NATIONAL Assessment Cen	tra Camiana		
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Date In: 13/1/19-17:22	Jcb description	Date &Time Completed	Done by
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Veh No: SLQ2739 H	E-mail (within Shrs, AIC 2hrs)	1	
D.O.A : 21/4/19 - 00:37	i-Motor Claim Form		
	i-Motor W/O (Within: OD 2hr.	TP 4hrs)	
OD) TP Peporting Only	i-Photo Uploaded	1	
77.	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand t	o Owner/Wise	
Preferred Wksp / INC Assign Wksp / QW: (	Turing (		
TP Particulars: Veh No: 50	no.	Tol: Fa	×:
Owner / Driver: (	17968 . INC	)/Non-INC( )	-
	Period: (	Tel:	)
Confirmed by : (	Date:	Cover Type: (	
	[Note-Est. Status (WO): N: 0-20		)
	Warranty: YES ( )/NO (	770, F. 21-7970. F. SU-100	0%)
	,000 ( )/\$2,000 ( )	)	
General Kemarks;	formation strictly Confident LAGO		64 S.
( ) Walk-In Customer: Customer's inf	formation strictly Confidential & Stri	ctly NO refer of repairer.	
( ) Total Loss Case : to e-mail Insu	rer URGENTLY.	-	
Drive-In ( )/ Towed-In ( ); Invoice		owing Co: (	
		Willig Co. (	
Remarks: (INC horline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transfort Allowers (	DESCRIPTION OF A STATE		
	Courtesy Car ( )		20.55/m/ 12.53 12.160 <del>1</del>
The state of the s	( )	*	
2) QC Check / Post Repair Inspection	( )	*	
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > \$	( )	*	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$ Injury:	( )	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.
- 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

Mark . The same of the	ACCIDENT STATEMENT	
Date Of Report	23/04/2019 17:22	
Date Of Accident	21/04/2019 00:30	
Exact Location Of Accident	FARRER RD TWDS AYE	
Country/State of Loss	SINGAPORE	
Annual Control of the	DETAILS OF OWN VEHICLE	

And seems to be a seem of the seems to	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ2739H
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	
A PURIOR POR A CALIFORNIA DE LA CALIFORN	

Manufacturer	HONDA

Model VEZEL HYBRID 1.5X AUTO

Exact Purpose for which vehicle was being used at COMMERCIAL USE time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

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 HO PEIR REEI (HE BEILEI)

NRIC No. S75023831 Date Of Birth 31/01/1975 Occupation OUTDOOR Date Of Driving Pass 11/05/1996

Driving Experience 22 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87502151

Fax Number

Contact Number OFFICE-87502151

EMail Address NOEMAIL

BLK 796 WOODLANDS DRIVE 72 Address

#11-39

Postcode 730796

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

involved in the accident

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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.

NO

Number of Passengers (Including Driver)

2

NO

Passenger 1

NAME: . .

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

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 SJU1796B

Vehicle Make/Model/Colour MITSUBISHI LANCER

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 91711448

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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 Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>republishe 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 faise 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 ("G.A") 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 invoive 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.

ROSET LINAOUS IN A STOLEN

Policyholder's Signature Date & Time: Driver's Signature

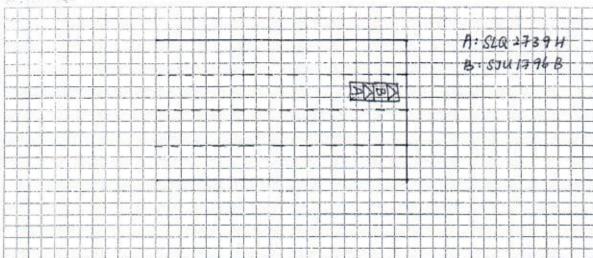
(If daver is not the policyholder)

Date & Time:

Reporting Centre Personnels Signature

Name:

NRIC/FIN No.:



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GIARMIC SketchPlanForm\_V3

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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

