Inverce Preparation Checkist In Bill Additional Services In Bill In		Jcb description	Date & Time Completed	Done by
E-mail (wints 2017, 10, 10 - 20) E-mail (wints 2017, AC 2017) E-mail (wints 2017, AC 2017) E-mail (wints 2017, AC 2017, AC 2017) E-mail (wints 2017, AC 201		SAS e-filing		
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I-Photo Uploaded Assessment/Survey Report Asset Report by Eax/Hand to Owner/Whise		i-Motor W/O (Within: OD 2h	rs. TP 4brs)	
Preformed Wksp / INC Assign Wksp / QW:	OD : Reporting Only			
Ass't Report by Enx / Hand to Ownert/Wksp	TD Insuran	Assessment/Survey Report		
TP Particulars:	Tr hisurei.	Ass't Report by Fax / Hand	to Owner/Wksp	
Owner / Driver: (Tel:) Period: () Cover Type: () Confirmed by: (Date: Time:)	Preferred Wksp / INC Assign Wksp / QW: (Tel: Fa	c;
Policy No: (TP Particulars: Yeh No: UV	47264 INC ()/Non-INC()	
Confirmed by: (Owner / Driver: (Tel:)
Insured/Driver Liability (%) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Year of Registration: () Warranty: YES () / NO () Excess: (\$) Loading: \$1,000 () / \$2,000 () General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer. () Walk-In Customer: Customer information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towel-In () ; Invoice: YES () / NO () ; Towing Co: (Remarks: (INC holdine: 6788 6616) Date&Time Compiler of Done by 1) Apply for Trans-ort Allowance () / Courtesy Car () Date&Time Compiler of Done by 2) QC Check / Post Repair Inspection () Date&Time Compiler of Done by 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury: Date*Time Actions Date*Time Compiler of Done by Nor/Owner: 11	Policy No: ()	Period: ()	Cover Type: ()
Year of Registration: (Confirmed by : (Date:	Time:)
Year of Registration: (Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-100	0%1
General Remarks: () Walk-In Customer ; Customer's information strictly Confidential & Strictly NO refer of repairer. () Total Loss Case : to e-mail Insurer URGENTLY. Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: (Remarks: (INC hotline: 6788 6616) 1) Apply for Transf-ort Allowance () / Courtesy Car () 2) QC Check / Post Repair Inspection () 3) Upload Resurvey Photo [Repair Cost > \$3000] () Injury : Pater Time Actions Actions Actions Actions Actions Actions Invoice Preparation Checklist Actions Actions Invoice Preparation Checklist Actions Actions Injury : Pater Time Actions Actions Actions Invoice Preparation Checklist Actions Actions Injury : Inj)	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	25/05/2019 14:22
Date Of Accident	25/05/2019 10:20
Exact Location Of Accident	BLK 435 HOUGANG AVE 8 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGN8209G
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	
Manufacturer	ТОУОТА
Model	VIOS 1.5E A
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
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	
Driver	
Name of Driver	KANG KAH POH, ADRIAN (JIANG JIABAO)
NRIC No	S9034782I
Date Of Birth	23/09/1990
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88155350
Fax Number	
Contact Number	OFFICE-88155350

NOEMAIL

BLK 441 HOUGANG AVENUE 8 Address

#01-1647 530441

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

Postcode

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

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.

Number of Passengers (Including Driver)

NO 1

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?

Was there any video captured by Car Camera?

YES

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLA7262S**

Vehicle Make/Model/Colour

TOYOTA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver LOO PEK TONG

NRIC/Passport Number Contact Number

S1600146E 94380955

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 be completed by the policy holder and/or the 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.
- 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 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.
- 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 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 necessary investigations relating to the claims;
 - (II) Investigations 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 corresponding to any enquiries by me; 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
 - (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' lawyer/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 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 may/can be disclosed by any of the insurer and/or GIA to their third party service 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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.

OUSINE SEAVICES

Policy holder's signature Date / time: th

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

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deciare the tores	oing particular	are true !-						

Policy holder's signature

Date & time:

Driver's signature

(if driver is not policy holder) Date & time:

reporting centre personnel'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 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.

