

NATIONAL Assessment Centre Services (Ref: 1-2-15) **SW09228 P0006**

Date In: **27/09/2022 17:17** Job description: **SAS e-filing**

Ref No: **NBA/LIP20095214** E-mail (within 3hrs, A/C 3hrs)

Veh No: **YK6715L** I-Motor Claim Form

D.O.A: **26/09/2022 16:10** I-Motor W/O (within 3hrs, A/C 3hrs)

QC (TP - Reporting Only) I-Photo Uploaded

Assessment/Survey Report

Asst Report by Fax Hand to Driver/Whar

TP Insurer:

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars: Veh No: **GBL 7277B** INC () Non-INC ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: () Time: ()

Confirmed by: ()

Insured/Driver Liability: () % (Note: 1st Status (WO) 11-0-2011, P: 21-7/2011, P: 30-11/2011)

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 Cost: ()

Remarks: **MINIING hotline 0788 6616**

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date Time Action

X/A2002664

Important Particulars:

Owner/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Port: Component:

Invoice Preparation Checklist

1) AR - Accident Reporting	(1500)	1900 (155)
2) DA - Damage Assessment	(1500)	1900 (155)
3) TP - Towing Fee		\$150
4) PT - Follow Through Survey		\$150
5) PT - Follow Through Survey (Resurvey)		\$150
6) TR - Repairer Fee		\$150
7) NCUA - NCUA - DMET Survey		\$150
8) NCUA - NCUA - DMET Survey		\$150
9) NCUA - NCUA - DMET Survey		\$150
10) NCUA - NCUA - DMET Survey		\$150
11) NCUA - NCUA - DMET Survey		\$150
12) NCUA - NCUA - DMET Survey		\$150
13) NCUA - NCUA - DMET Survey		\$150
14) NCUA - NCUA - DMET Survey		\$150
15) NCUA - NCUA - DMET Survey		\$150
16) NCUA - NCUA - DMET Survey		\$150
17) NCUA - NCUA - DMET Survey		\$150
18) NCUA - NCUA - DMET Survey		\$150
19) NCUA - NCUA - DMET Survey		\$150
20) NCUA - NCUA - DMET Survey		\$150
21) NCUA - NCUA - DMET Survey		\$150
22) NCUA - NCUA - DMET Survey		\$150
23) NCUA - NCUA - DMET Survey		\$150
24) NCUA - NCUA - DMET Survey		\$150
25) NCUA - NCUA - DMET Survey		\$150
26) NCUA - NCUA - DMET Survey		\$150
27) NCUA - NCUA - DMET Survey		\$150
28) NCUA - NCUA - DMET Survey		\$150
29) NCUA - NCUA - DMET Survey		\$150
30) NCUA - NCUA - DMET Survey		\$150
31) NCUA - NCUA - DMET Survey		\$150
32) NCUA - NCUA - DMET Survey		\$150
33) NCUA - NCUA - DMET Survey		\$150
34) NCUA - NCUA - DMET Survey		\$150
35) NCUA - NCUA - DMET Survey		\$150
36) NCUA - NCUA - DMET Survey		\$150
37) NCUA - NCUA - DMET Survey		\$150
38) NCUA - NCUA - DMET Survey		\$150
39) NCUA - NCUA - DMET Survey		\$150
40) NCUA - NCUA - DMET Survey		\$150
41) NCUA - NCUA - DMET Survey		\$150
42) NCUA - NCUA - DMET Survey		\$150
43) NCUA - NCUA - DMET Survey		\$150
44) NCUA - NCUA - DMET Survey		\$150
45) NCUA - NCUA - DMET Survey		\$150
46) NCUA - NCUA - DMET Survey		\$150
47) NCUA - NCUA - DMET Survey		\$150
48) NCUA - NCUA - DMET Survey		\$150
49) NCUA - NCUA - DMET Survey		\$150
50) NCUA - NCUA - DMET Survey		\$150
51) NCUA - NCUA - DMET Survey		\$150
52) NCUA - NCUA - DMET Survey		\$150
53) NCUA - NCUA - DMET Survey		\$150
54) NCUA - NCUA - DMET Survey		\$150
55) NCUA - NCUA - DMET Survey		\$150
56) NCUA - NCUA - DMET Survey		\$150
57) NCUA - NCUA - DMET Survey		\$150
58) NCUA - NCUA - DMET Survey		\$150
59) NCUA - NCUA - DMET Survey		\$150
60) NCUA - NCUA - DMET Survey		\$150
61) NCUA - NCUA - DMET Survey		\$150
62) NCUA - NCUA - DMET Survey		\$150
63) NCUA - NCUA - DMET Survey		\$150
64) NCUA - NCUA - DMET Survey		\$150
65) NCUA - NCUA - DMET Survey		\$150
66) NCUA - NCUA - DMET Survey		\$150
67) NCUA - NCUA - DMET Survey		\$150
68) NCUA - NCUA - DMET Survey		\$150
69) NCUA - NCUA - DMET Survey		\$150
70) NCUA - NCUA - DMET Survey		\$150
71) NCUA - NCUA - DMET Survey		\$150
72) NCUA - NCUA - DMET Survey		\$150
73) NCUA - NCUA - DMET Survey		\$150
74) NCUA - NCUA - DMET Survey		\$150
75) NCUA - NCUA - DMET Survey		\$150
76) NCUA - NCUA - DMET Survey		\$150
77) NCUA - NCUA - DMET Survey		\$150
78) NCUA - NCUA - DMET Survey		\$150
79) NCUA - NCUA - DMET Survey		\$150
80) NCUA - NCUA - DMET Survey		\$150
81) NCUA - NCUA - DMET Survey		\$150
82) NCUA - NCUA - DMET Survey		\$150
83) NCUA - NCUA - DMET Survey		\$150
84) NCUA - NCUA - DMET Survey		\$150
85) NCUA - NCUA - DMET Survey		\$150
86) NCUA - NCUA - DMET Survey		\$150
87) NCUA - NCUA - DMET Survey		\$150
88) NCUA - NCUA - DMET Survey		\$150
89) NCUA - NCUA - DMET Survey		\$150
90) NCUA - NCUA - DMET Survey		\$150
91) NCUA - NCUA - DMET Survey		\$150
92) NCUA - NCUA - DMET Survey		\$150
93) NCUA - NCUA - DMET Survey		\$150
94) NCUA - NCUA - DMET Survey		\$150
95) NCUA - NCUA - DMET Survey		\$150
96) NCUA - NCUA - DMET Survey		\$150
97) NCUA - NCUA - DMET Survey		\$150
98) NCUA - NCUA - DMET Survey		\$150
99) NCUA - NCUA - DMET Survey		\$150
100) NCUA - NCUA - DMET Survey		\$150

