NATIONAL Assessment Cen	tre Services	(wef 1 Jan'05) M	CPCIPOPIAN		
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Veh No: JEW Y806p.	E-mail (withi	a Shrs, AIC 2hrs)			4
D.O.A: 24/1/19. 18:30	i-Motor Cla	im Form			
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TP Insurer:	Assessment/S	Survey Report			
	Ass't Report	by Fax/Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	
TP Particulars: Veh No: 50	28002M	, INC(	)/Non-INC( )	VII.	
Owner / Driver: (		Subsection to the Committee	Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (	WO): N: 0-20	0%; P: 21-79%. F: 80	-100%]	
Year of Registration: ( )	Warranty: YES (		)		
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2) QC Check / Post Repair Inspection	(	)			
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200000 AP		Invoice dated	Fee Charged	SERVING.	

Figure 1 to 1

### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

**EMail Address** 

- 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.

Date Of Report 30/03/2019 12:01 Date Of Accident 29/03/2019 18:30 Exact Location Of Accident UBI RD 1 Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SKW4806P Insured/Policyholder Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD Co Reg No 20/0408722Z MoEMAIL  Mobile Phone No OFFICE-8999999  Vehicle Particulars Manufacturer NISSAN ELGRAND HIGHWAY STAR 2.5 MCVT 7AB LED SR Exact Purpose for which vehicle was being used at lime of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category RIVATE HIRE Insurance Company Name of Insurance Company LIBERTY INSURANCE PTE LTD COMPREHENSIVE Filed Policy NO Policy Number SD18V12322/VPZ/R00 Cover Note Number  Driver NAME OF SI4078932 Date Of Birth O1/09/1960 Occupation OUTDOOR	Control Control	ACCIDENT STATEMENT
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Name of Driver         YAP SOON HENG NIGEL           NRIC No         \$1407693Z           Date Of Birth         01/09/1960           Occupation         OUTDOOR           Date Of Driving Pass         02/07/1979	Cover Note Number	
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Date Of Driving Pass 02/07/1979	Date Of Birth	01/09/1960
	Occupation	OUTDOOR
	Date Of Driving Pass	02/07/1979
	70	39 YEARS AND 8 MONTHS

MALE

NOEMAIL

(LOCAL) +65-97819113

OFFICE-97819113

BLK 491 JURONG WEST AVENUE 1 Address

#08-161 640491

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

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?

NO

2

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.

1

NO

Number of Passengers (Including Driver)

### **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 SLZ8002M Vehicle Make/Model/Colour LEXUS RX 300

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver TOH WAI CHEONG

NRIC/Passport Number S7401808D Contact Number 91445360

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

## IMPORTANT NOTICE

- 1. 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 Authorisad Driver.
- Information provided must be as <u>truthful</u> and <u>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.
- Consent under the Parsonal 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 dalms 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, involces, 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.

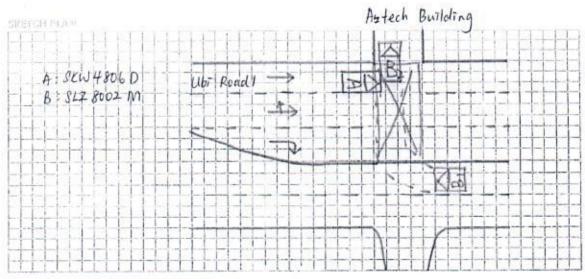
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:

GLARIAC SteetchManForm, V3

2

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT 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 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.

Date of accident	29	03	1 2019	(DD/MM/YY
Time of accident	6	30	pm	(HH:MM)
Exact location of accident	Alo	ng	Ubi Road 1	

	DETAILS OF VEHICLE
Vehicle registration number	SKW4806P
Vehicle make and model	Nissan Elgrand
Type of vehicle	Saloon  MPV CRV Van  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 p if no, please select: Third part claime Reporting only

<b>,并以其中的一种</b>	INSURANCE IN	FORMATION	ATTION OF THE PARTY.
Insurance company	LIBE	RTY	
Policy number			
Type of policy	Comprehensive D	Third party fire & theft	TP only

Name	INSURED / POLICY HOLDER ROSET LIMOUSINE SERVICES PTE LTD	Male 🗆	Female c
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	Yap Soon Heng Nigel	Male p Female p				
NRIC / Fin / Passport number	\$1407693 Z					
Contact	97819113.	- The second				
Address	Apt Bik 491 Jurong West Avenuel S (640491)	#08-161				
Email address	07 / 09/ 10					
Date of birth	01/09/1960					
Occupation	Indoor D Outdoor					
Driving date pass	02/07/1979					

