

## 25/11/2014

Ass't Report by Fax / Hand to Owner/WkspTel: Fax:INC ( ) / Non-INC ( )Tel: \_\_\_\_\_

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by : ( \_\_\_\_\_ ) Date: \_\_\_\_\_ Time: \_\_\_\_\_

Insured/Driver Liability: (            %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: (                      )      Warranty: YES (     ) / NO (     )

Excess: (\$)                      )      Loading: \$1,000 (      ) / \$2,000 (      )

General Remarks:-

( ) **Walk-In Customer** : Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co. ( )

Remarks:-	(INC hotline: 6788 6616)	Date&Time Completed	Done by
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1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

*Injury :*

Date/Time	Actions

NA1908072		Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$30)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	5) iT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11) : TP (N:n INC) against INC \$20			
Cat. 1:	9) N12: Idac Mobile \$30			
Cat. 2 / 3:	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Cal. 2/3:	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	



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	31/10/2019 15:08
Date Of Accident	26/09/2019 20:40
Exact Location Of Accident	MARSILING CARPARK @ LVL 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE105M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	KHIERTHII@ROSETAUTOCARE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68445225
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	ATTRAGE
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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 CAR
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12322/VPZ/R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	NUR SABRINA BINTE MOHAMED YUSOF
NRIC No	S9601905Z
Date Of Birth	17/01/1996
Occupation	INDOOR
Date Of Driving Pass	02/05/2015
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81832401
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 331 WOODLANDS AVE 1 #03-421
Postcode	730331
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 PARKED VEHICLE
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?	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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: L/20191001/2084

#### 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	
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.
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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 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 (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:
  - (i) 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:
  - (i) 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 Signature

Date & Time

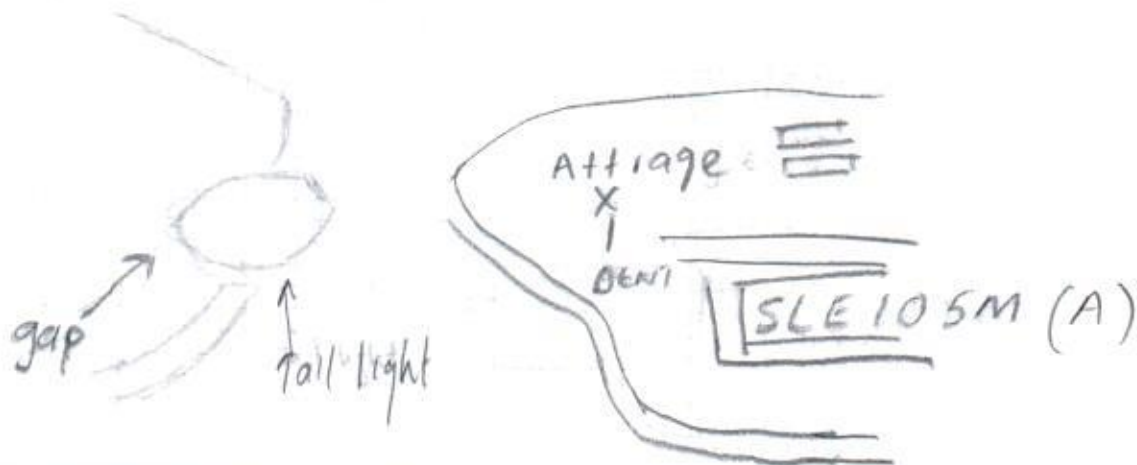
*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 1st Oct 2019  
12.20pm

*[Signature]* 01/11/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



SKETCH PLAN

MARSILING CARPARK  
@ LVL 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We only realized the dents on the car when we parked the car at Marsiling Carpark at level 3. Before returning the car, we were at Tanjong Beach during the evening. Prior to that we were from Palawan Beach carpark.  
Date of accident: 24 Sep 2019 (Thursday)

DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 1st Oct 19  
12:20pm

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:



**SINGAPORE  
POLICE FORCE**



L/20191001/2084

1 of 2

**POLICE REPORT (NP299)**

Report No. L/20191001/2084

Police Station Of Origin  
Woodlands West N.P.C.  
1 Woodlands Street 12 SINGAPORE 738622  
Tel No: 1800-363 9999

