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Period: (		0 410		Tel:	)
Date: Times		iod: (	)	Cover Type: (	)
Insured/Driver Liability: ( %) [Note-Est Status (WO): N: 0-20%; P. 21-79%; P. 80-100%]  Year of Registration: ( ) Warranty: YES ( )/NO ( )  Excess: (\$ ) Loading: \$1,000 ( )/\$2,000 ( )  General/Registration: ( ) Walk-In (Customer's Information strictly Confidential & Strictly NO refer of repolitor.  ( ) Walk-In (Customer': Customer's Information strictly Confidential & Strictly NO refer of repolitor.  ( ) Tofal Loss Case : to e-mail Insurer URGENTLY.  Drive-In ( )/Towed-In ( ); Invoice: YES ( )/NO ( ); Towing Co: ( )  Remarks: (INC/100/Inc. 670) 6010 [No. 100 [No.	Confirmed by : (			The second secon	)
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## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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.

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

ACC	DEN	STA	ΗW	ENI
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29/01/2020 17:54 Date Of Report 27/01/2020 21:35 Date Of Accident

JURONG WEST BESIDE CITY HARVEST CHURCH Exact Location Of Accident

SINGAPORE Country/State of Loss

#### DETAILS OF OWN VEHICLE

SMD4729E Vehicle Registration Number

Insured/Policyholder

ROSET LIMOUSINE SERVICES PTE LTD Name Of Registered Owner

2XXXXX722Z Co Reg No NOEMAIL **Email Address** 

(LOCAL) +65-98572978 Mobile Phone No OFFICE-68445225 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer VEZEL Model

Exact Purpose for which vehicle was being used at WORK

time of accident

NO

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY

If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

LIBERTY INSURANCE PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

SD19V13180/VPZ/R01 Policy Number

Cover Note Number

Driver

CHIN CHEE MENG Name of Driver

SXXXX381F NRIC No 27/12/1968 Date Of Birth OUTDOOR Occupation 05/09/1993 Date Of Driving Pass

26 YEARS AND 4 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-98572978 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

BLK 471C FERNVALE STREET #07-73

Postcode

793471

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

PAID DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

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

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

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

SENGKANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE:

545025 . COUNTRY: SINGAPORE

Police Station Contact

Police Station Address

TEL NO: 1800 - 3438999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20200128/2005

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

JJD2110

Vehicle Make/Model/Colour

TOYOTA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 25

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

CHIN CHEE MENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 (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 Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

CRIBE CIRCUMSTANCES OF THE ACCIDENT		
		A
SCRIBE CIRCUMSTANCES OF THE ACCIDENT		B
	SCRIBE CIRCUMSTANCES OF THE ACCIDENT	

# DECLARATION

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

Policyhelder's Signature
Date & Pinte:

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

NRIC/FIN No.:

## **ACCIDENT STATEMENT**

ACCIDENT DATE: (27/01/2020)(DD/MM/YYYY), TIME: (21:35)(HH:MM) LOCATION: JURONG WEST St 93 ( Sesicle City Harvest Church). DETAILS OF VEHICLE SMD 4729E a) VEHICLE NUMBER:\_ **DINSURANCE COMPANY:** CIPOLICY NUMBER:\_ d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) BIMAKE & MODEL: HONDA VEZEL HYBRIG. FITYPE (SALOON) / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS) gIVEHICLE CATEGORY (PRIVATE) COMMERCIAL (MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Fetching Hostenger I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY) 2. INSURED / POLICY HOLDER CHIN CHEE MENG binric/fin/passport: 56848381 F COI ciaddress: RIK 471 C FERNVALE STREET #07-73 8 793471 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER \* No of passenga DRIVER a) NAME: 105et and care. (Including driver) b) NRIC/FIN/PASSPORT: CONTAC CIADDRESS: 58 Ubi Avenue (02) Paya Ubi Industrial Park 1 M )(DD/MM/YYYY) \*d) DATE OF BIRTH: (\_ eloccupation: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / MOX IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIVE 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS\_ b)ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES NOL) 7. a) REPORTED TO POLICE (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: Sons Kong NPC. 8. THIRD PARTY VEHICLE A No of passenger a) VEHICLE NUMBER: JJD 2110 MODEL: TOYOTA Vabele. MR. TEO (Including driver) b) DRIVER'S NAME:\_\_ c) NRIC/FIN/PASSPORT:\_ In. (01.) THIRD PARTY VEHICLE d) VEHICLE NUMBER: \* No of passenger e) DRIVER'S NAME: (Including driver) f) NRIC/FIN/PASSPORT: CONTACT:

