Date In: 10/12-16:44	Jeb description	Date & Time C	completed	Done	py
Res No: Na Juproson 7 /14	SAS e-filing				
Veh No: SLATTIE	E-mail (within Shrs, A	IC 2hrs)			
D.O.A: 87-10-20: 15	i-Motor Claim Fo	rm L			
	i-Motor W/O (With	in: OD 2hrs, TP 4brs)			
OD : TP)' Reporting Only	i-Photo Uploaded	1		**************************************	
Th. I	Assessment/Survey	Report			
TP Insurer:	Ass't Report by Fax	/ Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:		
TP Particulars: Veh No:	174	INC( )/Non-INC	( ).	10000000	
Owner / Driver: (		Tel:		)	_
Policy No: ( )	Period: (	) Cover Type: (		)	
Confirmed by : (	Da			)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO):	N: 0-20%; P: 21-79%	6. F: 80-100%	6]	
Year of Registration: ( )	Warranty: YES ( )/	NO( )			
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000 (	)			
General Remarks:-	<b>建</b> 原用 50 元。		ATAI ANNAN	4.7.	
( ) Walk-In Customer : Customer's in	formation strictly Confide		- William		
( ) Total Loss Case : to e-mail Inst		indi d oniony i to i o			
	ice: YES( ) / NO(	) ; Towing Co: (	<del></del>	10	)
Drive-In ( )/ Towed-In ( ); Invo	ice. FES( )/ NO(		3	OFFICE AT 15W	2.71
Remarks:- (INC hotline: 6788 6616)		Date&Time Co	imple od	Done	by
Apply for Transport Allowance ( ).	/ Courtesy Car ( )				
	/ Courtesy Car ( )				
2) QC Check / Post Repair Inspection	( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	( )				
3) Upload Resurvey Photo [Repair Cost>  Injury:	( )		I FREW COURSE STATE		. 4.1.1.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:	( )			n de	X 41.85
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  alimant's Particulars:	( ) \$3000] ( ) Iny 1) Al 2) D. 3) TI 4) FI	R: Accident Reporting (\$30); A: Damege Assessment (\$100) T: Towing Fee Follow-Through Survey	; INC (\$80) \$40/\$45 \$120	2012-09-1201	· 100 / 100 / 100
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2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions  Lumant's Particulars:  iver/Owner:  ontact No:  amaged Portion:  C Checked by (Engr-In-Charge):	( ) \$3000] ( )  Inv 1) Al 2) D. 3) TI 4) FI 5) FI 6) TI 7) N 3 8) N 900 10 10 10 10 10 10 10 10 10 10 10 10 10 1	R: Accident Reporting (\$30); A: Damage Assessment (\$100) : Towing Fee : Follow-Through Survey (Resired County of the County of t	; INC (\$80) \$40/\$45 \$120 arvey) \$30 ef 10 Jan 2005) \$75 \$160 \$510 \$25 stion \$5	Ist Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost >  Injury:  Date/Time Actions	( ) \$3000] ( )  Inv  1) Al  2) D.  3) Ti  4) Fi  5) Fi  6) Ti  7) N  8) N  0!  11	R: Accident Reporting (\$30); A: Damage Assessment (\$100) Towing Fee Follow-Through Survey (Rear cleiming against INC Only (w. Re-inspection I: Idae DA + SMRT Survey FUC Additional Services TC Courtesy Car / Tpt Allowand R: Repair Co-ordination T: Fost Repair Inspection	; INC (\$80) \$40/\$45 \$120 arvey) \$30 ef 10 Jan 2005) \$75 \$160 \$510 \$25 stion \$5	Ist Bill	Add Bill

pr: 11

#### 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 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

All the latest the same of the	ACCIDENT STATEMENT
Date Of Report	10/02/2020 16:44
Date Of Accident	08/02/2020 20:15
Exact Location Of Accident	KRANJI WAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH2051E
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	ТОУОТА
Model	COROLLA ALTIS CLASSIC 1.6 CVT
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 COMPREHENSIVE

Fleet Policy NO

Policy Number SD19V13180/VPZ/R01

Cover Note Number

#### Driver

Name of Driver LEE YEOW CHONG (LI YAOZONG)

 NRIC No
 SXXXX181B

 Date Of Birth
 06/03/1978

 Occupation
 INDOOR

 Date Of Driving Pass
 11/06/2003

Driving Experience 16 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82986108

Fax Number

Contact Number OFFICE-82986108

EMail Address NOEMAIL

BLK 675C YISHUN AVENUE 4 Address

#12-800

Postcode 763675

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

OTHER - HIRER

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

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?

