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and strong a town Aut place	Assessment/Surv	ey Report				
TP Insurer.	Ass't Report by 1	Fax / Hand to	Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tol:	Fax:		
TP Particulars: Veh No: 19891	95	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	-
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	ote-Est Status (WC): N: 0-20	%; P: 21-79%. P:	80-100%	0}	
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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 proof to the insurers, you hareby consent to the

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	21/01/2020 11:58
Date Of Accident	21/01/2020 09:40
Exact Location Of Accident	RAFFLES AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SML6794K
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	2XXXXX722Z
Ernail Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer TOYOTA

Model VELLFIRE ELEGANCE MOONROOF (AUTO)

Exact Purpose for which vehicle was being used at

time of accident

Vehicle Category

COMMERCIAL USE

Ara you claiming under your own insurance policy

for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY 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 TAN PING, PATRICK (CHEN BIN, PATRICK)

NEIC No. SXXXX606B Date Of Birth 12/10/1973 Occupation OUTDOOR Date Of Driving Pass 30/08/1995

Driving Experience 24 YEARS AND 4 MONTHS

Gender MALE

Mabile Number (LOCAL) +65-87817323

Fax Number

Contact Number OFFICE-87817323

NOEMAIL **ENail Address**

Address

11 KANG CHOO BIN ROAD

#03-03

Postrode

548315

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

Vohicle

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?

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? If Yes, Please state which Police Station

YES

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200121/7008.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

YP8919S

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

TAN PING, PATRICK (CHEN BIN, PATRICK)

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

NECK & BACK

SML6794K

YES

NO

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.
- 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:

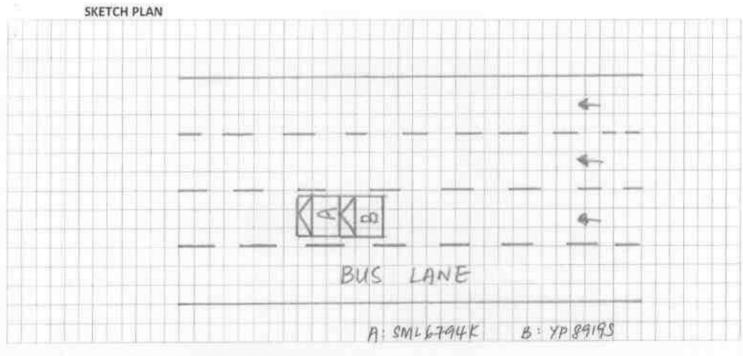
- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
 - For complying with requirements under my regulations, laws or court orders.

OUSINE SEA

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

Date / time:

reporting centre personnel's Signature Date / time:



	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Ħ	
	Refer to polse report

DECLARATION

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

Policy holder's signature Date & time: Oriver'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	21 /01 / 2020	(DD/MM/YY)
Time of accident	0940	(HH:MM)
Exact location of accident	Along Raffles Avenue	

	DETAILS OF VEHICLE		
Vehicle registration number	SML 6794 K		
ehicle make and model	Toyota Velifire		
Type of vehicle	Saloon MPV CRV Van Crry Bus Motorcycle Others:		
Vehicle category	Private Commercial Motorcycle		
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes D No.cd if no, please select: Third part claim C Reporting only D		

	INSURANCE IN	FORMATION	
Insurance company	LIBERTY		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

	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 INC	OUSTRIAL PARK	S(408934)

DRIVER	SAME AS INSURED ABOVE D (S	SKIP TO D.O.B)	
Name	Tan Ping Patrick	Male	Female
NRIC / Fin / Passport number	873366068		
Contact	8481 7323		
Address			
Email address			
Date of birth	12/10/1973		
Occupation	Indoor D Outdoor		
Driving date pass	30/08/1995		

	GENERAL	INFORMA	TION C	F THE ACCIO	ENT			
Was driver an employee of	Yes 🗆	No z				N/E/		
the insured's company?	If no, rel	ationship	of the c	Iriver and ins	ured:	Hirer		
Accident captured by camera?	Yese	Noc						
Weather condition	Clear 2	Rainir	ng ci	Others:				
Road surface	Dry D	Wet a						
No of passenger	101					(1	nclusive	of driv
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Was anybody injured?	Yes	No 🗆	16 211112					
Was other vehicle damaged?	Yes	No 🗆						
[[[]] [[]] [[] [[] [] [] [] [[] [] [] []	The state of the s			TION ACTIO			Stilley.	
Reported to police?	Yes	No D	If yes	, please state	e which po	lice stati	on.	
Police station name								
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Name	MA CONTRACTOR	- Addison	ahinadidi.		Will of Manage			
Harris			_					
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Name	ALC: NAME:	- VVIII	debalakalakala					C-11 -