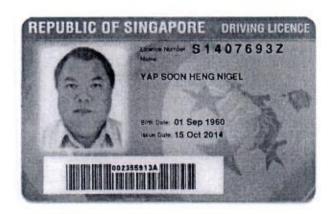
CART 14000 14000 1400 1400 1400 1400 1400 1			V OF THE ACCIDE	
las driver an employee of	Yes□	Mod	t and dominant line	ured: Hiver
ne insured's company?		monship of	he driver and ins	ureo: Inver
ccident captured by camera?	Yes 🗆	NOW	0.1	The state of the s
Veather condition	Clearer	Raining	Others:	
oad surface	Dry	Wet 🗆		(Inclusive of drive
o of passenger				(inclusive of drive
(42)		PASSEN	GER 1	
lame				
lender	Male D	Female		
		PASSEN	GER 2	
lame	CHARLES SERVICE	THE PERSON NAMED IN		
iender	Male o	Female	0 /	
	POWEN DESIGNATION OF THE PARTY			
		PASSEN	GER 3	
lame				
Gender	Male 🗆	Female	0	
	/			
LANCES DE LA CONTRACTOR D		PASSEN	GER 4	
Vame	/			
Gender	Male 🗆	Female	0	A STATE OF THE PARTY OF THE PAR
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<b>《西班牙》的第一次第一次第一人</b>		PASSEN	GER 5	
Vame	2000			
Sender /	Male 🗆	Female	0	
. /				
CONTRACTOR OF THE PARTY OF THE		PASSEN	IGER 6	
Name				
Gender	Male	Female	п	
		OTHER INFO	RIMATION	
Was anybody injured?	Yes□	Nop		
Was other vehicle damaged?	Yes ø	Noo		No. of the last of
			100	THE RESERVE THE PROPERTY OF THE PARTY OF THE
THE THE PARTY OF THE	D	TAILS OF PO	DLICE ACTION	
Reported to police?	Yes 🗆	No	If yes, please st	ate which police station.
Police station name				
		WITN	ESS 1	General Committees
Name			/	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -
realing				

H

Name

	CHIEF C
<b>318300000000000000000000000000000000000</b>	THIRD PARTY VEHICLE 1
/ehlcle registration number	SLZ 8002M
/ehicle make model	Lexus RX 300
Name	Toh Wai Cheong
NRIC / Fin / Passport number	S7401808D
Contact	9144 5360
and the second second	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
STATE OF THE STATE	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
<b>在1000年,1000年前100日,1000年</b>	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 5
Constant Services	THIRD PART VEHICLE
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	1-/
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	A
Name	
NRIC / Fin / Passport number	
Contact	
RESERVED AND AND AND ADDRESS OF THE PARTY OF	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name / Paranag number	
NRIC / Fin / Passport number	
Contact	

CONTRACTOR OF THE STATE		INJURED PERSON 1	
Vame			
njuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	Non	
hospital by ambulance?			
O TO SERVICE OF THE		INJURED PERSON 2	
Name			
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes	No 🗆	
Was Injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	
The plant of the second	www.paragement		
		INJURED PERSON 3	
Name			
injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No o	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?			
		NUMBER RESERVE	STANDARD MATERIAL STANDARD
		INJURED PERSON 4	ZALOW HWANG LIE OF THE CO
Name			<del></del>
injuries sustained			
control of the contro			
which vehicle person in r	-	No of	
Were seat belts worn?	Yes□	No p	
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Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		and the same of th	
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Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes a	No D INJURED PERSON 5	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes a	No D	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes a	No D	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes a	No D No D	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes a	No D No D	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes a	No D No D	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes a	No D No D	
Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆 Yes 🗆	No D  No D  INJURED PERSON 6	













Liberty Insurance Pte Ltd Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 059428 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)

MOTOR VEHICLES (THIRD-P	ARTT RISKS) RULES, 1959 (MALATSIA)
Certificate No	SD18V12322 /VPZ /R00
Form	MZ406C
Date Of Issue	30-OCT-2018
1.Index Mark and Registration No. of Vehicle:	SKW4806P
2.Chassis number of Vehicle:	JN1TBAE52Z0802439
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 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\$2500, Refer Memorandum - Section II S\$2500, Windscreen

Excess S\$100

FINANCE COMPANY:

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSU-/31-OCT-18

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31-OCT-18