

NATIONAL Assessment Centre Services. Wef 1 Jan 05 **MHA 207982**

| | | | |
|---------------------------------|------------------------------------------|-----------------------|---------|
| Date In: 6/9/02 09:17 | Job description | Date & Time Completed | Done by |
| Ref No: HA/UP20029842/24 | SAS e-filing | | |
| Veh No: GF3847E | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: HA/2-11-15 | i-Motor Claim Form | | |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | | |
|-----------------------------------------------------------------------------------------|-------------------------|-----------------------|-----------|
| Preferred Wksp / INC Assign Wksp / QW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: Im N960B | INC () / Non-INC () | |
| Owner / Driver: () | Tel: () | | |
| Policy No: () | Period: () | Cover Type: () | |
| Confirmed by: () | | Date: () | Time: () |
| 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 Remarks:- | |
| () Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer. | |
| () Total Loss Case : to e-mail Insurer URGENTLY. | |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () | |

| | | |
|---------------------------------------------------------|-----------------------|---------|
| Remarks:- (INC hotline: 6788 6616) | Date & Time Completed | Done by |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury : _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|-------------------------------------------------|-------------|------------------|-------------------|
| HA207982 | Invoice Preparation Checklist | | Amt (\$) In Bill | Amt (\$) Add Bill |
| Claimant's Particulars:- | 1) AR : Accident Reporting (\$30); | | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TF : Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT : Follow-Through Survey \$120 | | | |
| | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | ON* | | | |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| Auditors' Comments:- | TP (N11) : TP (Non INC) against INC \$20 | | | |
| Pat. 1: | 9) N12: Idac Mobile 30 | | | |
| Pat. 2 / 3: | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |

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 withholding 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 aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------|
| Date Of Report | 15/09/2020 09:17 |
| Date Of Accident | 14/09/2020 11:15 |
| Exact Location Of Accident | YISHUN AVE 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SLF3847E |
| 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-68445525 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|----------------|
| Manufacturer | TOYOTA |
| Model | WISH 1.8 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 | SRI HAWA BINTE SAFIEE |
| NRIC No | SXXXX563A |
| Date Of Birth | 07/05/1979 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/06/2010 |
| Driving Experience | 10 YEARS AND 3 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-85030328 |
| Fax Number | |
| Contact Number | OFFICE-85030328 |
| Email Address | NOEMAIL |

| | |
|-----------------------------------------------------|---------------------------------------|
| Address | BLK 803 WOODLANDS STREET 81 #02-55 |
| Postcode | 730803 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - HIRER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | 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 ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 2 |
| Passenger 1 | NAME: : - GENDER: : FEMALE |

Details of Police Action

| | |
|-------------------------------------------|---------------------------------------------------------------|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| 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/20200914/7032.

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 | SMN960B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SANIAH BINTE SULAIMAN |
| NRIC/Passport Number | SXXXX085I |

| | |
|-------------------------------------|----------|
| Contact Number | 87868795 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|-----------------------------------------------------|-----------------------|
| Name | SRI HAWA BINTE SAFIEE |
| Approximate Age | |
| Injuries Sustain | NECK & BACK |
| Injured person in which vehicle? | SLF3847E |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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.**
- 3) Information provided must be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding 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) 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 :
 - (i) 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 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' 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.

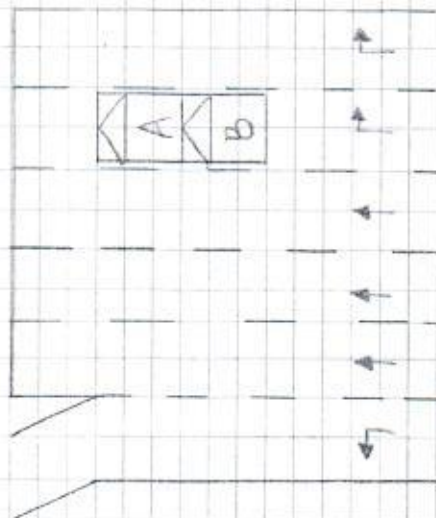


Policy holder's signature
Date / time:

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

reporting centre personnel's Signature
Date / time:

SKETCH PLAN



A: SLF 3847 E
B: SMN 960 B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along Yishun Avenue 1 on the second lane. As the traffic light turned red, I proceeded to slow down and stop my vehicle. Out of sudden, I felt an impact from my rear. When I went down to check, I realised vehicle B had collided onto the rear portion of my vehicle.

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.

ACCIDENT DETAILS

| | | |
|----------------------------|--------------------|------------|
| Date of accident | 14/09/2020 | (DD/MM/YY) |
| Time of accident | 1115 | (HH:MM) |
| Exact location of accident | Along Yishun Ave 1 | |

DETAILS OF VEHICLE

| | |
|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle registration number | SLF 3847E |
| Vehicle make and model | Toyota Wish |
| Type of vehicle | Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

INSURANCE INFORMATION

| | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------|
| Insurance company | LIBERTY |
| Policy number | |
| Type of policy | Comprehensive <input type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | |
|------------------------------|-----------------------------------------------------------|---------------------------------------------------------------|
| Name | ROSET LIMOUSINE SERVICES PTE LTD | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 20046722Z | |
| Contact | 68445525 | |
| Address | 53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRIAL PARK S(408934) | |

