Date In: 16/1/19 16:29	Job description	Date & Time Completed	Done by	
Ref No: NA 129001018/24	SAS e-filing			
Veh No: 4175731 D.	E-mail (within Shrs, AIC 2hr	rs)		•
D.O.A: 16/1/9 - 07:55	i-Motor Claim Form			
The second secon	i-Motor W/O (Within: Of	O 2hrs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded			
	Assessment/Survey Repo	ort		
TP Insurer:	Ass't Report by Fax / Ha	nd to Owner/Wksp		
Preferred Wksp / INC Assign Wksp /	QW: (Tel: Fa	x:)
TP Particulars: Veh N	NI CEEEFFALSON	C()/Non-INC().		
Owner / Driver: (Tcl:)	
Policy No: () Period: () Cover Type: ()	
Confirmed by : (Date:	Time:)	_
Insured/Driver Liability: (%) [Note-Est. Status (WO): N:	0-20%; P: 21-79%. P: 80-10	0%]	aplica.
Year of Registration: () Warranty: YES ()/NO (()		
Excess: (\$) Loadi	ing: \$1,000 ()/\$2,000 ()			
General Remarks:-			Cort S	10
the properties of the environmental properties of the properties o	mer's information strictly Confidential	& Strictly NO refer of repairer.		
() Total Loss Case : to e-ma		The Control of	1	
		; Towing Co: ()
		Date&Time Completed	Done by	
Remarks:- (INC hotline: 6788		Datescrining comparess:	new or supremental	-
1) Apply for Transport Allowance (
2) QC Check / Post Repair Inspection		 -		
3) Upload Resurvey Photo [Repair	Cost > \$3000] ()			
Injury:	1.1			
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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.
- Information provided must be as <u>truthful and accurate</u> 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.

- 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.

aforesaid.	STATE OF THE STATE
	ACCIDENT STATEMENT
Date Of Report	16/01/2019 16:29
Date Of Accident	16/01/2019 07:55
Exact Location Of Accident	ECP TWDS CITY AFTER BEDOK EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT5775D
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	NISSAN
Model	ELGRAND HIGHWAY STAR 2.5 MCVT 8AB HID
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO

SD18V12322/VPZ/R00

LIM ENG HUI VINCENT

Cover Note Number		
Driver		

 NRIC No
 \$1808810Z

 Date Of Birth
 20/01/1967

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/07/1988

Driving Experience 30 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98462368

Fax Number

Policy Number

Name of Driver

Contact Number OFFICE-98462368

EMail Address NOEMAIL

Address BLK 138 SIMEI STREET 1

#04-42

Postcode 520138

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

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NO

2

NAME: : -

: MALE

GENDER:

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

in too, i loude diate which i dide diation

Was notice of intended Prosecution given?

NO

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 SKF7777J

Vehicle Make/Model/Colour MERCEDES S CLASS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number S8946579F

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

MARCHIANY WORLD

- Please report corporary the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Pojkaringder and/or the Authorised Oriver.
- Information provided must be as <u>trustiful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>respectate policy liability</u>.
- 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 rights proper due pray he 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.
- S. Consent under the Personal Data Protection Act (PDPA)

l 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 Date & Time:

ROSE

Driver's Signature

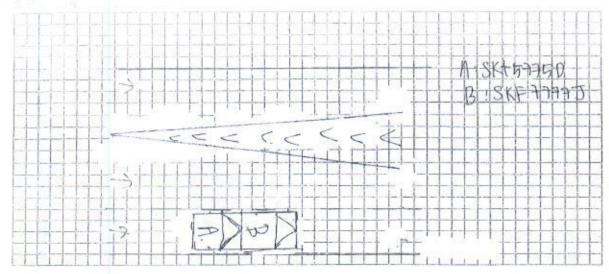
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

Name:

NRIC/FIN No .:



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

Policyholder & Signature S Date & Time: 1835 311

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

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

GIARMIC SketchPlanForm_VR

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 faces may allow insurance companies to reputiliste 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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A STATE OF THE PARTY OF THE PAR	INSURANCE IN	FORMATION	STEEL STREET
nsurance company	Liberty		Manage of the San
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ype of policy	Comprehensive D	Third party fire & theft o	TP only

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RIC / Fin / Passport number	200406723Z
ontact	
ddress	53 Non Avenue 1 #03-47 paya ubi industrial park

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ntact	98462368		
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Contact

NRIC / Fin Passport number

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FEFURIC

STUDIO

I'M ETG (IN VINCENT

Aller may 20 Jan 1967

Aller Date 33 May 2004

001140591F



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING GLASS(ES)

Class 28 Class 28 MOTORCYCLES NOT EXCERNING 194 CX

MOTORCYCLES NEW WINN 29 CC AND 40 CY

ANDROR SUB, AND ADTOR HAVE TORK THE WEIGH OF

WHICH ENLARSY BODS NOT EXCEDS HOW CLLOCK LANS.

PASS DATE

1⁴ Nep 2014 19 Jun 2016

S150983/4Z

NP 428A

S / No.9000226939

INTERIOR NO. 5 16056 TOZINA







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.libertvinsurance.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)

	morari remoted (miles (
	Certificate No	SD18V12322 /VPZ /R00
	Form	MZ406C
Commence of the Commence of th	Date Of Issue	30-OCT-2018
1.Index Mark and Registration No. of Vehicle:		SKT5775D
2.Chassis number of Vehicle:		JN1TBAE52Z0802379
3.Name of Policyholder:		ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance		01-NOV-2018 00:00 AM
for the purpose	of the Act:	
5.Date of Expiry of Insurance:		31-OCT-2019 23:59 PM
6.Persons or C	lasses 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.

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 : SUM INSURED: Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, Grabcar Extension

EXCESS:

MARKET VALUE AT THE TIME OF LOSS 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

PLSI /-/31-OCT-18

S1 Cl T1 T3 OE Template2-Ver1.

31-OCT-18