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Owner / Driver: () Cover Type: (·).
Policy No: (Period: (will an ord)
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MAQCO 5335 Priver/Owner: Contact No: Darriaged Portion: CC Checked by (Engr-In-Charge):	5) T/ (1) P/ (2) P/ (3) P/ (4) P/ (5) P/ (6) P/ (7)	Denny's Asserment (\$100); Towing Fee Follow-Through Survey Follow-Through Survey (Fleauwey) Iteliansation Iteliansation Iteliansation Iteliansation Iteliansation Iteliansation St Cauristy Coff Tpl Allowshus St Cauristy Coff Tpl Allowshus St Cauristy Coendination Other twosts Caordination Other twosts Caor	(C (210) \$407453 \$1120 \$330 \$773 \$3160 \$31

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 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.
- 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	26/11/2020 17:42
Date Of Accident	25/11/2020 18:40
Exact Location Of Accident	UBI BLOCK 304 CARPARK
Country/State of Loss	SINGAPORE
The state of the s	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBK4516X
Insured/Policyholder	
Name Of Registered Owner	VISION MASON PTE. LTD.
Co Reg No	2XXXXX195N
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-82044400
Alternative Phone No	OFFICE-84990252
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD20V07963/VCV/R00
Cover Note Number	
Driver	
Name of Driver	KOH SHENG HUI

Name of Driver	KOH SHENG HUI
NRIC No	SXXXX174D
Date Of Birth	06/04/1994
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2015
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
NE CHARLES	// OCAL \ 465-82044400

Mobile Number (LOCAL) +65-82044400

Fax Number

OTHERS_8/000252 Contact Number

Address

BLK 419 WOODLANDS STREET 41

#10-215

Postcode

730419

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

COLLISION - HEAD TO REAR

Weather Conditions

AFTER RAIN

Road Surface

WET

NO

Other Information

Was any foreign vehicle involved in this accident?

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

NO

ambulance? 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

SLW5423S

Vehicle Make/Model/Colour

LEXUS

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 inturers, 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 tirms, 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 (coffectively 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/flaw 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

the complying with requirements under any regulations, laws or court orders.

Policyholder i Signature Date & Time:

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0

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Conting Centre Personnel's

- lame

MRIC/FINITION

STCH PLAN UBI 304 Carpark AGBK4516X B SLW 54235 Reverse iculars are true in every respect.

Date of Accident	25/11/2020 Accident Time: 1840 (24-HR-Format)		
Accident Place	: UBI BLK 304 CARPOUTK		
Vehicle, No. (Car Plate No.)	:GBK 4516X Make Models Toyota		
Insurace Company	Liberty Policy No: 5 D20107963/ULV/ROO		
Owner or Company Name IC No.			
Owner or Company Contact No.	Owner's Hp 2204 4400 Company Tel		
DRIVER'S Name / IC No.	KOH SHENG HULLS 94121740		
DRIVER'S Date Of Birth	:0604 1994 DRIVER'S License Pass Date 30 MW 2015		
Relationship of Owner & Driver	: Spouse \Parents \Children \Sibling (Employee Others:		
DRIVER'S Address	: APT BLK 419 woodlands street 41 +10215 730419		
DRIVER'S Contact No. Alt No.	1) 84990152		
DRIVER'S Occupation	: INDOOR OUT DOOR(e.g. working inside or outside office)		
Email Address	into a caremith Biz		
Weather & Road Sprince	CLEAR & DRY \ RAINING & WET (AFTER RAIN & WET)		
Reporting Type	Reporting Only) Claim Other Party Claim Own Insurance		
Number of Passengers (Including D	niver): 0 (
Was there any video Captured by er Exact purpose for which vehicle wa Any Injury (If YES, Pls state): A	wearners: YES NO s being used at the time of accident: Private use. Work purpose		
Other I	arty Driver's Particular (if any)		
Vehicle No: SLW 5473,	S Vehicle, No:		
Vehicle Make Model: LEXUS	Vehicle Make Model:		
Name Driver:			
IC No. Driver Contact:			
* NEW - Passenger's name &			





Liberty Insurance Pte Ltd Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 089428 Tel: (65) 6221 8611 Fax: (65) 6225 6890

Website: http://www.libertyinsurance.com.sg

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

market reliable (Times Part Money Notes, 1999 (Mires) 1997		
Certificate No	SD20V07963 /VCV /R00	
Form	MZ300A	
Date Of Issue	24-JUL-2020	
1.Index Mark and Registration No. of Vehicle:	GBK4516X	
2.Chassis number of Vehicle:	JTFAT35Y50K215252	
3.Name of Policyholder:	VISION MASON PTE, LTD.	
4.Effective date of Commencement of Insurance	23-JUL-2020 00:00 AM	
for the purposes of the Act:		
5.Date of Expiry of Insurance:	22-JUL-2021 23:59 PM	

6.Persons or Classes of Persons

entitled to drive*:

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 hire or reward or for racing, pace-making, reliability trials or speed-testing.

B) Use whilst drawing a trailer except the towing or any one disabled mechanically propelled vehicle.

*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.

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.

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section | SS600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S

\$3000, Windscreen Excess S\$100

FINANCE COMPANY:

DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

PRODUCER NAME:

CASA MERAKI PTE LTD

PLAS/PLAS/24-JUL-20

S1_CI_T1_T3_OE_Template2-Ver1.

24-JUL-20