

Done by _____

Ass't Report of	Toll
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FX1

Cover Type:

TIME:

NiO-20%; Fe 21-79%; Fe 50-50%;

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

Identical & strictly NO refer of repairer.

Total Loss Case 1 to e-mail Insured () / NO () / TOY ()

Drive-In () / Towed-In () / Invoiced () / Date ()

6788 5616

Apply for Transport Allowance ()

2) QC Check./ Post Repair Inspection

3) Upload Réserveé Photo (Kepak 2011)

Injury:

X/A2202667

river/Owner:

Contract No:

Damaged Portion:

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

213

Training Program Schedule

1) A.P. Accident Reporting (530)

2) DAIDALIST ASSOCIATION

4) FT: Follow-Through Survey

For admission apply to TMD only

2) Nil. L + DA + SMT Survey

3) NT/C Additional Services	
DDI	

	INR	Courtesy Car / Tpl Allowance

* NRI Post Payment Inspection

INVIDY / Delmar Green Corp.
620011177 (WIA INC) against INC

9) N12: l'encadré de la table

Invoice 22142

Not Charged

Per Changta

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 17:35 (SGT)
Reported by	Driver
Date of Accident	26/09/2022 14:00 (SGT)
Exact Location of Accident	Jln Buroh, Singapore
Additional Location Information	ROUND ABOUT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP8544P
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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) +65-87518384
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hino
Model	Fd9jpn
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	5123

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V04944/VCH/R02

DRIVER

Name of Driver	MUTHUKUMARAN S/O SAMUGAM
NRIC No	SXXXX934Z
Date Of Birth	08/09/1980
Occupation	Outdoor

Date Of Driving Pass	28/12/2011
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87518384
Alt. Phone Number	-
Email Address	saras@capriox.com.sg
Address	BLK 642 YISHUN STREET 61 #02-262
Address complement	-
Postcode	760642
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	Side Swipe
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)	2
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	-

PASSENGER 1

Name	ZHIQIANG
Gender	Male

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	SLP1619H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
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

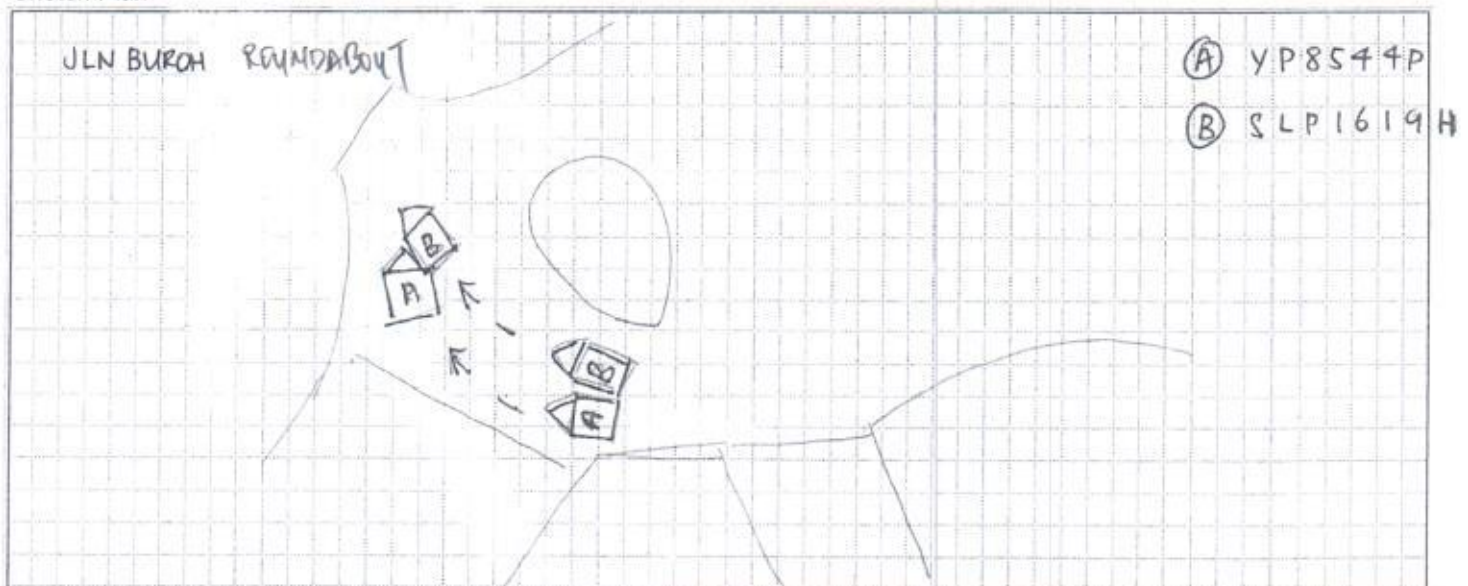
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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



