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	Assessment/Surve							
TP Insurer:		Ass't Report by Fax / Hand to Owner/Wksp						
Preferred Wksp / INC Assign Wksp / QW: (J	Tel:	Fax:					
	SC NOCIN	INC () / Non-IN	(C()					
Owner / Driver: (3GM 961 A.	Tel)				
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Drive-In () / Towed-In (); Invoice:	YES () / NO	(); Towing Co: (
Remarks:- (INC horline: 6788 6616)		Date&Time	Completed	Done	by			
1) Apply for Transport Allowance ()/Co	ourtesy Car ()							
2) QC Check / Post Repair Inspection	()							
3) Upload Resurvey Photo [Repair Cost > \$30	0001 ()							
Injury:			page - The second		-			
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54	In	voice Preparation Ch	ecklist	Ant (5)	Ant (1)			
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laimant's Particulars :-		DA : Demege Assessment (5)	00); INC (580)					
river/Owner:		TF: Towing Fee FT: Follow-Through Survey	\$40/\$45 \$120					
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rmaged Portion:	7)	N1: Idao DA + SMRT Survey	\$160		-			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number Contact Number

EMail Address

Gender

- 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 ability.
- 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.

Any false reporting may be referred to the Police for investigation.

- 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.

dictesdia.	
NAME OF THE WAR STREET	ACCIDENT STATEMENT
Date Of Report	17/04/2018 10:50
Date Of Accident	02/04/2018 17:20
Exact Location Of Accident	10 BUKIT BATOK CRES (ALONG ROAD)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGN4940D
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMCFHQ17-000182
Cover Note Number	•
Driver	
Name of Driver	LIM JING-YI(LIN JINGYI)
NRIC No	S8738602C
Date Of Birth	24/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2006
	AND ADDRESS AND AD

11 YEARS AND 4 MONTHS

(LOCAL) +65-91290914

MALE

NOEMAIL

Address

BLK 293 BISHAN ST 22 #17-93

Postcode

570293

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: DEREK LIM

GENDER:

: MALE

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 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?

Details of Witness 1

NO

Name

DEREK LIM

Phone Number

822222012

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGM961A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

KOH WEIHONG

NRIC/Passport Number

S82060041

Contact Number

Address

Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 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:
 - 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.
- (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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signal A U

ROSE

Driver's Signature (If driver is not the policyholder)

1 3/1/8

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Relie to attacked photos.

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the	peed was for	Her, it	April the	plusto of	The stagger	0111-005
4.1	attached.					

DECLARATION SET

//We declare the foregot marticulars are true in every respect.

Policyholder's senoth

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

KhierthiiVT

From:

Little Driver <simplelittledriver@gmail.com>

Sent:

Tuesday, 3 April 2018 11:44 AM

To:

khierthii@rosetautocare.com; Tribecar Support

Cc:

Derek Lim

Subject:

Re: Issue Report- SGN4940D - Accident along 10 Bukit Batok Crescent

Attachments:

Accident report 180402.zip

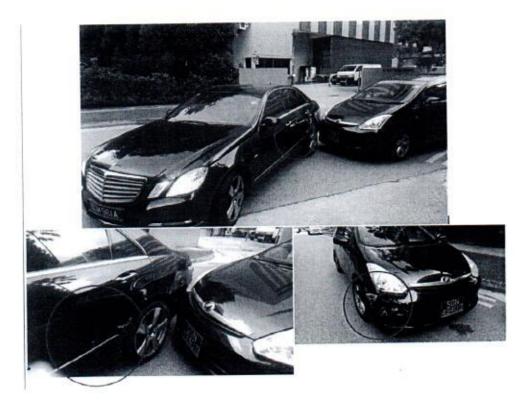
Dear Khierthii,

As requested, photos attached. (ZIP)

The first photo below shows the position immediately after collision when both parties stopped the vehicle. > The damaged part of the Mercedes at the left rear door (circled red) showing the sequence of impact when it cut in without signal from behind.

Thank you.

Lim



On Mon, Apr 2, 2018 at 7:00 PM, Little Driver < simplelittledriver@gmail.com > wrote:

Hello,

As spoken with emergency hotline earlier, would like to make an accident report.

Had just picked a passenger along the roadside at 10 Bukit Batok Crescent and was moving straight when a Mercedes car going straight suddenly swerved left into our path without signal. Braked immediately but the front right of the TRIBECAR vehicle SGN4940D was damaged by the turning Mercedes. The Mercedes also suffered some scratches.

Photos attached. All except 1 was taken before moving the vehicles. The photo (20180402_172316.jpg) showing the final damage to sgn4940d was taken after the vehicles were moved away. The Mercedes driver (Mr Koh Weihong S8206004I) has requested to settle through his insurance company. The Mercedes has an in-car camera.

My passenger at the time of the incident (Mr Derek Lim, cc in this email) has kindly offered to be witness if necessary.

Support team has kindly helped me to book 1h at 10am tomorrow, and I will send the vehicle down to the Tribecar workshop tomorrow as it is closed today

Sorry for the inconvenience.

Thank you.

