Date In: 73/9/0-17:37	Jeb description	Date &Time Completed	Done b	
Ref No: As MP2010131 124	SAS e-filing	1		No.
Veh No: JMHY1877	E-mail (within Shrs, AIC 2hrs)	-		
D.O.A: 13/9/2-12.32	i-Motor Claim Form	ė		
OD ! TP ! Reporting Only	i-Motor W/O (Within: OD 2)	rs, TP 4brs)		
OB : 17 - Reporting Only	i-Photo Uploaded			
TD Lawrence	Assessment/Survey Report			
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW:	(	Tel: Fax	15	
TP Particulars: Veh No:	1009389 4 . INC	( )/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: (	Period: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( 9	6) [Note-Est. Status (WO): N: 0-	20%; P: 21-79%. F: 80-100	0%]	
Year of Registration: (	) Warranty: YES ( ) / NO (	)		
Excess: (\$ ) Loading:	\$1,000( )/\$2,000( )		-	
General Remarks:			69 N	
( ) Walk-In Customer : Customer's	information strictly Confidential & S	Strictly NO refer of repairer.		
) Total Loss Case : to e-mail In				
		Towing Co: (	-	)
Drive-In ( )/ Towed-In ( ); Inv	voice: YES ( ) / NO ( );	Towning Co. (	A-4-2222	
Remarks: (INC hotline: 6788 661	6)	Date&Time Completed	Done	by ·
I) Apply for Transport Allowance (	) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost	> \$3000] ( )			
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Date/Time Actions	Invoice P  1) AR: Accid 2) DA: Dama 3) TF: Towin 4) FT: Follov 5) iT: Follov For claimin 6) TR: Re-in 7) N1: Idae I 8) NTUC Add OD* *N5: Court *N6: Repa *N7: Fost +N8: DV/	eparation Checklist ent Reporting (330); ge Assessment (5100); INC (580 g Fee S40/ -Through Survey (Resurvey) g against INC Only (wef 10 Jan 2005) pection A + SMRT Survey S litional Services.  csy Car / Tpt Allowance r Co-ordination Repair Inspection Collect Excess Coordination TP (N:n INC) against INC Mobile	\$45   120   1530   160   155   155   155   155   150	Add Bill

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

**EMail Address** 

- 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,
- 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.
- 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

Setting from the control of	ACCIDENT STATEMENT
ate Of Report	23/09/2020 17:37
ate Of Accident	23/09/2020 12:30
xact Location Of Accident	ALEXANDRA TERRACE TWDS PASIR PANJANG RD
ountry/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	SMH4187Y
nsured/Policyholder	
ame Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
o Reg No	2XXXXX722Z
mail Address	NOEMAIL
lobile Phone No	
Iternative Phone No	OFFICE-89999999
ehicle Particulars	
fanufacturer	MAZDA
lodel	MAZDA3 SEDAN 1.5 AT EU6
xact Purpose for which vehicle was being used me of accident	at COMMERCIAL USE
re you claiming under your own insurance policy or repair to your vehicle?	y NO
No, Please state action to be taken	REPORTING ONLY
ehicle Category	PRIVATE HIRE
nsurance Company	
lame of Insurance Company	LIBERTY INSURANCE PTE LTD
ype Of Coverage	COMPREHENSIVE
leet Policy	NO
olicy Number	SD19V13180/VPZ/R01
Cover Note Number	
Oriver Control of the	
lame of Driver	LEE CHUN HONG
IRIC No	SXXXX876B
Pate Of Birth	11/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2014
Priving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98421297
ax Number	
Contact Number	OFFICE-98421297

NOEMAIL

Address

**BLK 174D EDGEDALE PLAINS** 

#17-195

Postcode

824174

Was driver an employee of the Insured's Company

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 - MAJOR/MINOR RD

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLD9389G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

LIM TZE SONG

NRIC/Passport Number

SXXXX188I

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

1000	No. Of Passenger (Including Driver)	
		Page 3 of 18

## SKETCH PLAN

## IMPORTANT NOTICE

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

(II) For complying with requirements under my regulations, laws or court orders.

OUT THE SERVICES PILES P

Policy holder's signature Date / time: priver's signature

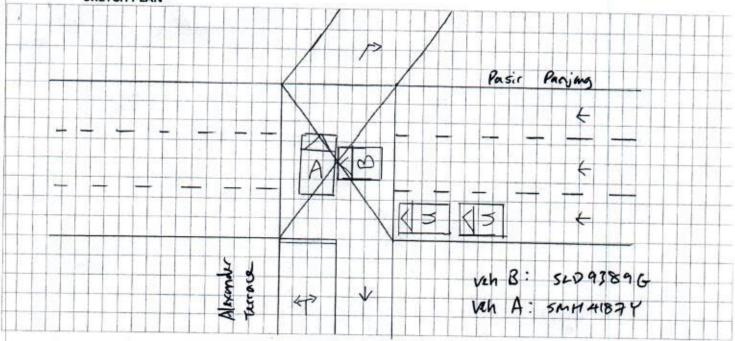
(if driver is not policy holder)

Date / time:

reporting centre personnel's Signature

Date / time:

SKETCH PLAN



I was ad the of Alexander Terrace small roak major woiling be clear so that SAR 6 towards CAN turn Pasir Parjang Road. There is

stopped

Signal 1 to move is . 440 After then inch 001 make sure there

lane

at

Car double check Hen :5 again Sure lare clear is atter checking clear

proceed turn strings/ and 90 right . All of sudden I fell impact fro m while

portion .

unknown

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

vehicle

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**

Idae

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.

