	tre Services N		MALIGIZIAN		
Date In: 1112/19-17:42	Jeb description		Date & Time Completed	Done	by by
Ref No: Lla uply 17496hy	SAS e-filing				
Veh No: VM N7 1774	E-mail (within 8)	ars, AIC 2hrs)			4
D.O.A: 11/10/19-14:45	i-Motor Claim	Form		2000 - 1000 - 1000 VIDE	77772
OD : TP Reporting Only	i-Motor W/O	(Within: OD 2hrs	TP 4hrs)		
OD : TP Reporting Only	i-Photo Uploa	ded	1		R.
TP Insurer:	Assessment/Sur	vey Report			
Tr insuici.	Ass't Report by	Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel: F	ax:	
TP Particulars: Veh No: SUA	173764	, INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: ()	Period: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%)	[Note-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 80-1	100%]	
Year of Registration: ()	Warranty: YES ()		
	,000 ()/\$2,000 (
General Remarks:	## ###################################	85-35-47.3°72-35-3	PROPERTY OF THE PROPERTY OF TH	120, 170	
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() Total Loss Case : to e-mail Insu	rer URGENTLY.		7 na 1 d		
Drive-In ()/Towed-In (); Invoi	ce: YES() / NO) ; To	owing Co: ()
				MANAGES IN	(gc)
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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.
- 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 consent to the archiving of this report at the centre and to copies of the report being made available
 aforesaid.

The second secon	ACCIDENT STATEMENT	
Date Of Report	11/10/2019 17:42	
Date Of Accident	11/10/2019 14:45	
Exact Location Of Accident	ION DROP-OFF POINT	
Country/State of Loss	SINGAPORE	
Wanted and the second of the latest and	DETAILS OF OWN VEHICLE	

Country/State of Loss	SINGAPORE	
Manager of the state of the sta	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN7127U	
Insured/Policyholder		
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD	
Co Reg No	2004067227	

PRIVATE HIRE

15/06/1990

Co Reg No 200406722Z
Email Address NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE-68445225

Vehicle Particulars

Manufacturer TOYOTA

Model SIENTA HYBRID 1.5X CVT

Exact Purpose for which vehicle was being used at COMMERCIAL USE time of accident

Are you claiming under your own insurance policy NO

for repair to your vehicle?

If No, Please state action to be taken

REPORTING ONLY

Insurance Company

Vehicle Category

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SD18V12322/VPZ/R00

Cover Note Number

Date Of Driving Pass

Driver

 Name of Driver
 ANG TIANG MUI

 NRIC No
 \$1515206J

 Date Of Birth
 28/08/1961

 Occupation
 OUTDOOR

Driving Experience 29 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-86612629

Fax Number

Contact Number OFFICE-86612629

EMail Address NOEMAIL

Address

BLK 343 YISHUN AVENUE 11

#04-125

Postcode

760343

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

*

NO

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

2

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

soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2

Passenger 1

NAME:

1004

GENDER:

: MALE

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?

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 SLN7336U

D . . . O. D . . .

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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;
 - (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 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:
 - (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.

SO STANSON ON THE SERVICE OF THE SER

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time: ION clrop-off point.

Ven A; SMN71274

Ven B; SLN73364

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On the stated date and time, I was the drop off point of ION. I was queuing up to drop my passenger off. I was keeping a safe distance with Vehicle B (SLN7336U) suddenly, Vehicle B (SLN7336U) signalled to move to the left lane however Vehicle B suddenly jammed brake which cause me to bang on to the rear right portion of his vehicle.

DECLARATION

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

Policy holder's signature Date & time:

JABS BAIL

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	11/10/2019	(DD/MM/YY)
Time of accident	2:45 pm.	(HH:MM)
Exact location of accident	Ion Drop off point.	

