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TP Insurer:	Assessment/S	Survey Report	1			
1P insurer:		by Fax / Hand t	o Owner/Wks	SD		
Preferred Wksp / INC Assign Wksp / QW: (-		Tel:		ax:	
TP Particulars: Veh No: JKV	52637	INC()/Non-IN			
Owner / Driver: (Tel:)	-
Policy No: () Pc	riod: ()	Cover Type	: (
Confirmed by : (Date:				
Insured/Driver Liability: (%) [1	Note-Est. Status (WO): N: 0-20	%; P: 21-79	9%. F: 80-10	00%1	-
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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.
- 7. By the indigement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to conies of the report heins made available.

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	ACCIDENT STATEMENT
Date Of Report	24/10/2019 10:37
Date Of Accident	28/09/2019 09:00
Exact Location Of Accident	SIMS AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMA4284L
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	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	MUHAMMAD FITRI BIN RAZALI
NIPIC No.	\$0407524B

NRIC No S9107534B

Date Of Birth 21/02/1991 OUTDOOR Occupation Date Of Driving Pass 30/08/2013

Driving Experience 6 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87488312

Fax Number

OFFICE-87488312 Contact Number

EMail Address NOEMAIL

BLK 722 WOODLANDS AVENUE 6 Address

#05-542

Postcode 730722

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

OTHER - HIRER

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

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

5

Number of Passengers (Including Driver)

Passenger 1

NAME:

: -

GENDER: : MALE

Passenger 2

NAME:

GENDER: : FEMALE

Passenger 3

NAME:

GENDER: : FEMALE

Passenger 4

NAME:

GENDER: : FEMALE

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

SKV5267T

Vehicle Make/Model/Colour

Details Of Properties

Page 2 of 16

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

- 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.
- 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 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 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's Signasur

ROSE

MOUS

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

Name:

NRIC/FIN No .:

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	iculars are true in every respect.	
& Time: (If driver is not the policyholder) Name:	Driver's Signature Reporting Centre Personn	ng's Signature
Date & Time: NRIC/FIN No.:	Driver's Signature Reporting Centre Personn (If driver is not the policyholder) Name:	nel's Signature

I WAS TRAVELLING ALONG SIMS AVE WHILE APPROACHING TRAFFIC JUNC WITH LOR 25A GEYLANG, I SAW THE LIGHT WAS GREEN, BUT I NEVER REALIZED VEH B HAVEN'T MOVE. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: 128 9 19.)(DD/M	M/YYYY), TIME:(09 : 00.)(HH:MM)
LOCATION: Sims Ave.	
1. DETAILS OF VEHICLE	
	4284 L.
b)INSURANCE COMPANY: *	12842.
C)POLICY NUMBER:	Control of the Contro
CIPOLICY TYPE: 1001 1001	
d)POLICY TYPE: (COMPREHENSIVE / TH)	RD PARTY / THÍRD PARTY FIRE &THEFT)
CHARL & MODEL:	(C)
f)TYPE:(SALOON / COUPE / MPV /V AN	LORRY / MOTORCYCLE / OTHERS)
ST. ETHOLE CATEGORI. (PRIVATE) COM	MERCIAL / MOTORCYCLEI
h) PURPOSE OF USING AT ACCIDENT TIM	E. Personal use.
I) ARE YOU CLAIMING UNDER YOUR OW	'N INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLA	IM / REPORTING ONLY)
2. INSURED / POLICY HOLDER	NO.
A)NAME:	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 62480995.
c)ADDRESS:	
* CONTINUE TO 2 115 DO	
* CONTINUE TO 3.d IF DRIVER ALSO POLI	CY HOLDER .
Cludedon di -) alNAME:	
	(MALE / FEMALE)
(5) b)NRIC/FIN/PASSPORT:	CONTACT: 847 8748 8:
C/ADDRESS:	
male 3 female *d)DATE OF BIRTH: (/	
PLOCCUPATION: (INDOOR (OUTDOOR))(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:	7.8 19600 • c
4. WAS DRIVED AN EMPLOYER OF THE	
4. WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED: Hirer.
 d)WEATHER CONDITION: (CLEAR / RAINING D)ROAD SURFACE: (DRY / WET / OTHERS_ 	NG-7 OTHERS)
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STA	TIOU:
K THIDD BADTY VELLOUE	IION:
of Passenger a) VEHICLE NUMBER: SKY 5263	1 🕏
heduding driver) b) DRIVER'S NAME:	MODEL:
c) NRIC/FIN/PASSPORT:	
9. THIRD PARTY VEHICLE	CONTACT:
The state of the s	
i i i i i i i i i i i i i i i i i i i	MODEL:
Industing driver) f) DRIVER'S NAME: NRIC/FIN/PASSPORT:	
) MICHINA ASSPORT.	CONTACT:
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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-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD18V12323 /VPZ /R00
Form	MZ406C
Date Of Issue	30-OCT-2018
1.Index Mark and Registration No. of Vehicle:	SMA4284L
2.Chassis number of Vehicle:	MR053ZEE106153409
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance	01-NOV-2018 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 "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:

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

FINANCE COMPANY:

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/-/01-NOV-18

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01-NOV-18