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Date In: 13/4/4-18:37	Job description	ON	Date &Time C	ompleted	Done	by:
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Veh No: DSYGITE	E-mail (with	ia Shrs, AIC 2hrs)				
D.O.A: 21 4/10-14:15	i-Motor Cla	aim Form				
OD : 7P Reporting Only	i-Motor W/	O (Within: OD 2hrs,	TP 4hrs)			
oz / W reporting Only	i-Photo Upl	loaded				
TP Insurer:	Assessment/S	Survey Report				
	Ass't Report	by Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fa	K:	
TP Particulars: Veh No: Jm	M8847 P.	. INC()/Non-INC	().	y.	
Owner / Driver: (Tel:	12)	
Policy No: () P	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20	%; P: 21-79%.	F: 30-100	0%]	200
	Warranty: YES (
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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.
- 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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	23/09/2019 18:37
Date Of Accident	21/09/2019 14:15
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE
ם	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS4915R
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	WISH 1.8X 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	LIEW WEI ZHUANG
NRIC No	S9331307J

Date Of Birth 25/08/1993 Occupation INDOOR **Date Of Driving Pass** 04/10/2012

Driving Experience 6 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82330805

Fax Number

OFFICE-82330805 Contact Number

EMail Address NOEMAIL

BLK 210 HOUGANG STREET 21 Address

#04-265

Postcode 530210

Was driver an employee of the Insured's Company NO

OTHER - HIRER If No, Relationship of the Driver with the Insured

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

3 NO

Was any body injured in the Accident?

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 1

NO

Number of Passengers (Including Driver)

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?

If Yes, against whom?

Circumstances of Accident

REFER TO 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

SMM8807P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

SME5417T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

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.
- 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>.
- 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;
 - 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 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 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.

THE LID A POSET

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

Veh A: SJS 4915R

Van B: Smm8807 P

Veh C: SME 5417T

DES	SCRIBE CIRCUMSTANCES OF THE ACCIDENT
- ,	On the stated date and time, I was travelling along Tampines Ave 10. As I was travelling, the vehicle Infront of me (SME5417T) slowed down and stop therefore I also followed to stop with a safe distance.
- 5	Suddenly, I felt an impact from the rear portion of my vehicle which caused me to thrust forward and collided onto the vehicle Infront of me.
N.	

DECLARATION

Date & time:

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

Policy holder's signature

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

reporting centre personnel's signature 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.

ACCIDENT DETAILS		
Date of accident	21 09 2019	(DD/MM/YY)
Time of accident	2: 15 pm	(HH:MM)
Exact location of accident	Along Tampines Ave 10	,

#4 Water Land	DETAILS OF VEHICLE
Vehicle registration number	535 49158
Vehicle make and model	Toyota Wish
ype of vehicle	Saloon MPV CRV Van Cry Un Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	•
Are you claiming under your own insurance company?	Yes No. if no, please select: Third part claim Reporting only

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

THE RESERVE OF THE PARTY OF THE	INSURED / POLICY HOLDER		· · · · · · · · · · · · · · · · · · ·
Name	ROSET LIMOUSINE SERVICES PTE LTD	Male 🗆	Female 🗆
NRIC / Fin / Passport number	200406722Z	1.00000000000	
Contact	6844 5225		
Address	53 UBI AVENUE 1 #03-47 PAYA UBI INC	OUSTRIAL PARK	S(408934)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)			
Name	LIEW WEI ZHUANG	Male	Female	
NRIC / Fin / Passport number	59331307)			
Contact	8233 0805			
Address	BIK 210 Hougang street 21 #04 - 26 5(530 210)	, 5		
Email address				
Date of birth	25/08/1993			
Occupation	Indoor Outdoor			
Driving date pass	04/10/2012.	(A)		