Was any other material or property damaged?

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

YES 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 NO Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number XD513G

Vehicle Make/Model/Colour

**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)

# 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.
- 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 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)

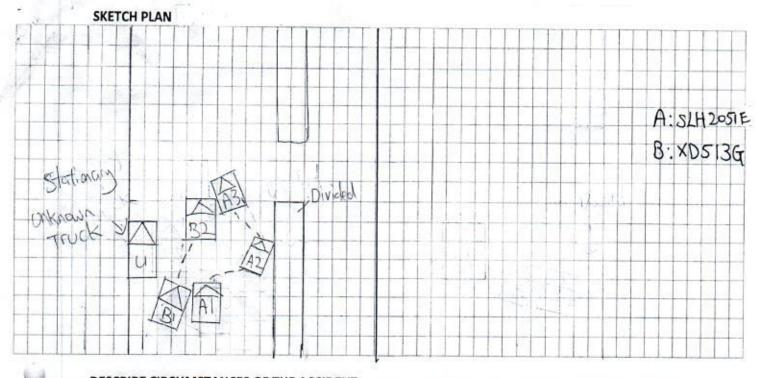
I understand, acknowledge, agree and consent that:

- (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.

SE VICES PTE

Policy holder's signature Date / time: (2

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



E	ESCRIBE C	IRCUMSTANCE	S OF THE AC	CIDENT						
I	was	diriving	_ along	Kranji	way	at	my	oun	lare.	
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DECLARATION

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

OWN THE SELECTION AND THE SELE

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.

ACCIDENT DETAILS			
Date of accident	08/02/20	(DD/MM/YY)	
Time of accident	2015	(HH:MM)	
Exact location of accident	along kranji way		

	DETAILS OF VEHICLE
Vehicle registration number	SLH 20SIE
ehicle make and model	Toyota atti
Type 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: Third part claim ☑ Reporting only □

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

THE RESERVE OF THE PARTY OF THE	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 INDUSTRIAL PAR			

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	LEE YEOW CHONG	Male D	Female 🗆		
NRIC / Fin / Passport number	S7806181B				
Contact	82986108				
Address	BIK 657C Yishon Ave 4 \$12-800 S(763675)				
Email address					
Date of birth	06/03/1978				
Occupation	Indoor				
Driving date pass	11 106 / 2003				