Date/Time Report Made 01/10/2019 16:56	Vide Report No.	Station Diary No. 299
Name Of Informant NUR SABRINA BINTE MOHAMED YUSOF	Address APT BLK 331 WOODLANDS AVENUE 1 #03-421 SINGAPORE 730331	
ID Type / ID No. NRIC NO / S9601905Z	Contact No. Home/Office Mobile 81832401	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Unemployed	Sex Female	Age 23
Institution/School Name	Date of Birth 17/01/1996	Race Malay
	Language	
Date/Time Of Incident 26/09/2019 14:00 - 26/09/2019 21:00	Location Of Incident 305 WOODLANDS STREET 31 UNNAMED SINGAPORE 730305 Multiple locations from Blk 305 Woodlands St 31 all the way to Sentosa and back	

**Brief details.**

I am the above mentioned person residing at the above mentioned location. On 26/09/2019 around 1400hrs, I have rented a Mitsubishi Attrage (SLE105M) from an online car rental company namely: TribeCar. I have rented the vehicle on the day itself for a period of 7 hours from 1400hrs to 2100hrs. Upon collecting the vehicle up at Blk 305 Woodlands St 31 Multi Story carpark at Deck 4, I made a

Signature Of Officer Recording The Report: L / Sgt 1 DAVID NG YU BOON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2019 16:56
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp TAN QI FANG Contact No.: 64660000	Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191001/2084

cursory check and the vehicle all in order.

Subsequently, I drove the car from Blk 305 Woodlands St 31 to Blk 326 Woodlands St 32, followed by Cineleisure and parked the vehicle behind Orchard building at the open space carpark from 1530hrs to 1730hrs. Subsequently, I drove the car to Sentosa Palawan Beach and parked the vehicle at the basement car park for a maximum of 30minutes from 1800hrs to 1830hrs.

Lastly, I drove the vehicle to Tanjong Beach and had parked the vehicle at Open space carpark from 1900hrs to 2000hrs. I then drove the vehicle back to Blk 305 Woodlands St 31 Multi story carpark to return the vehicle. Around 2040hrs, I had arrived back and made another cursory check on the vehicle and that is when I realized that the rear bumper had a dent and the rear left tail light was slightly protruding out.

I informed that car rental company regarding this issue and they only got back to me on 30/09/2019 asking me to lodge a police report.

Base on my memory, I do not recall having any point of contact with any immovable structures or moving vehicles while I was operating the vehicle. I also do not know when did the damaged occurred to the vehicle as I only made the check upon collect and returning of the vehicle.

I am lodging this report for my own record purposes as well as to provide the report for the car rental company.

Signature Of Officer Recording The Report: L / Sgt 1 DAVID NG YU BOON 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2019 16:56
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp TAN QI FANG Contact No.: 64660000	Classification Of Case:

Authentication Stamp





## ACCIDENT STATEMENT

ACCIDENT DATE: 26/09/2019 (DD/MM/YYYY), TIME: 20:40 (HH:MM)

LOCATION: Marsiling Carpark @ level 3

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE 105M  
b) INSURANCE COMPANY: ROSET AUTO CARE SERVICES PTE LTD  
c) POLICY NUMBER: MITSUBISHI ATRAGE  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MITSUBISHI ATRAGE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: NUR SABRINA BINTE MOHAMED YUSOF (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S96019051 CONTACT: 8183 2461  
c) ADDRESS: 331 Woodlands Ave 1

\*d) DATE OF BIRTH: 17/01/1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 4

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

ROSET

01/10/19

waiting for

car stamp


Email =

fax =

video =

## 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 /MPZ /R00
<b>Form</b>	MZ406C
<b>Date Of Issue</b>	30-OCT-2018
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLE105M
<b>2.Chassis number of Vehicle:</b>	MMBSTA13AHH001345
<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> 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.	
<b>7.Limitations as to use*:</b> 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.	
<b>8.Policy does not cover:</b> 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.	
<small>*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.</small>	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b> <b>COVERAGE :</b> Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, Grabcar Extension <b>SUM INSURED:</b> MARKET VALUE AT THE TIME OF LOSS <b>EXCESS:</b> Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen Excess S\$100 <b>FINANCE COMPANY:</b> <b>PRODUCER NAME:</b> NEWSTATE STENHOUSE (S) PTE LTD	

PLSL-/31-OCT-18

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31-OCT-18