





**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 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. 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             | 12/06/2019 15:06             |
| Date Of Accident           | 10/06/2019 09:45             |
| Exact Location Of Accident | COLLYER QUAY TWDS NICOLL HWY |
| Country/State of Loss      | SINGAPORE                    |

**DETAILS OF OWN VEHICLE**

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SLQ8767L                         |
| <b>Insured/Policyholder</b> |                                  |
| Name Of Registered Owner    | ROSET LIMOUSINE SERVICES PTE LTD |
| Co Reg No                   | -                                |
| Email Address               | NOEMAIL                          |
| Mobile Phone No             |                                  |
| Alternative Phone No        | OFFICE-81301183                  |

**Vehicle Particulars**

|  |              |
|--|--------------|
| Manufacturer   | HONDA        |
| Model  | VEZEL        |
| 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          | COMPREHENSIVE             |
| Fleet Policy              | NO                        |
| Policy Number             | SD18V12322/VPZ/R00        |
| Cover Note Number         | -                         |

**Driver**

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | YEN SECK WAH          |
| NRIC No              | S0081594B             |
| Date Of Birth        | 01/12/1952            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 28/09/1972            |
| Driving Experience   | 46 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-97665273  |
| Fax Number           |                       |
| Contact Number       |                       |
| Email Address        | NOEMAIL               |

|   |                                |
|---|--------------------------------|
| Address   | BLK 892A TAMPINES AVE 8 #09-18 |
| Postcode  | 521892                         |
| 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   | 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?   | YES |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | TAMPINES N.P.C   |
| Police Station Address                    | ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:  |
| Was notice of intended Prosecution given? | NO   |
| 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 | SHD3244C |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| 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 SHB2344P  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
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 SLU1225J  
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 INJURED PERSON 1

Name YEN SECK WAH  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLQ8767L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder and/or the authorised driver.**
- 3) 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 :
  - (I) 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 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 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' 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 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:
  - (I) 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.



Policy holder's signature  
Date / time:

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

reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN

A: SLQ 8767 L  
B: SHD 3244 C  
C: SHB 2344 P  
D: SLU 1225 J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## DECLARATION

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



Policy holder's signature  
Date & time:

*[Handwritten signature]*

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

*[Handwritten signature]*

reporting centre personnel's Signature  
NRIC/FIN No.:



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

AK.

- ❖ 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.

## ACCIDENT DETAILS

|                            |              |            |
|----------------------------|--------------|------------|
| Date of accident           | 10/06/2019   | (DD/MM/YY) |
| Time of accident           | 09:45 AM     | (HH:MM)    |
| Exact location of accident | Collyer Quay |            |

## DETAILS OF VEHICLE

|  |  |  |   |
|--|--|--|---|
| Vehicle registration number                        | SLQ8767L                                   |  |   |
| Vehicle make and model                             | Honda Vezel                                |  |   |
| Type of vehicle                                    | Saloon <input checked="" type="checkbox"/> | MPV <input type="checkbox"/>                   | CRV <input type="checkbox"/> Van <input type="checkbox"/>   |
|  | Lorry <input type="checkbox"/>             | Bus <input type="checkbox"/>                   | Motorcycle <input type="checkbox"/> Others: _____   |
| Vehicle category                                   | Private <input type="checkbox"/>           | Commercial <input checked="" type="checkbox"/> | Motorcycle <input type="checkbox"/>   |
| Purpose of using at said time                      |  |  |   |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/>               | No <input checked="" type="checkbox"/>         | if no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

## INSURANCE INFORMATION

|                   |  |   |                                  |
|-------------------|--|---|----------------------------------|
| Insurance company | Liberty                                |   |                                  |
| Policy number     |  |   |                                  |
| Type of policy    | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

## INSURED / POLICY HOLDER

|                              |                                  |                               |                                 |
|------------------------------|----------------------------------|-------------------------------|---------------------------------|
| Name                         | Roset Limousine Services pte Ltd | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number |                                  |                               |                                 |
| Contact                      |                                  |                               |                                 |
| Address                      |                                  |                               |                                 |