Was firver an employee of the insured's company?  If no, relationship of the driver and insured:  If no, relationship of the d	AND THE RESERVE OF THE PARTY OF	GENERAL	INFORMATION	OF THE ACCIDENT	Marin Investor	
Accident captured by camera? Yes □ No Ø Naining □ Others:  Weather condition   Clear Ø Raining □ Others:  Road surface   Dry Ø Wet □   (inclusive of driver)  PASSENGER 1  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 □    PASSENGER 7  Name   Gender   Male □ Female □    PASSENGER 8  Name   Gender   Male □ Female □    PASSENGER 9  No Ø   Female □    OTHER INFORMATION   No Ø    Was anybody injured?   Yes □ No Ø   If yes, please state which police station.  PASSENGER 9  No Ø   No Ø   If yes, please state which police station.	Was driver an employee of				201	
Weather condition  Clear p' Raining D Others:  Road surface  Dry wet D  (Inclusive of driver)  PASSENGER 1  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  DITHER INFORMATION  Was anybody injured?  Yes D No Ø  Was other vehicle damaged?  Ves D No Ø  DETAILS OF POLICE STATION ACTION  Reported to police?  Yes D No Ø  WITNESS 1	the insured's company?	If no, rela	ationship of the	driver and insured:	Hirer	
Road surface No of passenger		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 6  Name Gender  Male   Female    PASSENGER 5  No of		Clear D	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 6  Name Gender  Male   Female    OTHER INFORMATION Was anybody injured? Was other vehicle damaged?  Ves   No    DETAILS OF POLICE STATION ACTION Reported to police? Police station name  WITNESS 1	Road surface	Dry 🗹	Wet □			
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 Jender  Male   Female    OTHER INFORMATION Was anybody injured? Yes   No Ø  Was other vehicle damaged? Yes   No Ø  DETAILS OF POLICE STATION ACTION Reported to police? Yes   No Ø If yes, please state which police station.  Name  WITNESS 1	No of passenger	1			(Incl	usive of driver
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 Jender  Male   Female    OTHER INFORMATION Was anybody injured? Yes   No Ø  Was other vehicle damaged? Yes   No Ø  DETAILS OF POLICE STATION ACTION Reported to police? Yes   No Ø If yes, please state which police station.  Name  WITNESS 1	1					
PASSENGER 2		<b>秦然、明治</b>	PASSENG	ER 1	· 图 · · · · · · · · · · · · · · · · · ·	A SHIP SHARE
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 Jender   Male   Female    OTHER INFORMATION Was anybody injured? Yes   No of Was other vehicle damaged? Yes   No    DETAILS OF POLICE STATION ACTION Reported to police? Yes   No   If yes, please state which police station.  Name  WITNESS 1	Name					
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  OTHER INFORMATION  Was anybody injured?  Was other vehicle damaged?  Ves   No    DETAILS OF POLICE STATION ACTION  Reported to police?  Yes   No    Ves   Ves   No    Ves   Ves   No    Ves   Ves   Ves    Ves   Ves   No    Ves   Ves   Ves    Ves    Ves	Gender	Male 🗆	Female 🗆			
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  OTHER INFORMATION  Was anybody injured?  Was other vehicle damaged?  Ves   No    DETAILS OF POLICE STATION ACTION  Reported to police?  Yes   No    Ves   Ves   No    Ves   Ves   No    Ves   Ves   Ves    Ves   Ves   No    Ves   Ves   Ves    Ves    Ves					control of the	
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  Jender  Male D Female D  OTHER INFORMATION  Was anybody injured?  Was other vehicle damaged?  Ves 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	Will Carlot Street Control of the Co	The state of the s	PASSENGI	R 2	the same of the same	MS MEDICAL CONTRACTOR
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?  Ves □ No □  DETAILS OF POLICE STATION ACTION Reported to police?  Yes □ No □ If yes, please state which police station.  WITNESS 1  Name	Name			1337		
PASSENGER 3  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?   Yes   No   Ø  Was other vehicle damaged?   Yes   O   No   Ø  DETAILS OF POLICE STATION ACTION   Reported to police?   Yes   No   Ø   If yes, please state which police station.  WITNESS 1  Name   WITNESS 2	Gender	Male 🗆	Female 🗆			
PASSENGER 3  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?   Yes   No   Ø  Was other vehicle damaged?   Yes   O   No   Ø  DETAILS OF POLICE STATION ACTION   Reported to police?   Yes   No   Ø   If yes, please state which police station.  WITNESS 1  Name   WITNESS 2						
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? Yes   No of  Was other vehicle damaged? Yes   No    DETAILS OF POLICE STATION ACTION  Reported to police? Yes   No   If yes, please state which police station.  WITNESS 1  Name		<b>建</b>	PASSENGE	R3		A CHARLES
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?  Ves   No    DETAILS OF POLICE STATION ACTION Reported to police? Police station name  WITNESS 1  Name	Name					
Name  PASSENGER 5  Name  Gender  Male   Female    PASSENGER 6  Name  Jender  Male   Female    OTHER INFORMATION  Was anybody injured?  Was other vehicle damaged?  Ves   No    DETAILS OF POLICE STATION ACTION  Reported to police?  Police station name  WITNESS 1  Name	Gender	Male 🗆	Female 🗆			
Name  PASSENGER 5  Name  Gender  Male   Female    PASSENGER 6  Name  Jender  Male   Female    OTHER INFORMATION  Was anybody injured?  Was other vehicle damaged?  Ves   No    DETAILS OF POLICE STATION ACTION  Reported to police?  Police station name  WITNESS 1  Name						
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Name  Gender  Male   Female    PASSENGER 6  Name  Gender  Male   Female    OTHER INFORMATION  Was anybody injured?  Was other vehicle damaged?  Ves   No    DETAILS OF POLICE STATION ACTION  Reported to police?  Yes   No    Ves   No    Witness 1  Name	Gender	Male 🗆	Female			
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PASSENGER 6  Name Sender  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					
PASSENGER 6  Name Sender  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	Male 🗆	Female	14		
Name  OTHER INFORMATION  Was anybody injured?  Was other vehicle damaged?  OTHER INFORMATION  No   No   No   DETAILS OF POLICE STATION ACTION  Reported to police?  Yes  No  If yes, please state which police station.  WITNESS 1  Name						
Name  OTHER INFORMATION  Was anybody injured?  Was other vehicle damaged?  OTHER INFORMATION  No   No   No   DETAILS OF POLICE STATION ACTION  Reported to police?  Yes  No  If yes, please state which police station.  WITNESS 1  Name	SERVICE CONTRACTOR		PASSENGE	R 6		
OTHER INFORMATION  Was anybody injured?  Yes □ No ☑  Was other vehicle damaged?  Ves □ No □  DETAILS OF POLICE STATION ACTION  Reported to police?  Yes □ No ☑ If yes, please state which police station.  Police station name  WITNESS 1  WITNESS 2	Name					
Was anybody injured?  Was other vehicle damaged?  Yes No No D  DETAILS OF POLICE STATION ACTION  Reported to police?  Yes No No If yes, please state which police station.  WITNESS 1  WITNESS 2	Gender	Male 🗆	Female			
Was anybody injured?  Was other vehicle damaged?  Yes No No D  DETAILS OF POLICE STATION ACTION  Reported to police?  Yes No No If yes, please state which police station.  WITNESS 1  WITNESS 2	1					
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WITNESS 2	Name					
			MITNESS	2	Name of the last	
	Name		WILLIAESS	- Maria Carlo Carl		

The state of the s	THIRD PARTY VEHICLE 1
Vehicle registration number	XDS13G
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
THE RESERVE THE PROPERTY OF THE PARTY OF THE	THIRD PARTY VEHICLE 2
Vehicle registration number	THIRD PARTY VEHICLE 2
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
'ehicle registration number	THIRD PART I VEHICLE 3
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD DARTY VEHICLE 4
Vehicle registration number	THIRD PARTY VEHICLE 4
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Series and the series of the s	THIRD PARTY VEHICLE 5
Vehicle registration number	THIRD PARTY VEHICLES
'ehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
AND PROPERTY OF THE PARTY.	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	THAT PARTY VEHICLE /
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Market and the second		INJURED PERSON 1
Name		MONEO I ENSON I
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	AS 50,500/0	A ANNOGATORIE
Name		INJURED PERSON 2
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No p
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?	1es 🗆	NO D
A STATE OF THE STA		
The second secon		INJURED PERSON 3
-Vame		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆
and the factories and the second		
	290000	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		WILLIAM DESCRIPTION
Name	E NONE N	INJURED PERSON 5
njuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No 🗆
nospital by ambulance?	les u	NO L
A STATE OF THE PARTY OF		
Market Market Comment		INJURED PERSON 6
lame		
njuries sustained		
Which vehicle person in?		
Vere seat belts worn?	Yes 🗆	No 🗆
Vas injured conveyed to ospital by ambulance?	Yes 🗆	No 🗆





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) RUI ES, 1959 (MALAYSIA)

Certificate No	SD19V13180 /VPZ /R01
Form	MZ406C
Date Of Issue	24-OCT-2019
1.Index Mark and Registration No. of Vehicle:	SLH2051E
2.Chassis number of Vehicle:	MR053REH104553285
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.

vided 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\*:

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:

Use for racing, pace-making, reliability trial or speed-testing.

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:

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:

HONG LEONG FINANCE LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSU-/25-OCT-19

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25-OCT-19