经验证证证 第二三级超过2000年	DE	TAILS OF	VEHICLE	RESTRICTION OF THE PARTY OF
Vehicle registration number	SMH 71	27 U		
Vehicle make and model	Toyota	sienta		
ype of vehicle	Saloon D	MPV Bus	CRV □ Var Motorcycle □	Others:
Vehicle category	Private □	Comme	ercial Motorcy	ycle 🗆
Purpose of using at said time				
Are you claiming under your own insurance company?	Yes Third part cla	No.	if no, please select: Reporting only	:

Mark the consideration of the	INSURANCE IN	FORMATION	All the second
Insurance company	LIBERTY		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only

Adjusted to the second	INSURED / POLICY HOLDER		
Name	ROSET LIMOUSINE SERVICES PTE LTD	Male □	Female
NRIC / Fin / Passport number	200406722Z		
Contact	6844 5225		
Address	53 UBI AVENUE 1 #03-47 PAYA UBI INI	OUSTRIAL PARK	S(408934)

DRIVER	SAME AS INSURED ABOVE - (SKIP TO D.	O.B)	
Name	Ang Tiang Myi	Malez	Female □
NRIC / Fin / Passport number	S1615206J		
Contact	8661 2629		
Address	BIK 343 Yishun Avenue 11 #04-125 5 (760545)		
Email address			
Date of birth	28/08/1961	-1=1	
Occupation	Indoor Outdoor		
Driving date pass	15/06/ 1990		

MARKET AND THE STATE OF THE STA	GENERAL	INFORMATION OF THE	ACCIDENT	
Was driver an employee of	Yes 🗆	Noz		With the William
the insured's company?	If no, rela	ationship of the driver	and insured:	Hiver
Accident captured by camera?	Yes 🗆	No 🗆		
Weather condition	Clear	Raining Oth	ers:	
Road surface	Dry,	Wet 🗆		
No of passenger	2			(Inclusive of driver)
		Line of the second		
		PASSENGER 1	SE POLESCO	
Name				
Gender	Male	Female 🗆		
国民共享 的基本。		PASSENGER 2		
Name				
Gender	Male 🗆	Female		
	11			
A STATE OF THE STA		PASSENGER 3	A STATE OF THE PARTY OF THE PAR	AND SECTION STATES
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Gender	iviale u	remaie u		
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Name		Familia -		
Gender	Male 🗆	Female		
2			PER CHICA THE SMO	THE PARTY OF THE P
	Ven =	No a		The state of the s
Was anybody injured?	Yes 🗆			
Was other vehicle damaged?	Yes	No 🗆		
MINISTER OF THE PROPERTY OF TH			ACTION	
新水和等于在	THE R. P. LEWIS CO., LANSING, MICH.	S OF POLICE STATION		- Line at a time
Reported to police?	Yes 🗆	No If yes, plea	se state which	police station.
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Name				
ADMINISTRAÇÃO	新阿尔	WITNESS 2	莫勒取 ,此次	医加斯坦克 电压力 医二种

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Vehicle make model	and the state of t	
Name		
NRIC / Fin / Passport number		
Contact		
	THIRD PARTY VEHICLE	F 2
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		
Contact		
	THIRD PARTY VEHICLE	F 3
Vohicle registration number	IMIKU PAKIT VEHICLE	- Supplemental
Vehicle registration number		
Vehicle make model		
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NRIC / Fin / Passport number		
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Vehicle registration number		
Vehicle make model		
Name		

NRIC / Fin / Passport number

Contact

Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? INJURED PERSON 2 INJURED PERSON 2	
Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? INJURED PERSON 2 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes □ No □ Ves □ No □ Ves □ No □	
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Were seat belts worn? Yes No	
Was injured conveyed to Yes No	
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Name /	
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INJURED PERSON 5 Injuries sustained	
INJURED PERSON 5 Lame Injuries sustained Which vehicle person in?	
INJURED PERSON 5 Injuries sustained Which vehicle person in? Were seat belts worn? Yes □ No □	
INJURED PERSON 5 .ame Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to Yes □ No □ No □	
INJURED PERSON 5 Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to Yes □ No □	
INJURED PERSON 5 Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	
INJURED PERSON 5 Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? INJURED PERSON 6	
INJURED PERSON 5 Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? INJURED PERSON 6 INJURED PERSON 6	
INJURED PERSON 5 INJURED PERSON 5 Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? INJURED PERSON 6 INJURED PERSON 6 INJURED PERSON 6	
INJURED PERSON 5 INJURED PERSON 6	





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	SD18V12322 /VPZ /R00
Form	MZ406C
Date Of Issue	26-AUG-2019
1.Index Mark and Registration No. of Vehicle:	SMN7127U
2.Chassis number of Vehicle:	NHP1707172633
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance	26-AUG-2019 00:00 AM
for the purpose of the Act:	
5.Date of Expiry of Insurance:	31-OCT-2019 23:59 PM
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:

Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, PHV 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:

MAYBANK SINGAPORE LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/PLSL/26-AUG-19

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26-AUG-19