Harris Commission Commission	THE STATE OF
	THIRD PARTY VEHICLE 1
Vehicle registration number	YP 8919 S
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
S WEWLERS TO SERVE	THIRD PARTY VEHICLE 2
Vehicle registration number	/1
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
ehicle registration number	
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E CO HOSANSHED WAS	THIRD PARTY VEHICLE 6
Vehicle registration number	A STATE OF THE PARTY OF THE PAR
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
DESCRIPTION OF THE PARTY OF	THIRD PARTY VEHICLE 7
	THIRD PARTI VEHICLE?
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact /	

	S DEMANDS	INJURED PERSON 1
Name	7an I	Ping Patrick
Injuries sustained	Back	and neck
Which vehicle person in?	EML 6	394 K
Were seat belts worn?	Yes	No o
Was injured conveyed to	Yes 🗆	No.8
hospital by ambulance?		
	245 Sub	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No ci
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
E STREET, STRE	MARINE STATE	
CONTRACTOR STATEMENT OF STATEME		INJURED PERSON 3
wame	-	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No D
Was injured conveyed to	Yes □	No 🗆
hospital by ambulance?		
	A STATE OF	INJUDED DEDSON A
Name	READY NO.	INJURED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	Non
Was injured conveyed to	Yes	No p
hospital by ambulance?	162 11	NO.5
nospital by ambulance.	-	
- Parkers Market Market Market	CINESS IN	INJURED PERSON 5
Name	SOROHER !	INJURED PERSON 3
Injuries sustained	1	
Which vehicle person in?	1	
Were seat belts worn?	Yes	No p
Was injured conveyed to	Yes	No D
hospital by ambulance?	165.11	NO LI
nospital by amountainer		
Mazika Debatua Wasania	Service Control	INJURED PERSON 6
Name	100000000000000000000000000000000000000	The state of the s
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No o
hospital by ambulance?	163 [NO LI
mospital by ambulance:		





2020012111000

1 of 3

Report No. T/20200121/7008

Police Station Of Origin: Traffic Police 10 Ubl Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 11:22	/lade:	Vide Report No.:	Station Diary No.:
Informa	nt's Partici	ulars		
	Informant: IG, PATRIC		Address: 11 KANG CHOO BIN ROAD	#03-03 SINGAPORE 648315
ID Type NRIC N	/ ID No.: D / S733660	06B	Contact No.: Home/Office:	Mobile: 90738068
National SINGAP	ity: ORE CITIZ	EN	Email: tippee73@outlook.com	
Sex: Male	Age: 46	Date of Birth: 12/10/1973	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Director			Driving Licence Information: Class: Date of Expiry:	

General Infor	mation of the Acci	dent		V (11 1)	Charles Bally Control	
Type of Accident:	Injury Others	Injury		Date/Time of Accident: 21/01/2020 09:30	Type of Location:	
Location:			No			
RAFFLES AV	/ENUE					
Weather:		Roa	d Surface:		Road Speed Limit:	
Traffic Flow:		Traff	ic Control:		Traffic Volume:	
Type of Collis	lon;				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SML6794K	Car					0
YP8919S	Lorry					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL.	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200121/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver		X				
Name	TAN PING, PATRICK			ID No.		S7336606B
Related Vehicle	SML6794K (Car)			Conta	ct No.	90738068
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Date Discharge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree o	Degree of Injury Ser		us

Brief Details.

On the stated date and time, I was traveling along Raffles Avenue at the third lane. I was moving very slow and stop my vehicle as the traffic was heavy at that point of time. Out of sudden, I felt an impact from my rear portion of my vehicle (SML6794K). When I alighted to check, I realized that vehicle (YP8919S) collided onto the rear of my vehicle (SML6794K).





3 of 3

Report No. T/20200121/7008

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 21/01/2020 11:22
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:





Liberty Insurance Pte Ltd Registration no.189002791D 51 Club Sweet 803-00 Liberty House Singapore 0ff6426 Tet (65) 6221 8611 Fax (65) 6225 6890 Wubelie: http://www.libertylneurance.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. (959 (MALAYSIA)

Certificate No	SD19V13180 /VPZ /R01			
Form Date Of Issue	MZ406C 24-0CT-2019			
1.Index Mark and Registration No. of Vehicle:	SML6794K			
2.Chassis number of Vehicle:	JTNGF3DH508020742			
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 scensing 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 Vallicia 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 uso":

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) Like 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.

"Limitefions rendered inoparative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1967 (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\$2500, Refer Memorandum - Section II S\$2500, Windscreen

Excess S\$100

FINANCE COMPANY:

DBS BANK LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (8) PTE LTD

PESLA/25-OCT-19

S1 CLT1 T3 OE Template2-Vert.

25-OCT-19