Describe Circumstance of the Accident.

I WAS TRAVELLING IN THE EXTREME LEFT LANE AT THE
ROUNDAABOUT. AS I WAS APPROACHING JURONG PIER ROAD
EXIT, SUDDENLY A VEHICLE CUT INTO MY LANE AND COLLIDED
ONTO THE FRONT RIGHT PORTION OF MY VEHICLE.

Declaration

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



Policyholder's Signature / Date & Time

ny

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

[Signature] 27/09/2022
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: 26 / 09 / 2022 (dd/mm/yy) Time of Accident: 14 : 00 (24-HR-FORMAT)

Vehicle No.: YP8544P Vehicle Make & Model / Engine (cc): HINO 500 Private Hire: (Y/N) (N)

Exact location of Accident: JLN BUKIT RUMAHPUT

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

Driver's Name / IC No.: MUTHUKUMARAN S/O SAMUGAM S8026934Z (As Above) ☐

Driver's Contact No.: 8751 8384 Company Contact No / Owner Contact No: _____

Driver's Address: BLK 642 YISHUN STREET 61 #02-262 SINGAPORE 760642

Owner Email address: SADAS@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?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

*No. of Passengers (Including Driver): 2

*Passenger Name: ZHIQIANG

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: SLP1619H

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	SI22V04944 /VCH /R02
Form	MZ301
Date of Issue:	13-Apr-2022
1. Index Mark and Registration No. of Vehicle:	YP8544P
2. Chassis number of Vehicle:	FD9JPN10027
3. Name of Policyholder:	CAPRIOXY TRADING SERVICES PTE. LTD.
4. Effective date of Commencement of Insurance: for the purpose of the Act	26-APR-2022 00:00
5. Date of Expiry of Insurance:	25-APR-2023 23:59
6. Persons or Classes of Persons entitled to drive*:	<p>1) Whilst the vehicle is being used in connection with the Policyholder's business :-</p> <p>a) The Policyholder.</p> <p>b) Any other person provided he is in the Policyholder's employ and is driving on his/their order or with his/their permission.</p> <p>2) Whilst the vehicle is being used for social, domestic or pleasure purposes :-</p> <p>a) The Policyholder.</p> <p>b) Any other person who is driving on the Policyholder's order or with his/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>
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 or pleasure purposes.</p>
8. 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 (other than for reward) 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 art IV of the Road Transport Act, 1987</p>	
<p>VIRTUAL INSURANCE AGENCIES PTE LTD 142 Whitehall Street #02-02 Skyline Building, Singapore 187666 Tel: (65) 63330083 Fax: (65) 63330048</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p> Authorised Signature</p>	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen
SUM INSURED (S\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (S\$):	Section I: \$1,000.00. Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: \$3,000.00; Windscreen Excess: \$100.00
FINANCE COMPANY:	
PRODUCER NAME:	VIRTUAL INSURANCE AGENCIES PTE LTD