自动是4.60元至60年6.50元至5	ACCIDENT DETAILS	
Date of accident	25/5/2019	(DD/MM/YY)
Time of accident	10:20 AM	(HH:MM)
Exact location of accident	BIK 435 to 458 Hongang Avenue	8 (anjark

经国际的 大连回点 法自由的	DETAILS OF VEHICLE
Vehicle registration number	SGN 8209G
Vehicle make and model	toucta vios
Type of vehicle	Saloon MPV CRV Van D
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim Ø Reporting only □

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

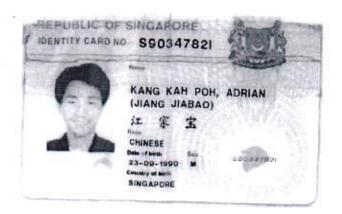
三名程序已过到12.7% 三量	INSURED / POLICY HOLDER	SUSSE HILL	
Name	ROSET LIMOUSINE SERVICES PTE LTD	Male 🗆	Female
NRIC / Fin / Passport number	200406722Z		
Contact			
Address	53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRIAL PARK S(408934)		

DRIVER	SAME AS INSURED ABOVE (SKIP	TO D.O.B)	
Name	kana Kan Don Adrian	Male 🗆	Female 🗆
NRIC / Fin / Passport number	S903 4782I		
Contact	88155350		
Address	BIK 441 Hougang Avenue	8 #01-1647	S (53044
Email address			
Date of birth	23/09/1990	1020-200-200-200-200	
Occupation	Indoor D Outdoor D		
Driving date pass	3010312689		

计区域上发生的基本设计的	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No D
the insured's company?	If no relationship of the dainer
Accident captured by camera?	Yes D Noo
Weather condition	Clear Raining Others:
Road surface	Dry Wet a
No of passenger	
	(Inclusive of drive
的中国人的产生是	PASSENGER 1
Name	TASSENGER I
Gender	Male Female
	Temale B
	PASSENGER 2
Name	PASSENGER 2
Gender	Male D Female D
	male b Female b
Name	PASSENGER 3
Gender	Male D Female D
	Male D Pemale D
Name	PASSENGER 4
Gender	
Centre	Male D Female D
Name	PASSENGER 5
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Gender	Male 🗆 Female 🗅
	PASSENGER 6
lame	
ender	Male Female
	OTHER INFORMATION
Vas anybody injured?	es o No.
/n + h	es o No o
Miles 20 Charles and Company	DETAILS OF POLICE STATION ACTION
eported to police?	es D No P If yes, please state which police station
olice station name	es D No P If yes, please state which police station.
	WINNER
ame	WITNESS 1
ime	WITNESS 2
/	

Vehicle registration number	THIRD PARTY VEHICLE 1
Vehicle make model	SLA7262S
Name Make model	
Production and the Control of the Co	LOO Pek tong AHis
NRIC / Fin / Passport number Contact	S1600146 E
Contact	9438 0955
Electrical de la company de la	100 0494
N. C. S. Bridge Co. S. C. S. C	THIRD
Vehicle registration number	THIRD PARTY VEHICLE 2
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Name	INJURED PERSON 1
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	-
Was injured conveyed to	Yes 🗆 No 🗆
hospital by ambulance?	Yes D No D
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Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🖸
Was injured conveyed to	Yes D No D
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Name	INJURED PERSON 3
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Voc
Was injured conveyed to	Yes No no
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Name	INJURED PERSON 4
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Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗈
Was injured conveyed to	Yes No D
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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-P	ARTY RISKS) RULES, 1959 (MALAYSIA)
Certificate No	SD18V12323 /VPZ /R00
Form	MZ406C
Date Of Issue	11-APR-2019
1.Index Mark and Registration No. of Vehicle:	SGN8209G
2.Chassis number of Vehicle:	MR053HY4204210345
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance	22-MAR-2019 00:00 AM

for the purpose of the Act:

31-OCT-2019 23:59 PM

5.Date of Expiry of Insurance:

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 Private Hire Vehicle (PHV) 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\$2500, Refer Memorandum - Fire & Theft S\$2500

FINANCE COMPANY:

KENSO LEASING PTE LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

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11-APR-19