Date In: 30/W/19-18:41	Jeb description	Date & Time Completed	Done	∍ piv.
Res No: WA   49190 22833   24	SAS e-filing			
Veh No: JM 452035	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 28/14/19-15:37	i-Motor Claim Form	i i		
	I-Motor W/O (Within: OD 2)	rs, TP 4brs)		
OD / TP / Reporting Only	i-Photo Uploaded			77.7
	Assessment/Survey Report		W-1-1-100	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax	c:	
TP Particulars: Veh No: 50	LLIGTZ INC	)/Non-INC( )		
Owner / Driver: (	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Tel:	)	
Policy No: ( )	Period: (	Cover Type: (	)	-
Confirmed by : (	Date:	Time:	)	
	) [Note-Est. Status (WO): N: 0-2	10%: P: 21-79%. F: 80-100	0%1	
Year of Registration: ( )		1		
	1,000 ( )/\$2,000 ( )			
General Remarks:-	Teneral control of the control of th			-
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:			Young S. P. James	
3) Upload Resurvey Photo [Repair Cost > Injury :	( )			
Onte/Time Actions	Invoice Pre	paration Checklist	And (S)	
Onte/Time Actions	Invoice Pre	paration Checklist	Anit (S)	
Upload Resurvey Photo [Repair Cost >  Injury :  Date/Time Actions  Linuxeon of the street of the str	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80)	Ant (S)	
Javeon of striculars:	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing 1 4) FT: Follow-1 5) iFT: Fullow-1	paration Checklist  Reporting (\$30);  Assessment (\$100); INC (\$80)  Tee \$40/\$4  Arough Survey \$12  Arough Survey (Resurvey) \$3	Anit (5)	
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Javeou og atterious Photo [Repair Cost > Injury : ———————————————————————————————————	Invoice Pro  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 9 6) TR: Re-inspe 7) N1: Idao DA	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$4 hrough Survey \$12 hrough Survey (Resurvey) \$3 gainst INC Only (wef 10 Jan 2005) ption \$7 + SMRT Survey \$16	Ant (5) fit Bill 55	
Date/Time Actions  Limant's Particulars:- iver/Owner: ntact No: maged Portion:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 8 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi	paration Checklist  Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/\$4 hrough Survey \$12 hrough Survey (Resurvey) \$3 gainst INC Only (wef 10 Jan 2005) ption \$7 + SMRT Survey \$16	Ant (5) fit Bill 55	
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Date/Time Actions  Limant's Particulars:- iver/Owner: ntact No: maged Portion:	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 6 6) TR: Re-inspe 7) N1: Idao DA 3 8) NTUC Additi OD!*  * N5: Courtes)  * N6: Repair C * N7: Fost Rep  * N8: DV / Co	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80) Ree \$40/\$4 hrough Survey \$12 hrough Survey (Resurvey) \$3 gainst JNC Only (wef 10 Jan 2005) Retion \$7 + SMRT Survey \$16 Resurvey \$16 Res	Anst (5) Fit Bill 55 00 00	Ami (3
Date/Time Actions  Limant's Particulars:- iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge):	Invoice Pre  1) AR: Acciden 2) DA: Damage 3) TF: Towing I 4) FT: Follow-I 5) FT: Follow-I For claiming 6 6) TR: Re-inspe 7) N1: Idao DA 3 8) NTUC Additi OD!*  * N5: Courtes)  * N6: Repair C * N7: Fost Rep  * N8: DV / Co	paration Checklist Reporting (\$30); Assessment (\$100); INC (\$80) Ree \$40/\$4 hrough Survey \$12 hrough Survey (Resurvey) \$3 gainst JNC Only (wef 10 Jan 2005) Retion \$7 + SMRT Survey \$16 Resurvey \$16 Res	Anst (5) Fit Bill 55 00 00	

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- 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 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

andresens.	
SERVICE OF STREET	ACCIDENT STATEMENT
Date Of Report	30/12/2019 10:41
Date Of Accident	28/12/2019 15:30
Exact Location Of Accident	BUKIT BATOK ST 31 AFTER DAZHONG PRIMARY SCHOOL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG5503S
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	2XXXXX722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V13180/VPZ/R01
Cover Note Number	
Driver	
Name of Driver	ONG SIEW KWEE PETER
NRIC No	SXXXX355Z
Date Of Birth	08/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	18/01/1983
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94885776

OFFICE-94885776

NOEMAIL

BLK 84 LORONG 2 TOA PAYOH Address

#10-315

310084 Postcode

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

Insurance Company of Driver's Own Vehicle

OTHER - HIRER

### 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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

1

### **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

SLL192Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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 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.
- 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:
  - (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.