\* Insurance.

email =

fax =

VIDEO =





1 of 3

Report No. T/20200128/2005

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

# REPORT OF A TRAFFIC ACCIDENT

	ne Report 7		Vide Report No.:	Station Diary No.: 28		
Informa	nt's Par	ılırs				
	Informant HEE MENG		Address: APT BLK 471C FERNVALE STREET #07-73 SINGA 793471			
	/ ID No.: O / S684838	81F	Contact No.: Home/Office: Mobile: 98572978			
National SINGAP	ity: ORE CITIZ	EŇ .	Email:			
Sex: Male	Age: 51	Date of Birth: 27/12/1968	Type of Informant: Driver			
Race: Chinese			Language: Institution / School Name			
Occupation: Grab Driver			Driving Licence Information: Class: 2B,3	Date of Expiry:		

General Infor	mation of the Accide	ent			
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	10000	SOUTH OF THE SECOND	Type of Location:
	ST CTPEET 91	to City Harvest Chi	urch	×	-
Weather: Clear		Road Surface Dry	<b>:</b> :	Road	Speed Limit:
Traffic Flow:	22	Traffic Contro	ol:	Traffic	c Volume:
Type of Collis Between Mov	sion: ving Vehicles - Head T	o Rear		2772222000000	ne conveyed by lance:

Details of V	ehicle Invo	ived	STANDARD COMMENTS			
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
JJD2110	Car				Slightly Damaged	0
SMD4729E	Car				Slightly Damaged	1

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





3 of 3

Report No. T/20200128/2005

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999

## CONTINUATION OF REPORT

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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The F / Sgt 3 TEO JIA HAO, KENNETH	Report:	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 28/01/2020 00:54		
Officer In Charge Of Case: TP / AEIT /		Classification Of Case:		
Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	(m)	SN 085		
Authentication Stamp NP168	O S	ignature:		
	Sincepore	Police Force		





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel.No: 1800-343 8999

2 of 3 Report No. T/20200128/2005

CONTINUATION OF REPORT

Vehicle Owner				10000	NOTE OF THE PARTY OF	
Name	MR TEO			ID No		NIL
Related Vehicle	2110 (Car)			Contact No.		0137757556
Hospita!/Clinic	NIL .			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	nted Medical Leave NIL Degree of				NIL	
Driver						
Name	CHIN CHEE MENG			ID No		S6848381F
Related Vehicle	SMD4729E (Car)			Contact No.		98572978
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date i reatment	NIL ·		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL			

## Brief Details.

On 27/01/2020 at about 2135hrs, I drove my car SMD4729E along Jurong West Street 91 near to the City Harvest Church. My car was stationary due to the traffic and suddenly one Malaysia car JJD2110 hit onto my car rear area. Have a passenger however the passenger claims he is alright. I have no injury. The Malaysia car has no passenger. The driver name is unknown and his contact number is 0187920424. The driver claims that the Malaysian vehicle does not belongs to him and provided me the vehicle owner name and contact. I have front in-car camera. I have photos of the damage.





## 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	SD19V13180 /VPZ /R01		
Form	MZ406C		
Date Of Issue	24-OCT-2019		
1.Index Mark and Registration No. of Vehicle:	SMD4729E		
2.Chassis number of Vehicle:	RU31270241		
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		
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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 I/V of the Road Transport Act, 1987 (Malaysia).

For and on behalf of

LIBERTY INSURANCE PTE LTD
Approved Insurers

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\$2000, Refer Memorandum - Section II S\$2000, Windscreen

Excess S\$100

FINANCE COMPANY:

MAYBANK SINGAPORE LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/-/25-OCT-19

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