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

|                              |  |   |                                 |
|------------------------------|--|---|---------------------------------|
| Name                         | YEN SECK WAH                               | Male <input checked="" type="checkbox"/>    | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S00815948                                  |   |                                 |
| Contact                      | 9766 5223                                  |   |                                 |
| Address                      | Blk 891A Tampines Avenue 8 #09-185(521892) |   |                                 |
| Email address                |  |   |                                 |
| Date of birth                | 01/12/1952                                 |   |                                 |
| Occupation                   | Indoor <input type="checkbox"/>            | Outdoor <input checked="" type="checkbox"/> |                                 |
| Driving date pass            | 28/09/1972                                 |   |                                 |

| GENERAL INFORMATION OF THE ACCIDENT              |  |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Accident captured by camera?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>                     |
| No of passenger                                  | 1 (Inclusive of driver)  |

| PASSENGER 1 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION          |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION |  |
|----------------------------------|--|
| Reported to police?              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name              |  |

| WITNESS 1 |  |
|-----------|--|
| Name      |  |

| WITNESS 2 |  |
|-----------|--|
| Name      |  |



| THIRD PARTY VEHICLE 1        |           |
|------------------------------|-----------|
| Vehicle registration number  | SLU 1225J |
| Vehicle make model           |           |
| Name                         |           |
| NRIC / Fin / Passport number |           |
| Contact                      |           |

D

| THIRD PARTY VEHICLE 2        |           |
|------------------------------|-----------|
| Vehicle registration number  | SHB 2344P |
| Vehicle make model           |           |
| Name                         |           |
| NRIC / Fin / Passport number |           |
| Contact                      |           |

E

C

| THIRD PARTY VEHICLE 3        |           |
|------------------------------|-----------|
| Vehicle registration number  | SHD 3244C |
| Vehicle make model           |           |
| Name                         |           |
| NRIC / Fin / Passport number |           |
| Contact                      |           |

B

| THIRD PARTY VEHICLE 4        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 5        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 6        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 7        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| INJURED PERSON 1                               |   |
|--|---|
| Name   | YEN SECK WAH  |
| Injuries sustained                             |   |
| Which vehicle person in?                       | SLQ8767L  |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 2                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |





**SINGAPORE  
POLICE FORCE**



T/20190610/2130

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20190610/2130

**REPORT OF A TRAFFIC ACCIDENT**

|  |            |                              |  |                           |                            |
|--|------------|------------------------------|--|---------------------------|----------------------------|
| Date/Time Report Made:<br>10/06/2019 15:14 |            | Vide Report No.:             |  | Station Diary No.:<br>120 |                            |
| <b>Informant's Particulars</b>             |            |                              |  |                           |                            |
| Name of Informant:<br>YEN SECK WAH         |            |                              | Address:<br>APT BLK 892A TAMPINES AVENUE 8 #09-18 SINGAPORE 521892 |                           |                            |
| ID Type / ID No.:<br>NRIC NO / S0081594B   |            |                              | Contact No.:<br>Home/Office: Mobile: 97665273                      |                           |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                              | Email:   |                           |                            |
| Sex:<br>Male                               | Age:<br>66 | Date of Birth:<br>01/12/1952 | Type of Informant:<br>Driver                                       |                           |                            |
| Race:<br>Chinese                           |            |                              | Language:<br>English   |                           | Institution / School Name: |
| Occupation:<br>GRAB DRIVER                 |            |                              | Driving Licence Information:<br>Class: 3 Date of Expiry:           |                           |                            |

**General Information of the Accident**

|   |                                 |                                    |   |   |
|---|---------------------------------|------------------------------------|---|---|
| Type of Accident:   | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>10/06/2019 09:45 | Type of Location:<br>Straight Road      |
| Location:<br>Along Road 1<br>COLLYER QUAY<br>towards Nicoll Highway |                                 |                                    |   |   |
| Weather:<br>Clear   |                                 | Road Surface:<br>Dry               |   | Road Speed Limit:                       |
| Traffic Flow:   |                                 | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate             |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear        |                                 |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|-----------|-----------------|
| SLQ8767L    | Car  |      |       |       |           | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20190610/2130