STATE SENISO

Policy holder's signature Date / time: of.

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

053

Page 5

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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its	customer	and	I	was	unable	fo	stop	;0	time	and
collid	ed onto	the f	onl	car.						
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								2 1112		

DECLARATION

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.

<b>对于巴特尔克拉尔</b> 克拉克斯里克拉斯	ACC	IDENT D	ETAILS			TO THE WAY AND	
Date of accident		2	8/12/16	ì		(	DD/MM/YY)
Time of accident			1530	)			(HH:MM)
Exact location of accident	Bukit	Batale	street	3 /	Aller	Oa zhong	Primary Sil

<b>的</b> 对称起来有效对此对 1997年		DETAILS OF	VEHICLE		
Vehicle registration number	5M6550JS				
Vehicle make and model		M	42da )		
Type of vehicle	Saloon 🗹 Lorry 🗆	MPV 🗆 Bus 🗆			
Vehicle category	Private 🗆	Comm	ercial Motorcycle		
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes  Third part	No ⊭ claim □	if no, please select: Reporting only		

AL DESCRIPTION OF THE PROPERTY.	INSURANCE IN	FORMATION	2000年1月1日 2000年1月1日
Insurance company	Liber	49	
Policy number		3	
Type of policy	Comprehensive Ø	Third party fire & theft □	TP only 🗆

Name	Roset	Limousine	servius	PTE	LTO	Male □	Female C
NRIC / Fin / Passport number							
Contact	d dinter						
Address							

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)							
Name	Ord	Siem	kwee	Pet:	ir	Will Coulty Coulty	Male 🗹	Female 🗆
NRIC / Fin / Passport number	3	5	1363 3	355	2.	2201/2000		
Contact			948	82=	776			
Address	Blk	84	forong		TSA	payoh s(31	#10-315 0084)	
Email address								
Date of birth		80	111119					
Occupation	Indoor 🗆	0	utdoor 🗹					
Driving date pass			181	01	1983			