Fee Charged

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	27/09/2022 17:17 (SGT)
Reported by	Driver
Date of Accident	26/09/2022 16:10 (SGT)
Exact Location of Accident	8 Admiralty St, Singapore 757438
Additional Location Information	LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6715L
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	CAPRIOXY TRADING SERVICES PTE. LTD.
Company Reg No	2XXXXX652E
Email Address	saras@capriox.com.sg
Mobile Phone No	(Phone) +65-85098238
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	UDTrucks
Model	PKC8ELN5EP
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	7013

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V09170/VCH/R01

DRIVER

Name of Driver	HAN RENFANG
Passport No/FIN	GXXXX268N
Date Of Birth	13/10/1973
Occupation	Outdoor

Date Of Driving Pass	29/10/2021
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85098238
Alt. Phone Number	-
Email Address	saras@caprioxy.com.sg
Address	CHANGI VILLAGE
Address complement	-
Postcode	500004
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 - Opening Door of Vehicle
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	GBL7237B
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

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 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

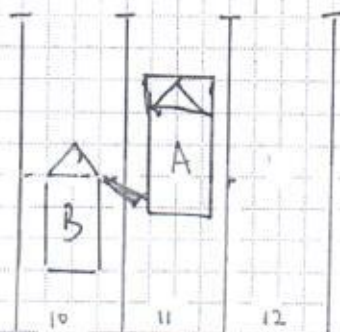
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

8 ADMIRALTY STREET LOADING Bay

(A) YN6715L

(B) GBL7237B



Describe Circumstance of the Accident

I WAS MOVING OFF FROM THE LOADING BAY OF LOT 10.

SUDDENLY, I FELT AN IMPACT SO I STOPPED MY VEHICLE.

I ALIGHTED AND SAW THE REAR LEFT PORTION OF MY VEHICLE

BEING DAMAGED.

Declaration

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



Policyholder's Signature / Date & Time

S

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

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

27/09/2022

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: 26 / 09 / 2022 (dd/mm/yy) Time of Accident: 16 : 10 (24-HR-FORMAT)

Vehicle No.: YN6715L Vehicle Make & Model / Engine (cc): UD TRUCKS Private Hire: (Y / N)

Exact location of Accident: 8 ADMIRALTY STREET LOADING BAY

Policyholder's Name / IC No.: CAPRIQXY TRADING SERVICES PTE LTD ROC/UEN (Company): 201164652E

Driver's Name / IC No.: HAN RENFANG G8607268N (As Above) ☐

Driver's Contact No.: 8509 8238 Company Contact No / Owner Contact No: _____

Driver's Address: CHANGI VILLAGE SINGAPORE 500004

Owner Email address: SARAS@CAPRIQXY.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?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*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: GBL7237B

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	SI22V09170 /VCH /R01
Form	MZ301A
Date of Issue:	08-Jul-2022
1 Index Mark and Registration No. of Vehicle:	YN6715L
2 Chassis number of Vehicle:	PKC8E30162
3 Name of Policyholder:	CAPRIOXY TRADING SERVICES PTE. LTD.
4 Effective date of Commencement of Insurance for the purposes of the Act:	13-JUL-2022 00:00
5 Date of Expiry of Insurance:	12-JUL-2023 23:59
6 Persons or Classes of Persons entitled to drive*	<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. 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>
7 Limitations as to use:	<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>
8 The Policy does not cover:	<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>
<p>*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.</p>	
<p>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.</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Third Party Working Risk, Power Indemnity S1-S\$500,00
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section I S1,000.00, Third Party Working Risk Excess (each and every claim) S1,000.00, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S3,000.00, Windscreen Excess S100.00
FINANCE COMPANY:	TOKYO CENTURY LEASING (S) PTE LTD
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD