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Veh No: JUMSWIL	E-mail (within Shrs, AIC 2hrs)		(%)
D.O.A: 18/12/19-12:00	i-Motor Claim Form		
00 (70)	i-Motor W/O (Within: OD 2h	rs, TP 4brs)	
OD TP) Reporting Only	i-Photo Uploaded	1	
TP Insurer:	Assessment/Survey Report		
Tr histier.	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tol: Fa	K :
TP Particulars: Veh No: 1	C57694 INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: (Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-10	0%]
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()		
General Remarks:-			an Siring
() Walk-In Customer: Customer's in	formation strictly Confidential & St	rictly NO refer of repairer.	
() Total Loss Case : to e-mail Insu			
		owing Co: (· · · · · · · · · · · · · · · · · · ·
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Remarks: (INC hotline: 6788 6616)		Date&Time Completed	Done by
Apply for Transport Allowance ()/	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost > 5	\$3000] ()	No.	
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Upload Resurvey Photo [Repair Cost > 5] Injury:	\$3000] ()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Date Of Driving Pass

Driving Experience

Mobile Number

Contact Number EMail Address

Fax Number

Occupation

Gender

- 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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	19/12/2019 15:15
Date Of Accident	18/12/2019 20:00
Exact Location Of Accident	MARINA BLVD TWDS SHEARES AVE
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGM5241L
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-68445225
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 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
Fleet Policy	NO
Policy Number	SD19V13181/VPZ/R01
Cover Note Number	
Driver	
Name of Driver	LEE KAY LIONG
NRIC No	S1749668I
2280000000000000000	Orange Co. A. Sept.

12/09/1966

OUTDOOR

19/02/1992

MALE

NOEMAIL

27 YEARS AND 9 MONTHS

(LOCAL) +65-96808161

OFFICE-96808161

BLK 109 ALJUNIED CRESCENT Address

#04-48

380109 Postcode

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 SIDE SWIPE Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

GENDER:

NAME:

: MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHC5769Y Vehicle Registration Number

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

Page 2 of 15

Postcode

Name LEE KAY LIONG Approximate Age Injuries Sustain HAND & SHOULDER Injured person in which vehicle? SGM5241L Were seat belts worn? YES Was this injured conveyed to hospital by ambulance? Address

SKETCH PLAN

IMPORTANT NOTICE

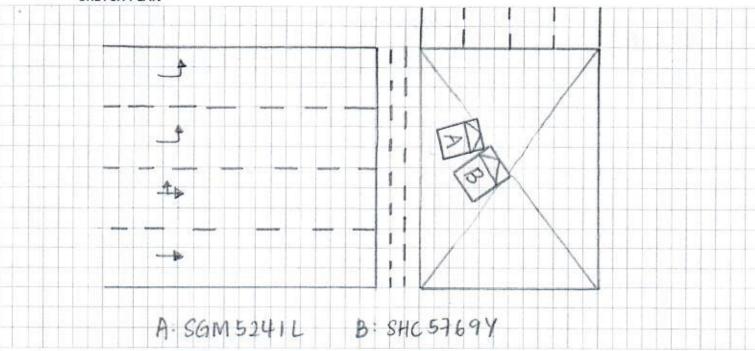
- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of 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.
- 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:
 - 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.

SPTE SON W

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:



	On the Stated date and time, I was travelling along Marina
	Boulevard turning left towards sheaves Ave. While turning
	left, Vehicle B (SHC5769Y) which was making a narrow left
	turn resulted in vehicle B (SHC5769Y) colliding onto the front
	right portion of my car.
_	

DECLARATION

SERVICES SERVICES

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

Policy holder's signature Date & time:

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.

A	CCIDENT DETA	ILS	A PRODUCTION OF THE PERSON OF	425	
18/12/2019					(DD/MM/YY)
2000					(HH:MM)
Mavina	Bowlevard	towards	Sheaves	Ave.	,
	2000	18/12/2019	2000	18/12/2019	18/12/2019

Charles and the state of the st	DETAILS OF VEHICLE
Vehicle registration number	SGM5241L
Vehicle make and model	Toyota Wish
ype of vehicle	Saloon MPV CRV Van Lorry 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: Reporting only Reporting only

ARTHUR PROPERTY OF THE PARTY OF	INSURANCE IN	FORMATION	
Insurance company	LIBERTY		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only

	INSURED / POLICY HOLDER	新国际中心	
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 INC	DUSTRIAL PARK	S(408934)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Lee kay Liong Male Female -
NRIC / Fin / Passport number	\$17496681
Contact	9680 8161.
Address	BIK 109 Aljunied Crescent #04-48 s (380109)
Email address	<i>‡</i>
Date of birth	12/09/1966
Occupation	Indoor D Outdoor D
Driving date pass	19/02/1992

	GENERAL	INFORMATIO	N OF THE ACCIDENT	
Was driver an employee of	Yes 🗆	Noø		A CONTRACTOR SERVICE SERVICE (TO BOX)
the insured's company?	171 S.	. P. 1800, 1/070 310 1	he driver and insured:	Hivev
Accident captured by camera?	Yes 🗆	No/G	_	
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet 🗆		
No of passenger	2			(Inclusive of driver)
		PASSEN	GER 1	STANDARD BUILDING
Name				
Gender	Male⊄	Female 🗆		
		PASSEN	GER 2	(1) 10 mm (1) 1
Name				
Gender	Male 🗆	Female 🗆		
15				
		PASSEN	GER 3	
Name				
Gender	Male 🗆	Female		
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Gender	Male 🗆	Female 🗆		
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Was other vehicle damaged?	Yes	No 🗆		
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Reported to police?	Yes 🗆	No □ If	yes, please state which	police station.
Police station name				
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NRIC / Fin / Passport number	
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Vehicle registration number	THE PARTY PLINEL 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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	THIRD PARTY VEHICLE 3
Vehicle registration number	THIRD FARTT VEHICLES
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NRIC / Fin / Passport number	
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Valida and interesting a second	THIRD PARTY VEHICLE 4
Vehicle registration number Vehicle make model	
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NRIC / Fin / Passport number	
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	THIRD PARTY VEHICLE 5
Vehicle registration number Vehicle make model	
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NRIC / Fin / Passport number	
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建设建设设置 300000000000000000000000000000000000	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
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NRIC / Fin / Passport number	
Contact	
Walter Street Company	
经工程的证据 由1000年100日	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	

NRIC / Fin / Passport number

Contact

Injuries sustained Which vehicle person in? Were seat betts worn? Was injured conveyed to hospital by ambulance? INJURED PERSON 2 INJURED PERSON 2 INJURED PERSON 2 INJURED PERSON 3 INJURED PERSON 4 INJURED PERSON 4 INJURED PERSON 4 INJURED PERSON 4 INJURED PERSON 5 INJURED PERSON 6	Name	Lee	Kay Liung
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Were seat belts worn? Was injured conveyed to hospital by ambulance? Name	Which vehicle person in?		
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Was injured conveyed to hospital by ambulance? INJURED PERSON 3 Name	Which vehicle person in?		
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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	SD19V13181 /VPZ /R01
Form	MZ406C
Date Of Issue	24-OCT-2019
1.Index Mark and Registration No. of Vehicle:	SGM5241L
2.Chassis number of Vehicle:	ZNE100318062
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2019 00:00 AM
5.Date of Expiry of Insurance:	31-OCT-2020 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:

Third Party Only, Geographical Area - refer memorandum, PHV Extension

SUM INSURED:

EXCESS:

Refer Memorandum - Section II S\$2000

FINANCE COMPANY:

KENSO LEASING PTE LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/-/25-OCT-19

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25-OCT-19