NATIONAL Assessment Centre	e Service:	S. part i Jan'03] .	MMA 119068	((3	
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Ref No: NAI LIP 1900 8 8 34 1 44.	SAS c-fil	ing			
Veh No SGG 9757X		rithin Shrs, AIC 2hrs)	 		
1715/19 21:45.	The second second second	Claim Form			
		W/O (Within: OD 2hrs,	TP (brs)		
(II) (IP)! Reporting Only	I-Photo U	the property of the party of th	1		
TP Insurer:		//Survey Report			1 25
Tr mauch	THE RESERVE AND ADDRESS OF THE PARTY OF THE	rt by Fax / Hand to	Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (of Incorporate and Company of	Charles and the second	Tol:	Fax:	CALIFORNIA CONTRACTOR
TP Particulars: Veh No: 5	KR 8012 1	INC()/Non-INC ()	
Owner / Driver: (VK Folt		Tel:		·
	od: () (Cover Type: (
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%) [No	ote-Est. Status	s (WO): N: 0-20%	6; P: 21-79\$4. I	2: 80-1009	61
rear of Registration: () Wi	arranty: YES	()/NO()			
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() Walk-In Customer : Customer's Inform	ation strictly (Confidential & Strict	the NO spins of sur	CVITATAN	1111111
() Total Loss Case : to e-mail Insurer	URGENTIA	7			
Drive-In ()/ Towed-In (); Invoice:)			day On Contract		
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1) Apply for Transfort Allowance ()/ Cou	rtcsy Car ()		314 6131	
2) QC Check / Post Repair Inspection	(-	-)	· · · · · · · · · · · · · · · · · · ·		
 Upload Resurvey Photo [Repair Cost > \$3000 	0] ()	**	+	
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manuseparticularys U.	MANAGEMENT OF STREET	1) AR : Analdent Repo	APPROXY DESCRIPTION	Market Street Street Street	KILLINE WATER
vcr/Owner:		2) DA 1 Damage Asses	ement (\$100); 1N	C (210)	0.00
· ·		4) FT : Follow-Throng	h Survey	\$120	
inct No:		5) PT : Pollow-Through	Burvey (Resurvey)	\$30	
raged Portion;	Segundo	6) TR: Re-inspection	INC Only (wor 10 Jan	2005)	MADE TO SERVICE
	1 1 1 1	7) N1 : Idan DA + SMR		2160	(241) \$184.83
Checked by (Engr-In-Charge):		8) NTUC Additional Se	rvinas:-	3510 5	
and of the first - Cuntile):	1. 4	*N5: Courtery Car/		\$5	
iors Comments of the Comments	West West Start	* NG: Rapair Co-pedir * N7; Post Repair Inst	nation	\$10 \$23	
	即名的制制的	*N#: DV / Collect Ex	coess Coordination	35	
	a contract to the second	The Children was also at	D.ICH was lost INIC	520	
		TP (N11): TP (Kin 1	119C) against tric		
/3:		9) N12: Idea Mobile Involve dated	Fee Charg	30	ANADO A

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- Please report <u>correctly</u> 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.

	ACCIDENT STATEMENT
Date Of Report	18/05/2019 11:56
Date Of Accident	17/05/2019 21:45
Exact Location Of Accident	PIE TWDS CHANGI B4 EUNOS EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG9757X
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	Committee (Management and Committee and Comm
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81301183
Vehicle Particulars	
Manufacturer	ТОУОТА
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V12323/VPZ/R00
Cover Note Number	s .
Driver	
Name of Driver	ABDUL RAHIM BIN HUSSIN
NRIC No	S0210634E
Date Of Birth	16/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	31/12/1979
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92247313
Fax Number	tradicional de la companya de construir de la companya de construir de la companya de la companya de construir de la companya
Contact Number	
EMail Address	WAR 200 (1981)

NOEMAIL

Address

BLK 103 COMMONWEALTH CRES #06-172

Postcode

140103

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

CHAIN COLLISION

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

4

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

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

SKR8012M

Vehicle Make/Model/Colour

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJW2014H

Vehicle Make/Model/Colour

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SBW5255D

Vehicle Make/Model/Colour

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- This form must <u>be completed by the policy holder and/or the authorised driver.</u>
- 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
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any (1) necessary investigations relating to the claims; (11)
 - Investigations the accident and/or my claims;
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111) (IV)
 - Administering my claims (including the mailing of correspondence, statement, 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 envelops/mail packages); and/or
 - Complying with applicable law in administering, processing, handling and/or dealing with my (V) claims.(collectively the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or
- (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:
 - (1) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for (11)
 - For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

SERL

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

SKETCH PLAN SJW 2014H DESCRIBE CIRCUMSTANCES OF THE ACCIDENT travelling Straight onto me order Contact that DECLARATION I/We declare the foregoing particulars are true in every respect. Policy holder's signature Driver's signature reporting centre personnel's Signature Date & time:

