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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.

- 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.

destruction of the second seco	ACCIDENT STATEMENT
Date Of Report	26/04/2019 17:34
Date Of Accident	31/03/2019 11:20
Exact Location Of Accident	ALONG PIE TWDS THOMSON RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS3014Z
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	The state of the s
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 YUSOFF BIN SAHWAM
NRIC No	S1308987F
Date Of Birth	22/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/04/1980
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86508633
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 516 PASIR RIS ST 52 #02-77

Postcode

510516

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

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

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

PLEASE REFER TO ATTACHED 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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOBILE EQUIPMENT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

BUTTON THATTAD WILL

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policisholder and/or the Authorised Driver.
- Information provided must be as <u>truttiful</u> and <u>accurate as nossible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>republice 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that:

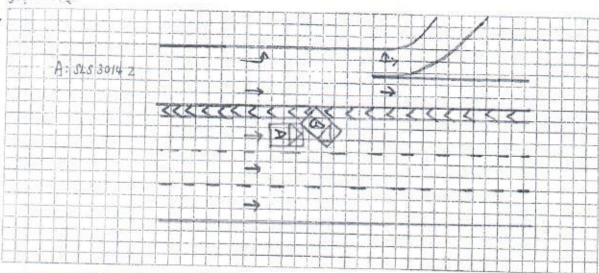
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident 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) rny 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.

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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 CIRCUMISTANCES OF THE ACCIDENT

	was travel	lling along l	PIE toward	s Thomso	n Road .	I was a	oina straight
and vi	enicle b 8	iuddenly cu	t into m	y lane v	vithout ch	ecking th	e road is
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CLARATIO	IM	- 1					

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

Policyholder & Menature Date & Time: 1835 3N

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature NRIC/FIN No.:

GIARMC StetchPlanForm_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	31/03/2019	(DD/MM/YY
Time of accident	11:19 am	(HH:MM)
Exact location of accident	Along PIE towards Thomson Road	(FIFT:IVIIVI)

Vehicle registration number	SLS 3014 Z	ETAILS OF	of District Control of the Party Control of the Par	
Vehicle make and model	Toyota Wi	and the same of th		
Type of vehicle	Saloon Lorry	MPV D		/an Others:
/ehicle category	Private	Comm		rcycle a
urpose of using at said time			- meto	reyere ti
Are you claiming under your own insurance company?	Yes Third part of	No 🗆	if no, please sele- Reporting only o	

	INSURANCE IN	FORMATION	
Insurance company	The second secon	RTY	WATCHEN AND SHAPE STATE OF THE
Policy number		IXI .	
Type of policy	Comprehensive D	Third party fire & theft o	TP only

"加斯斯斯斯"	INSURED / POLICY HOLDER	-	No. of Lot of Lo
Name	ROSET LIMOUSINE SERVICES PTE LTD	Male 🗆	Female ()
NRIC / Fin / Passport number	200406722Z	Tortale El	i ciliale u
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 Yosoff Bin Sahwam Male Female
NRIC / Fin / Passport number	\$1308987 F
Contact	8650 8633
Address	Apt Blk 516 Pasir Ris St 52 # 02-77 S(510516)
Email address	
Date of birth	>> /08 / 1958
Occupation	Indoor D Outdoord
Driving date pass	× /04 /1980

Was driver an employee of	Yes o	THE RESERVE THE PERSON NAMED IN	FILLE ACCIDEN	
what insuradis company?		Moz		· Uran
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Valviole make motile	
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MRIC/Fin / Passport number	
Contact	
第三人称形式 电影 医	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Was injured conveyed to	Yes 🗆	Non		/	/
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Was/injured conveyed to	Yes 🗆	Non			
nospital by ambulance?	NO SWINE				













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) ACT (CHAPTER :
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

	ANTI RISKS) RULES, 1959 (MALAYSIA)		
Certificate No	SD18V12322 /VPZ /R00		
Form	MZ406C		
Date Of Issue	30-OCT-2018		
1.Index Mark and Registration No. of Vehicle:	SLS3014Z		

2. Chassis number of Vehicle:

JTDGG20W90J007629

3.Name of Policyholder:

ROSET LIMOUSINE SERVICES PTE LTD

4.Effective date of Commencement of Insurance for the purpose of the Act:

01-NOV-2018 00:00 AM

5.Date of Expiry of Insurance:

6.Persons or Classes of Persons

31-OCT-2019 23:59 PM

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

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

FINANCE COMPANY:

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/-/31-OCT-18

S1_CI_T1_T3_OE_Template2-Ver1.

31-OCT-18