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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

EMail Address

- 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 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.
- 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	24/12/2018 13:08
Date Of Accident	22/12/2018 11:40
Exact Location Of Accident	PIE (TUAS) AFTER PAYA LEBAR RD EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL9671K
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALPHARD 2.4S PRIME SELECTION A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12322/VPZ/R00
Cover Note Number	
Driver	
Name of Driver	JOHARI BIN KANADI
NRIC No	S7527600A
Date Of Birth	16/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE

(LOCAL) +65-83891690

OFFICE-83891690

NOEMAIL

BLK 663A PUNGGOL DRIVE Address

#10-256 821663

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 - HEAD TO REAR

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident?

YES

2

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

REFER TO 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 SLD3459C Vehicle Make/Model/Colour **JAGUAR**

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver LIM SIEW MIN NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

S7915738D

DETAILS OF INJURED PERSON 1

Name JOHARI BIN KANADI Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK & VOMITTING

SKL9671K

YES

NO

IMPERTANT 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.
- 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 repording may be referred to the Pallos 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 aforesald.
- 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 Signature Data & Time:

RVIE

Driver's Signature

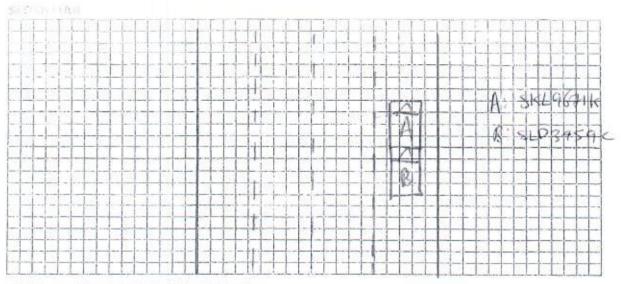
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



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DECLARATION

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

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

THE PORE COMEST OF THE MEAN

LANT SETTLE

- Complete and submit this form to the individual insurance authorised reporting centre.

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

 This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

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Exect location of additions	PIE Towards Furong After	ner company seems to be

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Vehicle make and model	Toyota		and.		
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Purpose of using at said time					
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Name	Roset	LiMousine	SKULLS	PTE LID	Male 🗆	Female a
NRIC / Fin / Passport number						
Contact		10)				
Address						

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Johan Bin Kanadi Male Female D
NRIC / Fin / Passport number	S7527600A.
Contact	83891690
Address	BLK 663A Punggol Drive #10-256 SC821663).
Email address	30,003).
Date of birth	16091975
Occupation	Indoor D Outdoor D
Driving date pass	6 Dec 3012.

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Contact

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Was injured conveyed to hospital by ambulance?	Yes D No.D

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Were seat behs worn?	Yes D	No o
Was injured conveyed to hospital by ambulance?	Yes 🗆	No o

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Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D

INJURED PERSON 5				
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Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	№ □		

INJURED PERSON 6				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7527600A





JOHARI BIN KANADI

JAVANESE Date of Buth 16-09-1975 M

SINGAPORE







15-05-1996

APT BLK 663A PUNGGOL DRIVE #10-256 SINGAPORE 821683

NRIC No: 87627600A

Date: 13/10/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS[ES]





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.sq

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 N/PZ /R00 MZ406C			
Form				
Date Of Issue	30-OCT-2018			
1.Index Mark and Registration No. of Vehicle:	SKL9671K			
2.Chassis number of Vehicle:	ANH208145470			
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

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.

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

B) Use whilst drawing a trailer except the lowing (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\$2500, Refer Memorandum - Section II S\$2500, Windscreen

Excess S\$100

FINANCE COMPANY:

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/-/31-OCT-18

S1_CI_T1_T3_OE_Template2-Ver1.

31-OCT-18