Was driver an employee of the insured's company?  If no, relationship of the driver and insured:  Inclusive of driver)  PASSENGER 1  Name  PASSENGER 2  Name  PASSENGER 3  Name  PASSENGER 4  Name  PASSENGER 5  Name  PASSENGER 5  Name  PASSENGER 5  Name  PASSENGER 5  Name  PASSENGER 6  Name  PASSENGER 5  Name  PASSENGER 6  Name  PASSENGER 5  Name  PASSENGER 6  Name  PASSENGER 6  Name  PASSENGER 9  Name  PASSENGER 9  Name  PASSENGER 9  Name  PASSENGER 9  Name	<b>2</b> 拉拉克 3 多 2 1 1 1 1 2 2 2 3 5	GENERAL INFORMATION OF THE ACCIDENT
Accident captured by camera? Yes D No P Raining D Others:  Weather condition Clear P Raining D Others:  No of passenger Wet D (Inclusive of driver)  PASSENGER 1  Name Gender Male D Female D  PASSENGER 2  Name Gender Male D Female D  PASSENGER 3  Name Gender Male D Female D  PASSENGER 4  Name Gender Male D Female D  PASSENGER 5  Name Gender Male D Female D  PASSENGER 5  Name Gender Male D Female D  PASSENGER 6  Name Gender Male D Female D  OTHER INFORMATION  Was anybody injured? Yes D NO D If yes, please state which police station.  PETAILS OF POLICE STATION ACTION  Reported to police? Yes D NO D If yes, please state which police station.  WITNESS 1	Was driver an employee of	Yes D No Ø
Weather condition  Road surface  Dry Wet   Wet   (Inclusive of driver)  PASSENGER 1  Name  Gender  Male   Female    PASSENGER 2  Name  Gender  Male   Female    PASSENGER 3  Name  Gender  Male   Female    PASSENGER 4  Name  Gender  Male   Female    PASSENGER 5  Name  Gender  Male   Female    PASSENGER 6  Name  Gender  Male   Female    OTHER INFORMATION  Was anybody injured?  Was other vehicle damaged? Yes   No   If yes, please state which police station.  Police station name  WITNESS 1  Name	the insured's company?	If no, relationship of the driver and insured:
Road surface No of passenger    Name	Accident captured by camera?	Yes 🗆 No 🗹
Name Gender  Male   Female    PASSENGER 2  Name Gender  Male   Female    PASSENGER 3  Name Gender  Male   Female    PASSENGER 4  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 6  Name Gender  Male   Female    PASSENGER 5  No	Weather condition	Clear Raining Others:
PASSENGER 1  Name Gender  Male   Female      PASSENGER 2  Name Gender  Male   Female      PASSENGER 3  Name Gender  Male   Female      PASSENGER 4  Name Gender  Male   Female      PASSENGER 5  Name Gender  Male   Female      PASSENGER 5  Name Gender  Male   Female      PASSENGER 6  Name  WITHESS 1  Name  WITHESS 1	Road surface	Dry & Wet a
Name Gender  Male   Female    PASSENGER 2  Name Gender  Male   Female    PASSENGER 3  Name Gender  Male   Female    PASSENGER 4  Name Gender  Male   Female    PASSENGER 4  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 6  Name Gender  Male   Female    DETAILS OF POLICE STATION ACTION Reported to police? Police station name  WITNESS 1  Name  WITNESS 1	No of passenger	(Inclusive of drive
Name Gender  Male   Female    PASSENGER 2  Name Gender  Male   Female    PASSENGER 3  Name Gender  Male   Female    PASSENGER 4  Name Gender  Male   Female    PASSENGER 4  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 6  Name Gender  Male   Female    DETAILS OF POLICE STATION ACTION Reported to police? Police station name  WITNESS 1  Name  WITNESS 1		
Passenger   Passenger	<b>表现在公司</b> 加州等等位置于1994	PASSENGER 1
PASSENGER 2  Name Gender  Male D Female D  PASSENGER 3  Name Gender  Male D Female D  PASSENGER 4  Name Gender  Male D Female D  PASSENGER 5  Name Gender  Male D Female D  PASSENGER 6  Name Gender  Male D Female D  PASSENGER 6  Name Gender  Male D Female D  DETAILS OF POLICE STATION ACTION  Reported to police? Police station name  WITNESS 1  Name  WITNESS 1	Name	
Name Gender  PASSENGER 3  Name Gender  Male D Female D  PASSENGER 4  Name Gender  Male D Female D  PASSENGER 5  Name Gender  Male D Female D  PASSENGER 5  Name Gender  Male D Female D  PASSENGER 6  Name Gender  Male D Female D  OTHER INFORMATION  Was anybody injured? Was other vehicle damaged? Yes D No D  DETAILS OF POLICE STATION ACTION  Reported to police? Police station name  WITNESS 1  Name  WITNESS 1	Gender	Male  Female
Name Gender  PASSENGER 3  Name Gender  Male D Female D  PASSENGER 4  Name Gender  Male D Female D  PASSENGER 5  Name Gender  Male D Female D  PASSENGER 5  Name Gender  Male D Female D  PASSENGER 6  Name Gender  Male D Female D  OTHER INFORMATION  Was anybody injured? Was other vehicle damaged? Yes D No D  DETAILS OF POLICE STATION ACTION  Reported to police? Police station name  WITNESS 1  Name  WITNESS 1		
Name Gender  PASSENGER 3  Name Gender  Male D Female D  PASSENGER 4  Name Gender  Male D Female D  PASSENGER 5  Name Gender  Male D Female D  PASSENGER 5  Name Gender  Male D Female D  PASSENGER 6  Name Gender  Male D Female D  OTHER INFORMATION  Was anybody injured? Was other vehicle damaged? Yes D No D  DETAILS OF POLICE STATION ACTION  Reported to police? Police station name  WITNESS 1  Name  WITNESS 1	WELL SHAPE YES TO SELECT	PASSENGER 2
PASSENGER 3  Name Gender  Male D Female D  PASSENGER 4  Name Gender  Male D Female D  PASSENGER 5  Name Gender  Male D Female D  PASSENGER 5  Name Gender  Male D Female D  PASSENGER 6  Name Gender  No D HER INFORMATION  Was anybody injured? Yes D No D  DETAILS OF POLICE STATION ACTION  Reported to police? Yes D No D If yes, please state which police station.  Police station name  WITNESS 1  Name	Name	
PASSENGER 3  Name Gender  Male D Female D  PASSENGER 4  Name Gender  Male D Female D  PASSENGER 5  Name Gender  Male D Female D  PASSENGER 6  No D  THER INFORMATION  Was anybody injured?  Yes D  No D  THER INFORMATION  Was other vehicle damaged?  Yes D  No D  THER INFORMATION  Was other vehicle damaged?  With station name  WITHESS 1	133777	Male  Female
Name Gender  PASSENGER 4  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 6  Name Gender  No   Female    OTHER INFORMATION  Was anybody injured? Yes   No    Was other vehicle damaged? Yes   No    PETAILS OF POLICE STATION ACTION  Reported to police? Yes   No   If yes, please state which police station.  Police station name  WITNESS 1  Name		1,000,000,000
