass'n Wksp / QW: ( )

P Particulars: Vch No: **GBL 6647Z** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % (Note: Est. Status (WO): NI 0-20%; P 21-79%; F 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( )

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check/Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3,000] ( )

Injury: ( )

Damage: ( )

Other: ( )

**NA2202460**

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

C Checked by (Engr-In-Charge): ( )

Warranty Comments: ( )

1/2/3: ( )

Invoice Preparation - On Hold		Bill to
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$40)	
3) TP: Towing Fee	\$10/\$12	
4) FT: Follow Through Survey	\$120	
5) PT: Follow Through Survey (Post Survey)	\$30	
For claimant's use only (over 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: 1 day DA + SMART Survey	\$160	
8) NTUC Additional Services		
ON:		
*N3: Courtesy Car / Tpl Allowance	\$5	
*N4: Repair Coordination	\$15	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$5	
TP (N11) / TP (N12) against INC	\$20	
9) N13: 1 day Mobile	\$10	
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 Actual 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 Submission	12/09/2022 11:12 (SGT)
Reported by	Driver
Date of Accident	06/09/2022 13:40 (SGT)
Exact Location of Accident	452 Alexandra Rd, Singapore 119961
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ7592B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CAPRIOXY TRADING SERVICES PTE. LTD
Company Reg No	2XXXXX652E
Email Address	agilan@capriox.com.sg
Mobile Phone No	(Phone) +65-91051823
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Canter
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2998

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V10974/VCH/R00

#### DRIVER

Name of Driver	SUMANGANESH S/O PARTHIPAN
NRIC No	SXXXX333F
Date Of Birth	18/12/1999
Occupation	Outdoor

Date Of Driving Pass	17/08/2022
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91051823
Alt. Phone Number	-
Email Address	agilan@caprioxy.com.sg
Address	BLK 742 WOODLANDS CIRCLE #09-443
Address complement	-
Postcode	730742
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBL6641Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## SKETCH PLAN

### IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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.



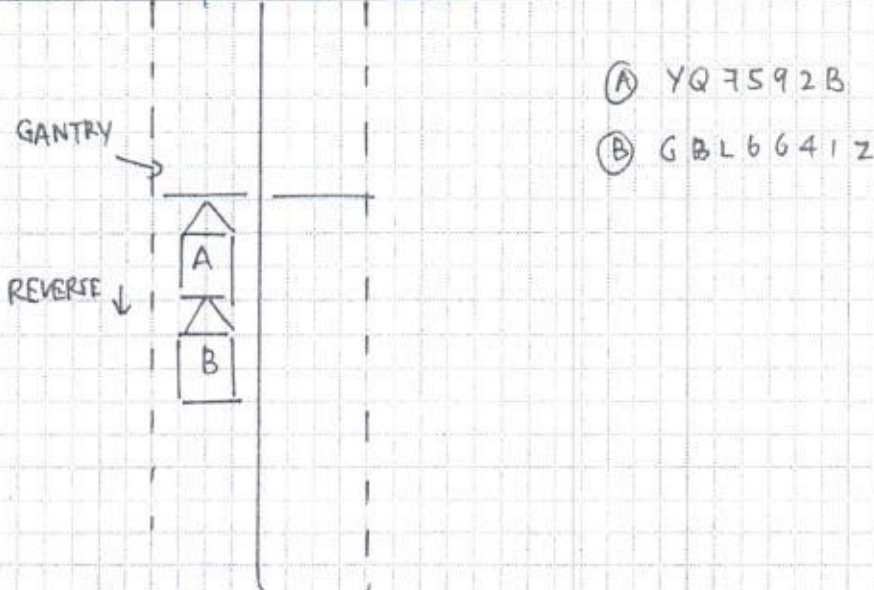
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

452 ALHAYATRA ROAD



Describe Circumstance of the Accident

I WAS EXITING THE GANTRY AT 452 ALEXANDRA ROAD,  
AS THE IV COULD NOT BE DETECTED, I REVERSED SLOWLY AS  
THERE WAS A VAN BEHIND. I DID NOT EXPECT HIM TO NOT  
MOVE, AS A RESULT I COLLIDED ONTO THE FRONT OF HIS  
VEHICLE.

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

12/09/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Email: sm@idac.com.sg Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 06 / 09 / 2022 (dd/mm/yy) Time of Accident: 13 : 40 (24-HR-FORMAT)

Vehicle No.: YQ7592B Vehicle Make & Model / Engine (cc): MITSUBISHI CANTER Private Hire: ( Y / **N** )

Exact location of Accident: 452 ALEXANDRA ROAD

Policyholder's Name / IC No.: CAPRIOXY TRADING SERVICES PTE LTD ROC/UEN (Company): 201104652E

Driver's Name / IC No.: SUMANGANESH S/O PARTHIPAN S9941333F (As Above) ☐

Driver's Contact No.: 9105 1823 Company Contact No / Owner Contact No: \_\_\_\_\_

Driver's Address: BLK 742 WOODLANDS CIRCLE #09-443 SINGAPORE 730742

Owner Email address: AGILAN@CAPRIOXY.COM.SG Insurance Company: LIBERTY

Driver Email address: \_\_\_\_\_

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / **Employee** / Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☐ Other Vehicle (The one you want to claim against) / ☒ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

☐ Private use / ☒ Work purpose

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

\*No. of Passengers (Including Driver): 1

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x ( )

\*Passenger Name: \_\_\_\_\_ Gender: Male / Female x ( )

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks: \_\_\_\_\_

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: GBL6641Z

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



## 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  
ROAD TRANSPORT (AMENDMENT) ACT 2019  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959

Certificate No. SD22V10974 /MCH /R00  
Form MZ301A  
Date of Issue 15-AUG-2022  
1. Index Mark and Registration No. of Vehicle: YQ7592B  
2. Chassis number of Vehicle: FEB71EA35077  
3. Name of Policyholder: CAPRIOXY TRADING SERVICES PTE. LTD.  
4. Effective date of Commencement of Insurance  
for the purposes of the Act 28-JUL-2022 00:00 AM  
5. Date of Expiry of Insurance: 27-JUL-2023 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 85 of the Road Transport Act, 1987 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, 1987.

For and on behalf of  
**LIBERTY INSURANCE PTE LTD**  
Approved Insurers

  
Authorised Signature

For information only

COVERAGE	Comprehensive Uninsured Windscreen
SUM INSURED	MARKET VALUE AT THE TIME OF LOSS
EXCESS	Section 1: \$5000 Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: \$5000 Windscreen excess: \$5100
FINANCE COMPANY	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME	VIRTUAL INSURANCE AGENCIES PTE LTD