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20190610/2130

**CONTINUATION OF REPORT**

| Driver                            |                  |  |                                 |
|-----------------------------------|------------------|--|---------------------------------|
| Name                              | YEN SECK WAH     | ID No.                                 | S0081594B                       |
| Related Vehicle                   | SLQ8767L (Car)   | Contact No.                            | 97665273                        |
| Hospital/Clinic                   | RAFFLES HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | 10/06/2019       | Date Discharge                         | 10/06/2019                      |
| No. of Days granted Medical Leave | 07               | Degree of Injury                       | Slight                          |

**Brief Details.**

On the 10/6/2019 at about 0945hrs, I was driving my Grabcar bearing vehicle no. SLQ8767L along Collyer Quay heading towards Nicoll Highway, along the second lane. As I was driving my car, the front car braked. As such, I applied my brakes as well. All of us braked till we came to a stop and there was no collision. However, all of a sudden, I felt a collision from my car's rear which caused my car to surge forward and collide into the car in front of me.

Ambulance came and brought me to Raffles Hospital. I was then discharged on the same day and given 7 days MC.

I wish to state that I do not know the other vehicle numbers as I had neck pain and chest pain and when I called ambulance, they told me not to move and stay in my driver seat. As such, I did not manage to exchanged particulars or note down the other vehicle numbers.





**SINGAPORE  
POLICE FORCE**



T/20190610/2130

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20190610/2130

**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 Recording The Report:

G /  
Sgt 3 MUHAMMAD DANIYAL BIN  
BAHARUDDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDU  
Contact No.: 65476394

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
10/06/2019 15:14

Classification Of Case:

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0081594B

Name: YEN SECK WAH

Birth Date: 01 Dec 1952

Issue Date: 29 Nov 2003

061026302A

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0081594B

Name: YEN SECK WAH

甄 錫 华

Race: CHINESE

Date of birth: 01-12-1952

Country of birth: SINGAPORE

Sex: M

S0081594B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| Class   | Description  | PASS DATE   |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 26 Sep 1972 |

NP 428A

License No: S0081594B

For LKK/NAC Use Only

4705572

Barcode

NRIC No: S0081594B

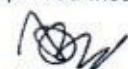
Date of issue: 11-04-2011

Address: APT BLK 892A TAMPINES AVENUE 8 #09-18 SINGAPORE 521892



## 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)

|  |  |
|--|--|
| <b>Certificate No</b>  | SD18V12322 /VPZ /R00   |
| <b>Form</b>  | MZ406C   |
| <b>Date Of Issue</b>   | 30-OCT-2018  |
| <b>1.Index Mark and Registration No. of Vehicle:</b>   | SLQ8767L   |
| <b>2.Chassis number of Vehicle:</b>  | RU31230386   |
| <b>3.Name of Policyholder:</b>   | ROSET LIMOUSINE SERVICES PTE LTD   |
| <b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>   | 01-NOV-2018 00:00 AM   |
| <b>5.Date of Expiry of Insurance:</b>  | 31-OCT-2019 23:59 PM   |
| <b>6.Persons or Classes of Persons entitled to drive*:</b>   | <p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p> |
| <b>7.Limitations as to use*:</b>   | <p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.</p>  |
| <b>8.Policy does not cover:</b>  | <p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>  |
| <p>*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.</p>  |  |
| <p>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).</p>  |  |
| <p>For and on behalf of<br/><b>LIBERTY INSURANCE PTE LTD</b><br/>Approved Insurers</p> <p></p> <p>Authorised Signature</p>  |  |
| <p><b>For Information only:</b></p> <p><b>COVERAGE :</b> Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, Grabcar Extension</p> <p><b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS</p> <p><b>EXCESS:</b> Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen Excess S\$100</p> <p><b>FINANCE COMPANY:</b></p> <p><b>PRODUCER NAME:</b> NEWSTATE STENHOUSE (S) PTE LTD</p> |  |

PLSL/31-OCT-18

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