Name Gender  PASSENGER 4  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 6  Name Gender  No   Female    OTHER INFORMATION  Was anybody injured? Yes   No    Was other vehicle damaged? Yes   No    PETAILS OF POLICE STATION ACTION  Reported to police? Yes   No   If yes, please state which police station.  Police station name  WITNESS 1  Name	<b>建筑</b> (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	PASSENGER 3
PASSENGER 4  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 6  Name Gender  Male   Female    OTHER INFORMATION  Was anybody injured? Yes   No    Was other vehicle damaged? Yes   No    DETAILS OF POLICE STATION ACTION  Reported to police? Yes   No    DIFFAILS OF POLICE STATION ACTION  Reported to police? Yes   No    WITNESS 1  Name	Name	
PASSENGER 4  Name Gender  Male   Female    PASSENGER 5  Name Gender  Male   Female    PASSENGER 6  Name Gender  Male   Female    OTHER INFORMATION  Was anybody injured? Yes   No    Was other vehicle damaged? Yes   No    DETAILS OF POLICE STATION ACTION  Reported to police? Yes   No    No   If yes, please state which police station.  WITNESS 1  Name		Male n Female n
Name  Gender  PASSENGER 5  Name  Gender  Male   Female    PASSENGER 6  Name  Gender  Male   Female    PASSENGER 6  Name  Gender  Male   Female    OTHER INFORMATION  Was anybody injured? Yes   No    Was other vehicle damaged? Yes   No    DETAILS OF POLICE STATION ACTION  Reported to police? Yes   No   If yes, please state which police station.  Police station name  WITNESS 1  Name	Gender	The control of the co
Name  Gender  PASSENGER 5  Name  Gender  Male   Female    PASSENGER 6  Name  Gender  Male   Female    PASSENGER 6  Name  Gender  Male   Female    OTHER INFORMATION  Was anybody injured? Yes   No    Was other vehicle damaged? Yes   No    DETAILS OF POLICE STATION ACTION  Reported to police? Yes   No   If yes, please state which police station.  Police station name  WITNESS 1  Name	<b>海路等于新疆区域</b>	PASSENGER 4
PASSENGER 5  Name Gender  Male D Female D  PASSENGER 6  Name Gender  Male D Female D  PASSENGER 6  Name Gender  Male D Female D  OTHER INFORMATION  Was anybody injured? Yes D No D  Was other vehicle damaged? Yes D No D  If yes, please state which police station.  Police station name  WITNESS 1  Name	Namo	
PASSENGER 5  Name  Gender  PASSENGER 6  Name  Gender  Male   Female      OTHER INFORMATION  Was anybody injured?   Yes   No   No      Was other vehicle damaged?   Yes   No   If yes, please state which police station.  Police station name  WITNESS 1  Name	, Alternative III	Male II Female II
Name  Gender  Male D Female D  PASSENGER 6  Name  Gender  Male D Female D  OTHER INFORMATION  Was anybody injured? Yes D No D  Was other vehicle damaged? Yes D No D  DETAILS OF POLICE STATION ACTION  Reported to police? Yes D No D If yes, please state which police station.  WITNESS 1  Name	Gender	Tridic di Territorio
Name  Gender  Male D Female D  PASSENGER 6  Name  Gender  Male D Female D  OTHER INFORMATION  Was anybody injured? Yes D No D  Was other vehicle damaged? Yes D No D  DETAILS OF POLICE STATION ACTION  Reported to police? Yes D No D If yes, please state which police station.  WITNESS 1  Name		PASSENGER 5
PASSENGER 6  Name  Gender  Male   Female    OTHER INFORMATION  Was anybody injured? Yes   No    Was other vehicle damaged? Yes   No    DETAILS OF POLICE STATION ACTION  Reported to police? Yes   No   If yes, please state which police station.  Police station name  WITNESS 1  Name	Name	PASSINGLES
PASSENGER 6  Name  Gender  Male   Female    OTHER INFORMATION  Was anybody injured? Yes   No    Was other vehicle damaged? Yes   No    DETAILS OF POLICE STATION ACTION  Reported to police? Yes   No    Police station name  WITNESS 1  Name		Male D Female D
Name  Gender  Male   Female    OTHER INFORMATION  Was anybody injured? Yes   No    Was other vehicle damaged? Yes   No    DETAILS OF POLICE STATION ACTION  Reported to police? Yes   No   If yes, please state which police station.  Police station name  WITNESS 1  Name	delider	THURLD TERROR OF
Male □ Female □  OTHER INFORMATION  Was anybody injured? Yes □ No Ø  Was other vehicle damaged? Yes Ø No □  DETAILS OF POLICE STATION ACTION  Reported to police? Yes □ No Ø If yes, please state which police station.  Police station name  WITNESS 1  Name	<b>建筑</b> 对于为2000年至1000年3月17日本	PASSENGER 6
Gender  OTHER INFORMATION  Was anybody injured?  Yes Down No Details OF Police STATION ACTION  Reported to police?  Police station name  WITNESS 1  Name	Name	
Was anybody injured?  Was other vehicle damaged?  Was other vehicle damaged?  DETAILS OF POLICE STATION ACTION  Reported to police?  Yes No No If yes, please state which police station.  Police station name  WITNESS 1  Name	O DE MASSELL	Male D Female D
Was other vehicle damaged?  Ves No DETAILS OF POLICE STATION ACTION  Reported to police?  Police station name  WITNESS 1  WITNESS 2	Gender	Wilde D. Tellione D.
Was other vehicle damaged?  Ves No DETAILS OF POLICE STATION ACTION  Reported to police?  Police station name  WITNESS 1  WITNESS 2	AND DESCRIPTION OF THE PARTY OF	OTHER INFORMATION
Was other vehicle damaged?  PETAILS OF POLICE STATION ACTION  Reported to police?  Yes No Volume  No Volume  WITNESS 1  WITNESS 2	Was anyhody injured?	
DETAILS OF POLICE STATION ACTION  Reported to police?  Yes  No  If yes, please state which police station.  WITNESS 1  WITNESS 2		
Reported to police?  Yes   No   If yes, please state which police station.  WITNESS 1  WITNESS 2	vvas other venicle damaged:	1.00
Reported to police?  Yes   No   If yes, please state which police station.  WITNESS 1  WITNESS 2	Market Color State of the State	DETAILS OF POLICE STATION ACTION
Police station name  WITNESS 1  Name  WITNESS 2	Reported to police?	Control of the Contro
Name WITNESS 1 WITNESS 2		7
Name WITNESS 2	. Direc station manne	
Name WITNESS 2		WITNESS 1
WITNESS 2	Name	
	ivalle	
	M SALME THE DOCUMENT OF THE ASSESSMENT	WITNESS 2
	Name	111111111111111111111111111111111111111