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

| | | |
|------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Name | Sri Hawa Binte Safiee | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |
| NRIC / Fin / Passport number | S7913563A | |
| Contact | 8503 0328 | |
| Address | Blk 803 Woodlands St 81 #02-55 S(730 803) | |
| Email address | | |
| Date of birth | 07/05/1979 | |
| Occupation | Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> | |
| Driving date pass | 04/06/2010 | |

| GENERAL INFORMATION OF THE ACCIDENT | |
|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Hirer</u> |
| Accident captured by camera? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | 02 (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|--------------------------------------------------------------------------|
| Name | <u>Grab passenger</u> |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

| PASSENGER 2 | |
|-------------|---------------------------------------------------------------|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 | |
|-------------|---------------------------------------------------------------|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 | |
|-------------|---------------------------------------------------------------|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 | |
|-------------|---------------------------------------------------------------|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 | |
|-------------|---------------------------------------------------------------|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION | |
|----------------------------|---------------------------------------------------------------------|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION | |
|----------------------------------|----------------------------------------------------------------------------------------------------------------|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | |

| WITNESS 1 | |
|-----------|--|
| Name | |

| WITNESS 2 | |
|-----------|--|
| Name | |

| THIRD PARTY VEHICLE 1 | |
|------------------------------|----------------------------------|
| Vehicle registration number | SMN 960 B |
| Vehicle make model | |
| Name | Saniah Binte Sulaiman |
| NRIC / Fin / Passport number | 88 889350851 |
| Contact | 8786 8795 // 8877 8984 (Husband) |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| INJURED PERSON 1 | |
|------------------------------------------------|---------------------------------------------------------------------|
| Name | Sri Hu Hawa Binte Safiee |
| Injuries sustained | Back & neck |
| Which vehicle person in? | SLF 3847 E |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 2 | |
|------------------------------------------------|----------------------------------------------------------|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3 | |
|------------------------------------------------|----------------------------------------------------------|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4 | |
|------------------------------------------------|----------------------------------------------------------|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5 | |
|------------------------------------------------|----------------------------------------------------------|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6 | |
|------------------------------------------------|----------------------------------------------------------|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |



SINGAPORE POLICE FORCE



T/20200914/7032

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

1 of 3

Report No. T/20200914/7032

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---------------------------------------------|------------|------------------------------|----------------------------------------------------------------------|--------------------|----------------------------|
| Date/Time Report Made: 14/09/2020 15:03 | | Vide Report No.: | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: SRI HAWA BINTE SAFIEE | | | Address: 803 WOODLANDS STREET 81 #02-55 SINGAPORE 730803 | | |
| ID Type / ID No.: NRIC NO / S7913563A | | | Contact No.: Home/Office: Mobile: 88568914 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: QUIRZAN@YAHOO.COM.SG | | |
| Sex: Female | Age: 41 | Date of Birth: 07/05/1979 | Type of Informant: Driver | | |
| Race: Boyanese | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: 3A Date of Expiry: 07/06/2010 | | |

| | | | | |
|--------------------------------------------------------------|------------------|---------------------------------------------|--------------------------------------------|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 14/09/2020 11:15 | Type of Location: Straight Road |
| Location: YISHUN AVENUE 1 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 50 Km/h | |
| Traffic Flow: Two Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

| | | | | | | |
|------------------------------------|------|------|-------|-------|-----------|-------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of |
| SLF3847E | Car | | | | | 0 |
| SMN960B | Car | | | | | 0 |

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



**SINGAPORE
POLICE FORCE**



T/20200914/7032

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20200914/7032

CONTINUATION OF REPORT

| Driver | | | |
|-----------------------------------|-----------------------|-----------------------------------|--------------------------------------------|
| Name | SRI HAWA BINTE SAFIEE | ID No. | S7913563A |
| Related Vehicle | SLF3847E (Car) | Contact No. | 88568914 |
| Hospital/Clinic | GALILEE CLINIC | Class of Driving Licence & Expiry | Class: 3A Date of Expiry: 07/06/2010 |
| Date | 14/09/2020 | Date | 14/09/2020 |
| No. of Days granted Medical Leave | 04 | Degree of | Slight |

Brief Details.

I was travelling along Yishun Ave 1 in my vehicle SLF3847E as the traffic light turned red , i proceeded to stop before the stop line. Out of a sudden , i felt a huge impact at the rear portion of my vehicle and when i got down of my vehicle , i realised vehicle SMN960B had collided onto the rear portion of my vehicle. After the accident , i felt light-headed and went to consult the doctor and was given 4 days MC.



**SINGAPORE
POLICE FORCE**



T/20200914/7032

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

3 of 3

Report No. T/20200914/7032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
14/09/2020 15:03

Classification Of Case:




**Liberty
Insurance**



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: | SLF3847E |
| 2.Chassis number of Vehicle: | JTDGG20W40J004945 |
| 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*: | <p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p> |
| 7.Limitations as to use*: | <p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>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.</p> |
| 8.Policy does not cover: | <p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*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.</p> |
| <p>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).</p> | |
| <p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p> <p></p> <p>_____ Authorised Signature</p> | |
| <p>For Information only:</p> <p>COVERAGE : Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, PHV Extension</p> <p>SUM INSURED: MARKET VALUE AT THE TIME OF LOSS</p> <p>EXCESS: Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen Excess S\$100</p> <p>FINANCE COMPANY: DBS BANK LTD</p> <p>PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD</p> | |

PLSL/25-OCT-19

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