TIONAL Assessment Centre Services. [wef 1 Jan'05]

	Job description	Date & Time Completed	Done by
13/12/18	SAS e-filling		
NA/LIP/18022447/3	E-mail (Within 5hrs, AIC 2hrs)		
SLK5395C	I-Motor Claim Form		
12/12/18 1750	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP - Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:)

Wksp / INC Assign Wksp / QW: (ROSET

Particulars: Veh No: INC ( ) / Non-INC ( )

Tel:)

Owner / Driver: (

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: ( )

	Date & Time Completed	Done by
Contact: (INC Hotline: 6788 6016)		
Apply for Transport Allowance ( ) / Courtesy Car ( )		
PCC Check / Post Repair Inspection ( )		
Upload Resurvey Photo [Repair Cost > $3000] ( )		

Summary:

Time	Actions

NA1808208

Insured's Particulars:

Veh/Owner:

Policy No:

Charged Portion:

Checked by (Engr-In-Charge):

Actions' Comments:

Invoice Preparation Checklist		Amt ($) Mobile	Amt ($) Mod bill
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : 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)	$75		
6) TR : Re-inspection	$160		
7) N1 : Idac DA + SMRT Survey			
8) NTUC Additional Services:-			
OD*	$5		
*N5: Courtesy Car / Tpt Allowance	$10		
*N6: Repair Co-ordination	$25		
*N7: Post Repair Inspection	$5		
*N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against INC	30		
9) N12: Idac Mobile			
Invoice dated	Fee Charged		
Invoice dated	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 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	13/12/2018 14:52
Date Of Accident	12/12/2018 17:50
Exact Location Of Accident	ECP EXIT TWDS ROCHOR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK5395C
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	KHIERTHII@ROSETAUTOCARE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68445225
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12322/VPZ/R00
Cover Note Number	
Driver	
Name of Driver	LIM JUN XIAN
NRIC No	S9301088D
Date Of Birth	08/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	04/04/2014
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98781055
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 458 TAMPINES ST 42 #10-308
Postcode	520458
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

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?	NO
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

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

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 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. 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 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 :

   (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.

   (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:

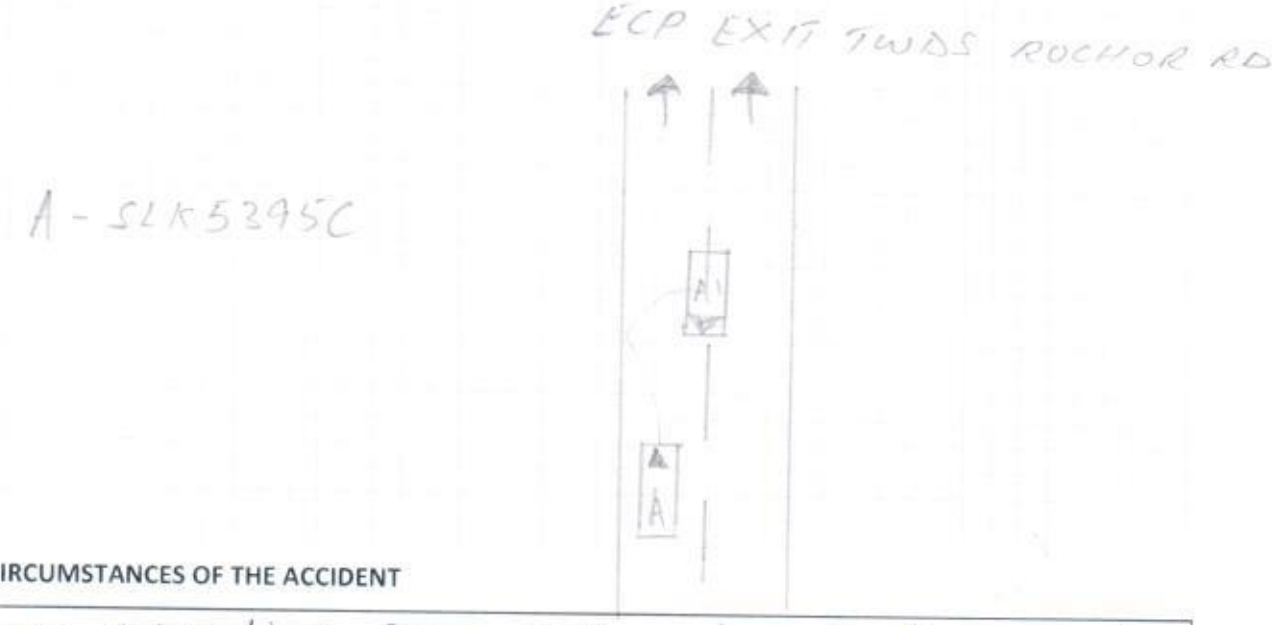
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