- 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 anti/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	21/04/2019	(DD/MM/YY
Time of accident	12:30 am	(HH:MM
Exact location of accident	Along Farrer Road towards AYE	

Vehicle registration number	SLQ 1739 4	1			
Vehicle make and model	Honda Vez	sel .			
Type of vehicle	Saloon   Lorry	MPV 🗆 Bus 🗈	CRV D Motorcyc	Van de 🗆	Others:
Vehicle category	Private 🗆	Commerc	cial a M	otorcyc	ele 🗆 💮 💮
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes a Third part cla		if no, please : Reporting on		

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

Name	ROSET LIMOUSINE SERVICES PTE LTD	Male 🗆	Female [
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 T	O D.O.B)	
Name	Ho Peir Reei (He Beilei)	Male 🗆	Female #
NRIC / Fin / Passport number	S 750 2383 I		
Contact	8750 2151		
Address	Bik 796 Woodlands Drive 72 # 11-39 \$(730 796)		
Email address			
Date of birth	31 /01 / 1975		
Occupation	Indoor D Outdoor D		
Driving date pass	nk 1996		

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Road surface	Dry D	Wetn			
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				The real-real action and the real action is	
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Nama	Grab 0	passenger			
Gender	Male o	Female			
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Was anybody injured?	Yes 🗆	Noø			
Was other vehicle damaged?	Yes	No 🗆			
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Name					

AND THE PROPERTY OF	THIRD PARTY VIHICLE 1
Vehicle registration number	SJU 1796 B
Vahicle make model	Mitsubishi Lancer
Name	
MRIC / Fin / Passport number	
Contact	9171 1448
· · · · · · · · · · · · · · · · · · ·	THIRD PARTY VEHICLE 2
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NRIC / Fin / Passport number	

Contact

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$75023831





HO PEIR REEI (HE BEILEI) 何 花 赞 Ollinces Ollince







3704431

M- S75023831

25-04-2005

APT DLK 700 WOODLANDS DRIVE 72 #11-30 DINGAPORE 730700

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING GLASSIES! SELECTIVE PATRICE.

Cines 3 Motor Cors=< 2000kg will; =<7, pascengers, exclusive 11 tray 1906 of the driver; and other relative vehicles =< 1500kg

NP 420A

This bery is not transferable of discrine property of the Land Transport.

Authority (LTA): This is the entended of the LTA on replace (in found) in uncertainty is [TA 10 the Mind Drive Bright etc. 57570].

Type Dracerpillini Issue Date

02 TAXI VL 11/02/2015



## PASSPORT REPUBLIC OF SINGAPORE



Type Country Code Pussport No PA SGP E6875013H

Sex Nationality
F SINGAPORE CITIZEN

F SINGAPOR Date of birth 31 JAN 1975 Date of Issue 27 JUL 2017 Modifications SEE PAGE 2 National ID No \$75023831

Place of birth
SINGAPORE
Dute of expiry
27 NOV 2022 Authority MINISTRY OF HOME AFFAIRS E6875013H

PASGPHO<<PEIR<REEI<<<<<<<<<<<<< E6875013H1SGP7501311F2211271S7502383I<<<<444



Land Transport Q Authority

**VOCATIONAL LICENCE** Licence No.: \$75023831 Name HO PEIR REEL

Issue Date : 11/2/2016

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request, if found, please return to LTA, 10 Sin Ming Drive, Singapore 575701,

Type Description 02 TAXI VL

Issue Date 11/02/2015







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.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) RUI ES, 1959 (A

Certificate No	SD18V12322 /VPZ /R00
Form	MZ406C
Date Of Issue	30-OCT-2018
1.Index Mark and Registration No. of Vehicle:	SLQ2739H
2.Chassis number of Vehicle:	RU31218343
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:

31-OCT-2019 23:59 PM

5.Date of Expiry of Insurance:

entitled to drive\*:

6.Persons or Classes of Persons

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\$2000, Refer Memorandum - Section II S\$2000, Windscreen

Excess S\$100

FINANCE COMPANY:

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

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