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Owner/Driver: (	destrian		Tel:	<del></del>	
Policy No: ( ) Period	d: (	)	Cover Type: (	1	)
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number 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.
- 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 ledgement 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

Control and Contro	ACCIDENT STATEMENT
Date Of Report	06/06/2019 16:05
Date Of Accident	01/06/2019 00:20
Exact Location Of Accident	319 WOODLANDS ST 31 CARPARK
Country/State of Loss	SINGAPORE
Harata is the most being a service	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ4408L
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	- SERVICES FIE EID
Email Address	NOEMAIL
Mobile Phone No	1 Strangentia
Alternative Phone No	OFFICE-81301183
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at ime of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE HIRE
nsurance Company	
lame of Insurance Company	LIBERTY INSURANCE PTE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
Policy Number	SD18V12322/VPZ/R00
Cover Note Number	
Driver	
lame of Driver	SAMIOEN BIN MOKSAM
RIC No	S1733582J
ate Of Birth	28/01/1966
Occupation	OUTDOOR
ate Of Driving Pass	17/05/1985
riving Experience	34 YEARS AND 0 MONTHS
anda-	MALE
C C A C C C C C C C C C C C C C C C C C	

(LOCAL) +65-96555665

NOEMAIL

Address

BLK 47 OWEN RD #05-255

Postcode

210047

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

COLLIDED INTO PEDESTRIAN

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO 1

involved in the accident

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HONG KAH NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 ,

COUNTRY: SINGAPORE

Police Station Contact Was notice of intended Prosecution given?

TEL NO: 1800-5679999 - FAX NO: 65652508

If Yes, against whom?

## Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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

Vehicle Make/Model/Colour

PEDESTRIAN

**Details Of Properties** 

Vehicle Category

NA/UNKNOWN

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**

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate 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.
- 5. 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.
- 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:
  - 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:
  - 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 Signature Driver's Signature

LIMO

ate & Time S30\\\(\text{if driver is not the policyholder}\)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	beg estricus
	<sup>8</sup> A ▶
319	

A= SLJ 44081.

319 woodlonds St 31 carpark

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	t.	Police	No sound
				report
			/	
			/	
MILES CONTRACTOR OF THE STATE O				

DECLARATION

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

Policy older's Signature

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





1 of 3

Report No. T/20190601/2064

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 12:50	Made:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
Name of	f Informant: N BIN MOI		Address: APT BLK 47 OWEN ROAD #	05-255 SINGAPORE 210047		
ID Type NRIC N	/ ID No.: D / S17335	82J	Contact No.: Home/Office:	Mobile: 96555665		
Nationality: SINGAPORE CITIZEN		EN .	Email:			
Sex: Male	Age: 53	Date of Birth: 28/01/1966	Type of Informant: Driver			
Race: Javanese			Language:	Institution / School Name:		
Occupation: GRAB DRIVER			Driving Licence Information: Class: 2B,3	Date of Expiry:		

General Inform	mation of the Accident		Share Sales And States and S	
Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 01/06/2019 00:20	Type of Location Car Park
	S STREET 31			
Weather: Clear	TIOGI DIN OTO	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		raffic Volume:
Type of Collisi Moving Vehicl	ion: e Against - Pedestrian		A	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved	公司 经营业的			
	Туре	Make	Model	Color	Condition	No of Passenger
SLJ4408L	Car				No	1
					Damage	

· · · · · · · · · · · · · · · · · · ·
Use of Pedestrian Crossing: NA





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

2 of 3 Report No. T/20190601/2064

#### CONTINUATION OF REPORT

Driver				0 12 to 1 to 1	G. C. Carlo	
Name	SAMIOEN BIN MOKSAM		ID No		S1733582J	
Related Vehicle	SLJ4408L (Car)			Conta	ect No.	96555665
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date Dis		The second second	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

#### Brief Details.

On 01/06/2019 at 0020hrs, I was alighting my passenger at 319 Woodlands Street 31 Carpark. The passenger alighted from back left seat. Subsequently, I reverse and car and realised that I knocked her down. She was actually crossing the road heading towards her block.

The left rear of my car knocked her down. I went out to help her out. She suffered a minor scratch on her arm. She informed that she does not require any medical attention. We did not exchange any particulars. I have an In-car camera in my car which captures her falling down.





3 of 3

Report No. T/20190601/2064

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

CONTINUATION OF REPORT

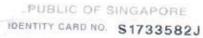
### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Red J / Sgt 3 MUHAMMAD ASH SHAH	0 //	Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 01/06/2019 12:50
Officer In Charge Of Cas TP / AEIT /	e;	Classification Of Case:
Contact No.:	SN 116	
Authentication Stamp Netes Signature: Lugapore Polic	e Foice	









SAMIOEN BIN MOKSAM

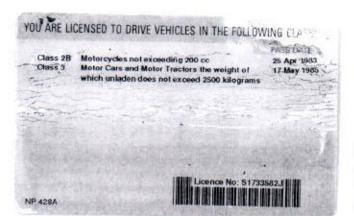
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28-01-1966 M

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SINGAPORE





19-10-2005

APT BLK 47 OWEN ROAD #05-255 SINGAPORE 210047

NRIC No: \$1733582J

Date: 20/04/2015





#### 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 (MAI AYSIA)

Certificate No	SD18V12322 /VPZ /R00
Form	MZ406C
Date Of Issue	30-OCT-2018
1.Index Mark and Registration No. of Vehicle:	SLJ4408L
2.Chassis number of Vehicle:	MR053REH104560585
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:	31-OCT-2019 23:59 PM
6.Persons or Classes of Persons	20,000 1 19

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.

#### 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

PLSL/-/31-OCT-18

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31-OCT-18