CONTRACTOR STATE	GENERAL	INFORMATION OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	No	H10001 2000 4-2
the insured's company?	If no, rela	ationship of the driver and insured: _	HIRER
Accident captured by camera?	Yes 🗆	No.	
Weather condition	Clear	Raining Others:	
Road surface	Dry	Wet 🗆	
No of passenger			(Inclusive of driver)
	-	PASSENGER 1	
Name			
Gender	Male 🗆	Female	
A Prophilips of the Control of the Pills	To Million	PASSENGER 2	Management and the state of the
Name			
Gender	Male 🗆	Female	
			- weeks a second of the second
THE RESERVE OF THE PARTY OF THE	NO THE	PASSENGER 3	STATE OF THE STATE
Name			
Gender	Male 🗆	Female	
Manager Street, Land	STATE OF	PASSENGER 4	LAST STATE OF THE
Name			
Gender	Male 🗆	Female	
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CHANGE WILLIAM CONTROL	NO UNION	PASSENGER 5	Carried Control of the Control of th
Name			
Gender	Male 🗆	Female	
	1		
Photograph (Free Color)		PASSENGER 6	Market State of the State of th
Name			
Gender	Male 🗆	Female	
	NO.	OTHER INFORMATION	
Was anybody injured?	Yes 🗆	No.2	
Was other vehicle damaged?	Yes	No 🗆	
	- 10		
THE RESERVE OF THE PARTY OF THE	DETAIL	LS OF POLICE STATION ACTION	
Reported to police?	Yes 🗆	No F If yes, please state which	police station.
Police station name		7 - 7	
	-	WITNESS 1	
Name	The same of the sa	WIINESS I	
Ivaille	1		
	-	WITNESS 2	
Name		WITHLISS 2	
IVALUE	1		

	THIRD PARTY VEHICLE 1
Vehicle registration number	SME 5417T
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND DESCRIPTION OF THE PERSON	THIRD PARTY VEHICLE 2
Vehicle registration number	SMM 8807 P.
Vehicle make model	3/V/W1 280 1 1 .
Name	
NRIC / Fin / Passport number	
Contact	
CHARLES AND ADDRESS OF THE PARTY.	THIRD DARTY VEHICLE 2
Vahiela rasistration	THIRD PARTY VEHICLE 3
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
a line in the second	
APPROXIMATION OF THE PROPERTY	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE PERSON NAMED IN COLUMN 2 IS	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
lame	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 6
Vehicle registration number	THIRD PARTY VEHICLE O
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
distribution	
(1994) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995) (1995)	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Contact

B

THE RESIDENCE OF THE PARTY OF T	NAME OF THE OWNER, OF THE OWNER, OF THE OWNER,	INJURED PE	PSON 1
Name		INJOILEDTE	NJON 1
Injuries sustained			
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	/
hospital by ambulance?	1630	NOL	
nospital by ambalance.			
		INJURED PE	PSON 2
Name	SHILL BENGELLES	INJUNED PE	ASON 2
Injuries sustained			
Which vehicle person in?	_		
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	163 🗆	NOL	
respital by ambalance.			/
THE RESERVE OF THE PERSON OF	THE PERSON	INJURED PE	PSON 2
Name		INJUNEDATE	NOUN 3
njuries sustained			
Which vehicle person in?		-/-	
Were seat belts worn?	Yes 🗆	No o	
Was injured conveyed to	Yes□	No 🗆	
hospital by ambulance?	1es 🗆	MO	
nospital by ambulance:	207-2	/	
Designation of the last of the		INJURED PE	DCON 4
Name		INJUNED PE	RSON 4
Injuries sustained	-		
Which vehicle person in?	1/		
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes	No 🗆	
hospital by ambulance?	/ 165 🗆	NO L	
nospital by ambulance:			
	CANADA II	INJURED PE	DON F
vame		INJUNED PE	RSON 5
Injuries sustained	-		
Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
hospital by ambulance?	100 0	110 1	
nespital by ambaignee.			
	NACON	INJURED PER	a nosa
Name		INJUNED PER	130110
1.0.0001.0100			
Injuries sustained Which vehicle person in?			
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to	Yes 🗆	No 🗆	
was injured conveyed to	162	INC L	
hospital by ambulance?	100000000000000000000000000000000000000	10.000	





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)

Name and Address of the Owner, which we have the owner of	CD40/42222 A/DZ /D00	Darling.
Certificate No	SD18V12323 /VPZ /R00	
Form	MZ406C	
Date Of Issue	16-AUG-2019	_
1.Index Mark and Registration No. of Vehicle:	SJS4915R	
2.Chassis number of Vehicle:	ZGE200017175	
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD	
4.Effective date of Commencement of Insurance	14-AUG-2019 00:00 AM	
for the purpose of the Act:		
5.Date of Expiry of Insurance:	31-OCT-2019 23:59 PM	
6 December of Classes of Parsons		

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

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 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

FXCESS:

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

FINANCE COMPANY:

DBS BANK LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/PLSL/16-AUG-19

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16-AUG-19