Best regards, Lim

- · NRIC
- DRIVING LICENSE
- CERTIFICATE OF INSURANCE
- POLICE REPORT IF ANY

Coch - \$ 670 Coch - \$ 170 Nets ! - \$ 1300

Date of Accident :	April 2018			Time :	17.17 pm
Date of Accident :	10 Bukit	Batok	Crescent	Calong	rond)
Country/State of Loss :	SINGAPORE				
INSURED/POLICYHOLDER		E)			
Registered Owner Name :					
Empil Address		Re	g Owner ID	:	
Mobile Phone No :	Reg Owner ID : Alternative Phone No :				
INSURANCE COMPANY (O					
Handling Insurer :			154	Fleet Police	y : Yes / No
Type Of Coverage : Compreh	ensive / Third Par	ty Policy	Number :_		
DRIVER IDENTIFICATION					
Driver Name : LIM JIM					
Date Of Birth : 24 Nove	mb4 20 1987	Driving	Date Pass :	28 No.	sember 200
Driver ID : 587386	orc	200000001 2 0	Occu		door / Outdoor
H/P Phone No : 912 90	914	Alternat	ive Phone N		Action to the second se
Address: 293 Bis	HAN STREET	22 1	117-93	557020	13
Email Address : Simple litt	Hedriver @gma	il.com F	Relationship	: Tribec	ar Driver
Was driver an employee of t					
Driver's Own Vehicle Reg No			Driver		urer :
VEHICLE INFORMATION					
Vehicle Registration No :	SGN 49405				
Manufacturer :	rta	1	Model :l	Vish	
Reporting Type : Own Damas	ge / Third Party /	Reportin	g Only		
Exact Purpose for which vehicle	was being used a	at time of	accident : Pr	ivate Use /	Company Use /
Exact rulpose for miles remes	Martin San San			San 200,750,000 1874 19	(Grab)
GENERAL INFORMATION	OF THE ACCID	ENT			1750008110040500
Weather Condition : Clear			Inj	ured : Yes	/No
Mrs. Skaler adham /	Vet / Damp		Po	lice Report	ed : Yes / No
Approach by Unknown : Yes		truck.	Vid	leo Camera	: Yes / No
Number of Passengers (Incl					Morcedos l
Number of russeingers (tries		-			ar camera

DETAILS OF INJURED PERSON Name : _ Injuries Sustained : Were seat belts worn? ; Yes / No Approximate Age : _____ Injured person in which vehicle? : _____ Was injured conveyed to hospital by ambulance? : Yes / No Address : WITNESS Details of Witness: Mr Derek Lim Contact Number: 82222012 Email Address: dereklim 12 @gmail-com DETAILS OF OTHER VEHICLES Vehicle Registration No 9 S G M 961 A Vehicle Make/Model/Colour: Mercedes E250 (maroon Colour) Name of Driver: Mr Koh Wahang Driver's NRIC: 582060041 No. Of Passenger (Including Driver) : _____ | Contact Number : ___9745 0565 Vehicle Registration No : Vehicle Make/Model/Colour : _____ Name of Driver : _____ Driver's NRIC : _____ No. Of Passenger (Including Driver) : ______ Contact Number : ____ Vehicle Registration No : _____ Vehicle Make/Model/Colour : _____ Name of Driver : _____ Driver's NRIC : _____ Address:

No. Of Passenger (Including Driver) : _____ Contact Number : ____

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8738602C





LIM JING-YI (LIN JINGYI)

林敬义

CHINESE

24-11-1987 M SINGAPORE





02-12-2002

APT BLK 293 BISHAN STREET 22 #17-93 SINGAPORE 570293

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3 Motor rars no 1600 kg with no 3 gausempers, evolution of the driver; and motor traction/vehicles no 1500 kg Class 4 Heavy motor cars and motor tractors = 2500 kg

31 Jun 2009

587,89400

S/No. 9000105141

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110 tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg reg no. 1978-00490-N



CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA)

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

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION(REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE FLEET Third Party, Fire & Theft

Certificate No.: DMCFHQ17-000182

 Index Mark and Registration Number of Vehicles SGN4940D Form: LCVH Excess: Section 2 Outside Singapore

YEIDR (Section 2)

SGD2,000.00 SGD2,000.00 SGD4,000.00

 Name of Policyholder ROSET LIMOUSINE SERVICES PTE. LTD.

- Effective Date of the Commencement of Insurance for the purpose of the Act 01/11/2017
- Date of Expiry of Insurance 31/10/2018
- Person or Classes of Persons entitled to drive*
 Any person who is Authorised to drive on the Insured'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 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 has not been cancelled at the time of accident loss or damage.

Limitations as to use* LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and business purposes of any person whom the vehicle is hired

THE POLICY DOES NOT COVER

Use for racing pace-making reliability trial or speed-testing

(2) Use whilst drawing a trailer except the towing (other than for reward) of 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 (Malaysia), 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 (Malaysia) or and Amendment, Act or Acts passed in substitution thereof.

Authorised Signatory EQ Insurance Company Limited

unwjt/HO/B000042/NEWSTATE STENHOUSE (