MINISTRAL TO STATE OF	THIRD PARTY VEHICLE 1
Vehicle registration number	SLL 1922
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Walletter to be with the property of the party of the par	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>建基础在</b> 学说医验证从"经验证	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
· 图象的对象。	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE OF THE PARTY OF THE	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>建物等的是主要的工作。</b>	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
<b>地名多数</b> 比较多的基础的	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

<b>在中央中国的</b>		INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
<b>州等的国际政治的规模主义社员关系</b>	AND SECTION	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?	V	N
Were seat belts worn?	Yes 🗆	No -
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
the continue of the state of th		INIURED PERSON 4
Name		INJURED PERSON 4
Name Injuries sustained		INJURED PERSON 4
Injuries sustained		INJURED PERSON 4
Injuries sustained Which vehicle person in?	Yes 🗆	No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆 Yes 🗅	
Injuries sustained Which vehicle person in?		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆 No 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?		No 🗆 No 🗅
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes	No D  INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   Yes	No D  INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes	No D  INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   Yes	No D  INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   Yes	No D  No D  INJURED PERSON 5  No D  No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes   Yes	No D  INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes   Yes	No D  No D  INJURED PERSON 5  No D  No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   Yes	No D  No D  INJURED PERSON 5  No D  No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes D Yes D	No D  INJURED PERSON 5  No D  INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	No D  INJURED PERSON 5  No D  INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes D Yes D	No D  INJURED PERSON 5  No D  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)

	NO 11 TO TO THE SECOND TO THE SECOND TO THE SECOND THE
Certificate No	SD19V13180 /VPZ /R01
Form	MZ406C
Date Of Issue	24-OCT-2019
1.Index Mark and Registration No. of Vehicle:	SMG5503S
2.Chassis number of Vehicle:	JM6BN22A8K0249422
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:

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

MARKET VALUE AT THE TIME OF LOSS SUM INSURED:

Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen EXCESS:

Excess S\$100

MAYBANK SINGAPORE LTD FINANCE COMPANY:

NEWSTATE STENHOUSE (S) PTE LTD PRODUCER NAME:

S1 CI\_T1\_T3\_OE\_Template2-Ver1.

25-OCT-19