

NATIONAL Assessment Centre Services

Date In: 09/06/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21006526/13	SAS e-filing		
Veh No: SM19963C	E-mail (within 2hrs. A/C 2hrs)		
D.O.A: 04/06/21 1830	i-Motor Claim Form		
OD TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMNS315G	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:
Insured/Driver Liability: () %	[Note-Est. Status (WO): N: 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:- (INC hotline: 6788 6616)

	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time Actions

NA2103/11

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2/3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OH*		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (Non INC) against INC \$20		
9) N12: Idac Mobile 30		

Invoice dated

Invoice dated

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 Authorised 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	10/06/2021 11:58 (SGT)
Date of Accident	04/06/2021 18:30 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS HOUGANG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT9963C
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	PRESTIGE ONE CAPITAL PTE LTD
Company Reg No	2XXXXX904C
Email Address	prestige1capital@gmail.com
Mobile Phone No	(Phone) +65-83339089
Alternative Phone No	+65-83339089

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V08651/VTN/R01
Cover Note Number	-

DRIVER

Name of Driver	TITUS TAN KIM HOCK(CHEN JINFU)
NRIC No	SXXXX456E

Date Of Birth	24/03/1972
Occupation	Outdoor
Date Of Driving Pass	12/08/1992
Driving experience	28 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98773622
Alt. Phone Number	-
Email Address	WWWITUSTAN33@GMAIL.COM
Address	BLK 334 HOUGANG AVE 5
Address complement	#02-248
Postcode	530334
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 material 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

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

PLS REFER TO THE ATTACHED STATEMENT.

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

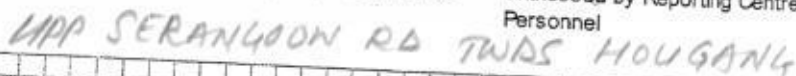
Vehicle Registration Number	SMN5315G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

IMPORTANT NOTICE

8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree 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.



UPP SERANGOON RD TWDS HOUGANG

A - SM19963C

B - SMN5315G

AB 1

Describe Circumstances of the Accident


I was travelling straight along Upp Serangoon towards Hougang. Infront of my veh stop due to the red traffic light ahead. When the light change green, veh B moved off and stop I followed suit. Suddenly veh B stop, and I have not enough time to react and my veh hit onto the rear portion of veh B.

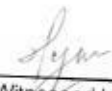
Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 8-6-2021
Driver's Signature (if driver is not the policyholder) / Date & Time

 09/06/21
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: 04/06/21 (DD/MM/YYYY), TIME: 18:30 (HH:MM)

LOCATION: UPP SERANGOON TWAS HOUGANG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMT9963C
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 83339089
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: TITUS TAN LIM HOCK (CHEN JIN FU)
 b) NRIC/FIN/PASSPORT: S7209456E (MALE / FEMALE)
 c) ADDRESS: BLK 334 HOUANG AVE 5
#02-248 (530334)

*d) DATE OF BIRTH: 24/03/1972 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/08/1982

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FATHER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN531SG MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

08/06/21

Email = www.titus.tan33@gmail.com


waiting for CI

fax =

video = 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	SD21V08651 /VTN /R01
Form	MZ9
Date Of Issue	09-JUN-2021
1. Index Mark and Registration No. of Vehicle:	NAMED DRIVER/S AS BELOW.
2. Chassis number of Vehicle:	
3. Name of Policyholder:	PRESTIGE ONE CAPITAL PTE. LTD
4. Effective date of Commencement of Insurance for the purpose of the Act:	01-JUN-2021 00:00 AM
5. Date of Expiry of Insurance:	31-MAY-2022 23:59 PM
6. Persons or Classes of Persons entitled to drive*:	KOH KHENG LENG MELVYN, WONG KOK WEE, TITUS TAN KIM HOCK
<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*:	Use only for Motor Trade purposes.
8. Policy does not cover:	The policy does not cover use for hire or reward, racing, pace-making, reliability trials or speed-testing. N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.
<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> <p></p> <p>_____ Authorised Signature</p>	
For Information only:	
COVERAGE:	Third Party Only, Demonstration Extension, Geographical Area: Singapore only, Standard Operating Hours: 8am to 10pm
SUM INSURED:	
EXCESS:	Section II: S\$3000, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers: S\$3000
FINANCE COMPANY:	
PRODUCER NAME:	PRESTIGE ADVISORY SERVICES

PLSE 20210609

Ver.1.260705