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TP Particulars: Yeh No: 50	vgyvac	INC ()/Non-INC()		
Owner / Driver: (- 1110		Tel:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by: (Date:	Time:		
Insured/Driver Liability: (%) [Note-Est Status (WO)- N-0-20	%; P: 21-79%. F: 30	0-100%1	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number EMail Address

Fax Number

- 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.

	ACCIDENT STATEMENT
Date Of Report	30/03/2019 12:51
Date Of Accident	30/03/2019 07:40
Exact Location Of Accident	GEYLANG LOR 18 IN FRONT FRAGRANCE HOTEL
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT8711T
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	WISH 1.8 CVT
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
Policy Number	SD18V12322/VPZ/R00
Cover Note Number	
Driver	
Name of Driver	MOHAMED YASIN BIN ARSAD
NRIC No	S7032781C
Date Of Birth	12/09/1970
Occupation	OUTDOOR
Date Of Driving Pass	01/06/1991
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE

(LOCAL) +65-96621617

OFFICE-96621617

NOEMAIL

Address BLK 189 BUKIT BATOK WEST AVENUE 6

#12-21

Postcode 650189

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHE

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? N

Number of vehicles (including own vehicle)

involved in the accident

2 NO

YES

NO

NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV9447C

Vehicle Make/Model/Colour HONDA VEZEL

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

HAP C'ATANT WOTICE

- 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 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 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 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 Date & Time:

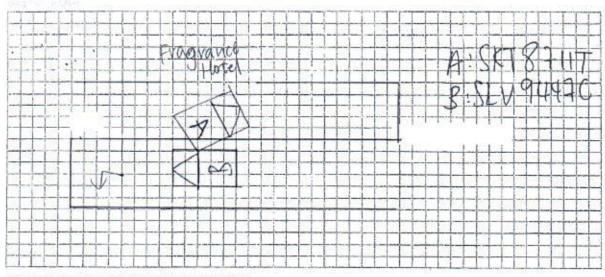
ROSE

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

Name: NRIC/FIN No.:

Reporting Centre Pers

nel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholdar Signature

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

GIARMC SketchPlanForm_V3

2

SINGAPORE ACCIDENT STATEMENT

INTERTANT NOTICE

- 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 meterial 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.

Date of accident	30/03	1 2019	(DD/MM/YY)
Time of accident	7:39 a	m	(HH:MM)
Exact location of accident	Along	Geylang Lorong 18, In front of Frage	ance Hotel

	DETAILS OF VEHICLE
Vehicle registration number	SKT 8711T
Vehicle make and model	Toyota Wish
Type of vehicle	Saloon MPV CRV Van O Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes No pif no, please select: Third part claim Reporting only

	INSURANCE IN	FORMATION	
Insurance company	LIBE	RTY	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

	INSURED / POLICY HOLDER		
Name	ROSET LIMOUSINE SERVICES PTE LTD	Male 🗆	Female D
NRIC / Fin / Passport number	200406722Z		
Contact			
Address	53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRIAL S(408934)	. PARK	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	MOHAMED YASIN BIN ARSAP Male Female D
NRIC / Fin / Passport number	570327 910
Contact	96621617
Address	BIK 189 BUKIT BATOK WEST Avenue 6 #12-21
Email address	
Date of birth	121911970
Occupation	Indoor D Outdoor D
Driving date pass	1 16 1991

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Country of State Country of the State of State o		NEORMATION OF THE ACCIDENT
Was driver on employee of	Yeso	No zz
the insuraci's company?		
Academic captured by camera?	Yes 🗆	Noz
Weather condition	Ciear 🗆	Raining Others:
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Gender	Male 🗆	Female
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		OTHER INFORMATION
Was anybody injured?	Yes 🗆	No Ø
Was other vehicle damaged?	Yes	No 🗆
		TAILS OF POLICE ACTION
Reported to police?	Yes □	No Ø If yes, please state which police station.
Police station name		
	Section of the last	
	THE REAL PROPERTY.	WITNESS 1
Name		1
		/
	4	WITNESS 2

Name

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Vahiola maka mpdai	Honda vezel
Name .	
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Vehicle registration number	British Company of the Company of th
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The second second	THIRD PARTY VEHICLE 7
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Contact

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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$70327810



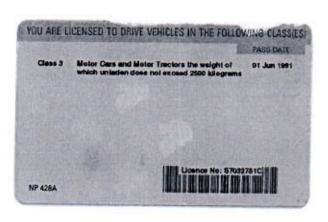
MOHAMED YASIN BIN ARSAD

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Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty Hous 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)

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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.

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

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