(if driver is not policy holder)

Date & time:

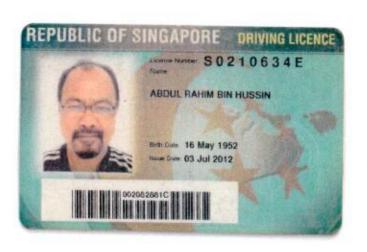
Name:

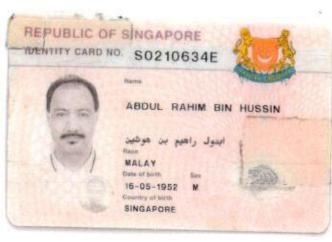
NRIC/FIN No.:

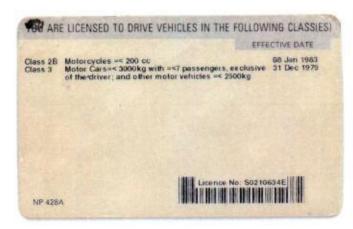
	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No No
the insured's company?	If no, relationship of the driver and insured:
Accident captured by camera	? Yes D No B
Weather condition	Clear Raining Others:
Road surface	Dry Wet 🗆
No of passenger	3 (Inclusive of driv
	(inclusive of driv
	PASSENGER 1
Name	Grab Passenger
Gender	Male 🗷 Female 🗆
Name	PASSENGER 2
Name	Grab Passenger
Gender	Male Female
CONSTRUCTION OF THE PARTY OF TH	
Name	PASSENGER 3
Gender	
ociidei	Male Female
Name	PASSENGER 4
Gender	
Gender	Male Female
Name	PASSENGER 5
Gender	
ochide)	Male Female
MANUFACTURE OF THE PARTY OF THE	
lame	PASSENGER 6
Gender	Mala
	Male Female
Vas anybody injured?	OTHER INFORMATION
Vas other vehicle damaged?	Yes No No No
temere damageu:	Yes No 🗆
	DETAILS OF POWER
eported to police?	DETAILS OF POLICE STATION ACTION
olice station name	Yes No If yes, please state which police station.
since station hame	
ame	WITNESS 1
anne	
ame	WITNESS 2
anie	

	THIRD PARTY VELVO
Vehicle registration number	THIRD PARTY VEHICLE 1
Vehicle make model	SKR8012M
Name	10 00 1111
NRIC / Fin / Passport number	Ho pol LIM Eugene
Contact	
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	MNENOWN SJW2014H
Name	Volkswagen
NRIC / Fin / Passport number	
Contact	
Market Committee of the Section of t	
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	S8W 5255D
Name	
NRIC / Fin / Passport number	
Contact	
The state of the s	
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND THE PARTY OF T	
Vehicle registration number	THIRD PARTY VEHICLE 5
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
The state of the s	
/ehicle registration number	THIRD PARTY VEHICLE 6
/ehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
ehicle registration number	THIRD PARTY VEHICLE 7
ehicle make model	
ame	
RIC / Fin / Passport number	
ontact	
ontact	

No.		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
	9 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	INJURED PERSON 2
Name		MOOKED PERSON 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No p
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
在高级企业上,	S SAM NE	INJURED PERSON 3
Name		MONEO TENSON S
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
STATE OF THE STATE	BREAK	INITIPED DEDCOM 4
Name		INJURED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 /	No 🗆
Was injured conveyed to	Yes 🗹	No 🗆
hospital by ambulance?		110 11
	/	
		INJURED PERSON 5
Name		
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to nospital by ambulance?	Yes 🗆	No 🗆
Carried Section 1985	HI WOO	INJURED PERSON 6
lame /		MONEO PERSON 6
njuries sustained		
hich vehicle person in?		
Vere seat belts worn?	Yes 🗆	No 🗆
as injured conveyed to		













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) RULES, 1959 (MALAYSIA)

Certificate No	SD18V12323 /VPZ /R00	
Form	MZ406C	
Date Of Issue	30-OCT-2018	
1.Index Mark and Registration No. of Vehicle:	SGG9757X	
2.Chassis number of Vehicle:	ZNE100309610	
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD	- 1
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:	31-OCT-2019 23:59 PM	
6.Persons or Classes of Persons	2003年 - 1970年 のうない 東京を行る方式のです。	

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:

Third Party Fire & Theft, Geographical Area: Singapore only, Grabcar Extension

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Refer Memorandum - Section II S\$2000, Refer Memorandum - Fire & Theft S\$2000

FINANCE COMPANY:

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/-/01-NOV-18

S1_CI_T1_T3_OE_Template2-Ver1.

01-NOV-18