ROSET LIMOUSINE SERVICES PTE LTD

Policyholder's Signature Date & Time:	13/12/2018 Driver's Signature (If driver is not the policyholder) Date & Time:	13/12/18 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling from ECP and exit to Rochor and it was raining and the floor is very wet. when I turned the car skidded and lost control

DECLARATION

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

ROSET LIMOUSINE SERVICES PTE LTD

Policyholder's Signature
Date & Time:

13/12/2018

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

13/12/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 12 / 2018) (DD/MM/YYYY). TIME: (17 : 52) (HH:MM)

LOCATION: ECP Exit towards Rochor road

1. **DETAILS OF VEHICLE**
   a) VEHICLE NUMBER: SLK5395C
   b) INSURANCE COMPANY:
   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) PRIVATE HIRE
   h) PURPOSE OF USING AT ACCIDENT TIME: GRAB
   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: 96337562
   c) ADDRESS:

   * CONTINUE TO **3.d** IF DRIVER ALSO POLICY HOLDER

*No of passenger (including driver) (1)

3. **DRIVER**
   a) NAME: Lim Jun Xian (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: S9201088D CONTACT: 98781055
   c) ADDRESS: Tampines Street 42 Blk 458 520458

   *d) DATE OF BIRTH: (08 / 01 / 1993) (DD/MM/YYYY)
   e) OCCUPATION: (INDOOR / OUTDOOR)
   f) YEARS OF DRIVING EXPRERIENCE: 4
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER
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: SKODACO MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (including driver) ( )

9. THIRD PARTY VEHICLE
   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

*No of passenger (including driver) ( )

13/12/18
waiting for
CI ✓

email =
fax =
VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9301088D

Name
LIM JUN XIAN
林 俊 賢
Race
CHINESE
Date of birth
08-01-1993
Sex
M
Country of birth
SINGAPORE

NRIC No. S9301088D
Date of issue
14-01-2008
Address
APT BLK 456 TAMPINES STREET 42
#10-308
SINGAPORE 520456

REPUBLIC OF SINGAPORE DRIVING LICE
Licence Number S9301088D
Name
LIM JUN XIAN
Birth Date 08 Jan 1993
Issue Date 04 Apr 2014
002291854C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg 04 Apr 2014
VF 426A
Licence No S9301088D

Land Transport Authority

VOCATIONAL LICENCE

Licence No : **S9301088D**
Name : **LIM JUN XIAN**

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	16/07/2018

Liberty Insurance.

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE
24 HR ACCIDENT RESPONSE ROADSIDE ASSISTANCE FLOOD ASSISTANCE

Liberty Insurance Pte Ltd
Registration no.199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
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)

Certificate No	SD18V12322 /VPZ /R00
Form	MZ406C
Date Of Issue	30-OCT-2018
1.Index Mark and Registration No. of Vehicle:	SLK5395C
2.Chassis number of Vehicle:	MR053REH104563494
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2018 00:00 AM
5.Date of Expiry of Insurance:	31-OCT-2019 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 or to whom the vehicle is hired.

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 for carriage of passengers or goods in connection with the Policyholder's business.
B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.
C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.

8.Policy does not cover:

A) Use for racing, pace-making, reliability trial or speed-testing.
B) 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).

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

Authorised Signature

For Information only:

COVERAGE :	Comprehensive,Unlimited Windscreen,Geographical Area - refer memorandum,Grabcar Extension
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Refer Memorandum - Section I S$2000,Refer Memorandum - Section II S$2000,Windscreen Excess S$100
FINANCE COMPANY:	
PRODUCER NAME:	NEWSTATE STENHOUSE (S) PTE LTD