





### 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 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. 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	16/04/2019 14:47
Date Of Accident	12/04/2019 10:05
Exact Location Of Accident	ALONG GRANGE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMK3708K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 STANDARD (AUTO)
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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12322/VPZ/R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	LIM TIAN YI PHILIP
NRIC No	S1644557F
Date Of Birth	27/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1986
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97317085
Fax Number	
Contact Number	OFFICE-97317085
EMail Address	NOEMAIL

Address	BLK 166 HOUGANG AVENUE 1 #04-1572
Postcode	530166
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

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?	YES
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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	SHB2135B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE CHENG HOO
NRIC/Passport Number	S0529229H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LIM TIAN YI PHILIP
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SMK3708K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



**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:

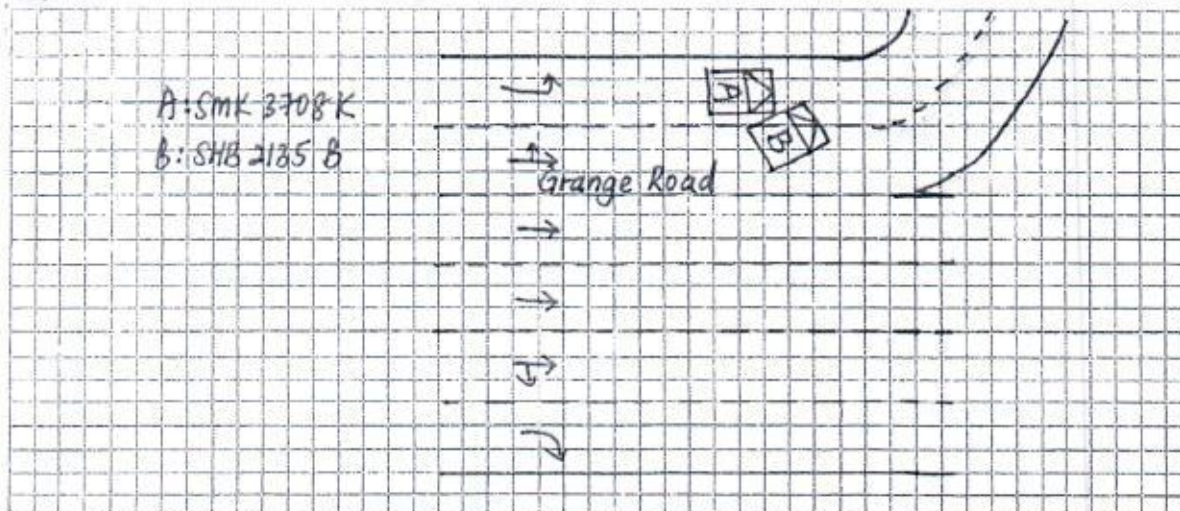
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.



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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Grange Road. I was travelling on the most left lane, suddenly vehicle B cut into my lane and collided onto my vehicle.

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 Person's Signature  
Name:  
NRIC/FIN No.:



# 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 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.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

Date of accident	12/04/2019	(DD/MM/YY)
Time of accident	10:04 am	(HH:MM)
Exact location of accident	Along Grange Road	

## DETAILS OF VEHICLE

Vehicle registration number	SMK 3708 K
Vehicle make and model	Toyota A113
Type of vehicle	Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/>
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

## INSURANCE INFORMATION

Insurance company	LIBERTY
Policy number	
Type of policy	Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

## INSURED / POLICY HOLDER

Name	ROSET LIMOUSINE SERVICES PTE LTD	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	200406722Z	
Contact		
Address	53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRIAL PARK S(408934)	

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name	Lim Tian Yi Philip	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1644557 F	
Contact	9781 7085	
Address	Apt B1k 166 Hougang Avenue 1 #04-1572 S (530 166)	
Email address		
Date of birth	27/04/1964	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	24/09/1986	



# GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

## PASSENGER 1

Name	Grab passenger
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 2

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

## OTHER INFORMATION

Was anybody injured?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

## DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station.
Police station name	

## WITNESS 1

Name	
------	--

## WITNESS 2

Name	
------	--



THIRD PARTY VEHICLE 1	
Vehicle registration number	8HB 2135 B
Vehicle make model	Taxi
Name	Lee Cheng Hoo
NRIC / Fin / Passport number	S0529229H
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Lim Tian Yi Philip
Injuries sustained	Back and neck
Which vehicle person in?	SMK 3708 K
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S1644557F

Name: LIM CHIAW HAY PHILIP

Birth Date: 27 Apr 1964

Issue Date: 30 Aug 2003

1000786682Q

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1644557F

Name: LIM TIAN YI PHILIP

林天意

Race: CHINESE

Date of birth: 27-04-1964

Sex: M

Country of birth: SINGAPORE

S1644557F

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1644557F

Name: LIM TIAN YI PHILIP

Issue Date: 30/8/2005

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Sep 1986
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	17 Nov 1987

Licence No: S1644557F

NP 428A

3396864

NRIC No: S1644557F

Date of issue: 04-08-2004


Address: APT BLK 166 HOUGANG AVENUE 1 #04-1572 SINGAPORE 530166

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
02	TAXI VL	12/03/1990
03	BUS VL	30/09/1994

## 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)

<b>Certificate No</b>	SD18V12322 /NPZ /R00
<b>Form</b>	MZ406C
<b>Date Of Issue</b>	11-APR-2019
<b>1.Index Mark and Registration No. of Vehicle:</b>	SMK3708K
<b>2.Chassis number of Vehicle:</b>	MR053REH604596288
<b>3.Name of Policyholder:</b>	ROSET LIMOUSINE SERVICES PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	29-MAR-2019 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	31-OCT-2019 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
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.	
<b>7.Limitations as to use*:</b>	
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 Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
<b>8.Policy does not cover:</b>	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, PHV Extension
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen Excess S\$100
<b>FINANCE COMPANY:</b>	MAYBANK SINGAPORE LTD
<b>PRODUCER NAME:</b>	NEWSTATE STENHOUSE (S) PTE LTD

PLSL/PLSL/11-APR-19

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

11-APR-19