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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

 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 witholding of material facts may allow insurance companies to repudiate 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

10/06/2021 11:58 (SGT) 04/06/2021 18:30 (SGT) Upper Serangoon Rd, Singapore TOWARDS HOUGANG Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMT9963C

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No.

Email Address

Mobile Phone No

Alternative Phone No

PRESTIGE ONE CAPITAL PTE LTD

2XXXXX904C

prestige1capital@gmail.com

(Phone) +65-83339089

+65-83339089

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Toyota

Camry

Private use

No - Reporting only

Private car

Auto

1998

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage

Fleet Policy

Policy Number

Cover Note Number

Liberty Insurance Pte Ltd

Comprehensive

No

SD21V08651/VTN/R01

DRIVER

Name of Driver

NRIC No

TITUS TAN KIM HOCK(CHEN JINFU) SXXXX456E

Accident report SN0921690003

Page 1 of 12

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

24/03/1972

28 YEARS AND 10 MONTHS

WWWTITUSTAN33@GMAIL.COM

(Phone) +65-98773622

Collision - Head to Rear

BLK 334 HOUGANG AVE 5

Outdoor 12/08/1992

#02-248

530334

No Employee

No

Clear

Dry

No

No

Yes

1

No

No

No

2

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer

Vehicle Model Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver Contact Number

Address Address complement SMN5315G

Private car

Accident report SN0921690003

Page 2 of 12

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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 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' law yers/law firms, the Monetary Authority of Singapore and any relevant
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

yholder's Signature / Date &	Driver's 8 & Time	Signature (f driver is	not the p	olicyholde	er) / Date	Witnes Person	sed by R		V15-07-02-02-5	- 6
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ĺ.	ACCIDENT DATE: 04/06/ 2	1 I/DD MAN papari	10 2
	LOCATION: UPP SERA	VOOR TO THE	/#: 30 (HH:MM)
	1. DETAILS OF LOW	1000	HOUGARCE
			40.5
	a) VEHICLE NUMBER: 5M	7 7 7 65 C	88 M
	b)INSURANCE COMPANY:	LIBERTY	-
	CIPULICY NUMBER.		_
	d)POLICY TYPE: (COMPREHE	NEW THE	
	d)POLICY TYPE: (COMPREHE e)MAKE & MODEL:	HIRD PARTY / THIRD	PARTY FIRE &THEFTI
	DEPURPOSE OF HISTORY		
	g) VEHICLE CATEGORY (PDI)	APV /VAN / LORRY / MOTO	RCYCLE / OTHERS
	OUL OF HAME AT A O	~	
	HAKE YOU CLAIMING LINES	16-11-11-11-11-11-11-11-11-11-11-11-11-1	
	I) ARE YOU CLAIMING UNDER IF NO, PLEASE STATE (THIRD F 2. INSURED / POLICY HOLDER	PARTY CLASSIC MINSURANCE (YE	ES/NO)
	2. INSURED / POLICY HOLDER	AKIT CLAIM / REPORTING	ONLY
	A)NAME:		
	b)NRIC/FIN/PASSPORT:		(MALE / FEMALE)
28	c/ADDRESS:	CONTAC	CT: 83339089
070	. € Company of the C		
Mills . 0	* CONTINUE TO 3.d IF DRIVER A	100 001	
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Clinduding drive) DINAME: //TUS TAN F	a 11.14 /a	
(/)	DINKIC /FIN/PACCOONT	INGUECE IN	MALE / FEMALE)
>	c)ADDRESS: BUC 334 440	CONTAC	T: 9877362)
	1702-240		
* **	TO THE OF DIKTH TO TO A	1 20 1 1 11	
	THE OF DRIVINGS EVENERAL	0.00	65°
4			
	IF NO, RELATIONSHIP OF THE DIWEATHER CONDITION: (CLEAR	DRIVER WITH INSURED	NY? (YES / NO)
3.	DIROAD SURFACE / DRY / WET	RAINING LOTHERS	TIRER
2	b)ROAD SURFACE: (DRY / WET /	OTHERS	
7	WAS ANYBODY INJURED (YES AN	(0)	
· ·	OKILD TO POLICE IVES IN	71	
	" LEASE STATE WHICH BOT	LICE STATION:	20
de of passenger	THICLE		
Induding Juna	o) VEHICLE NUMBER: SMNS. b) DRIVER'S NAME:	MODEL:	
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(_) ,	C) NRIC/FIN/PASSPORT:	CONTACT:	-
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(1	f) NRIC/FIN/PASSPORT:	CONTACT:	
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Liberty Insurance Pte Ltd

Registration no. 199002791D

51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611

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

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

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 i 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

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.

*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

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 SUM INSURED EXCESS. FINANCE COMPANY

PRODUCER NAME

Third Party Only, Demonstration Extension, Geographical Area: Singapore only, Standard Operating Hours: 8am to 10pm

Section II S\$3000,Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000

PRESTIGE ADVISORY SERVICES

PLSE 20210609

Ver.1.260705