This form must be filled up by the policy holder and/or authorised driver.

- Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.

Any false reporting may be referred to the traffic police department for investigation.

<b>《美国教授和第二章》</b>	ACC	IDENT DETAI	LS	W I SUL	C. Miles Disease	2. 10 10 10 10 10 10 10 10 10 10 10 10 10
Date of accident	Commercial	23/09	12020	of the last	10	D/MM/YY)
Time of accident		The second	30		(1)	The second second
Exact location of accident	Ala malas	F.34			- W. A	(HH:MM)
	Alexandra	lettace	towards	Pasir	Paniang	Road

	DETAILS OF VEHICLE
Vehicle registration number	SMY/ 4187 Y
Vehicle make and model	Mazda 3
Type of vehicle	Saloon MPV CRV Van CLorry Bus Motorcycle Others:
Vehicle category	Private   Commercial   Motorcycle   Motorcyc
Purpose of using at said time	Motorcycle II
Are you claiming under your own insurance company?	Yes  No  if no, please select: Third part claim  Reporting only

	INSURANCE INF	ORMATION	TO THE PARTY OF TH
Insurance company	Libert	9	THE RESERVE OF THE PARTY OF THE
Policy number		J	
Type of policy	Comprehensive	Third party fire & theft	TP only

A Property of the second	INS	URED / POLICY	HOLDER		1	0.00	The state of the s
Name	Roset	Limousine			. 70	Maler	Female
NRIC / Fin / Passport number		-11-0-011-0	Ju ito-	110	PIF	IVIAIC L	remale u
Contact							
Address							

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Lee Chun Hong Male Female
NRIC / Fin / Passport number	58711876 B
Contact	98421297
Address	BIK 1740 Edgedale Plains \$17-195
Email address	Laupei_ 87 @ Hotmail . Com
Date of birth	11/04/1987
Occupation	Indoor D Outdoor
Driving date pass	15/04/2014

GENERAL	. INFORM	ATION C	OF THE ACCIDENT	T .	distribution and in the least
Yes 🗆			. THE ACCIDEN		MANUFACTURE STATE OF THE STATE
If no, re			river and insure	d. Wicer	
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	2			/1	nclusius of daines
				- (1	nclusive of driver
William S	DAS	SENGER	1		
-	I AS	SENGER	- Contraction		
Male	Fomale				
Male	remaie	9 13			
	0466				
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				and the state of	THE STREET OF TH
Yes	No 🗆				
DETAILS	OF POLIC	E STATI	ON ACTION	The Street of th	Control of the same
Yes 🗆	No p	Contract of the last of the la		h police station	1
				ponce station	
di sustanti	WITN	VESS 1	NAME OF TAXABLE		
A THE PARTY OF THE					The second
	Yes   If no, reference   Yes   Clear   Dry   Zero   Male   Male	Yes   No   No   If no, relationship   Yes   No   No   Clear   Raini   Dry   Wet     2   2	Yes   No   DETAILS OF POLICE STATIC	Yes   No   If no, relationship of the driver and insure Yes   No   Others:   Others:   Dry   Wet   2  PASSENGER 1  Male   Female   PASSENGER 3  Male   Female   PASSENGER 4  Male   Female   PASSENGER 5  Male   Female   PASSENGER 6  Male   PASSENGER 6  Male   PASSENGER 6  Male   PASSENGER 6  Male   Female   PASSENGER 6  Male   PASSENGER 6  Ma	If no, relationship of the driver and insured: Yes

Name

	THIRD PARTY VEHICLE 1
Vehicle registration number	SL 0 9389 G
Vehicle make model	
Name	Lim Tze song
NRIC / Fin / Passport number	516181887
Contact	3/6/0/802

	THIRD PARTY VEHICLE 2
Vehicle registration number	ALTERNATION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. OF THE OWNER. OF THE OWNER. OF THE OWNER.
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

ASSESSMENT OF STREET	THIRD PARTY VEHICLE 3	The state of the s
Vehicle registration number	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 4
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	THIRD PARTY VEHICLE 5
Vehicle registration number	THE PARTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF TH
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 6	
Vehicle registration number	The state of the s	
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

	THIRD PARTY VEHICLE 7
Vehicle registration number	and the second state of th
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	PHIS LOURS	INILIDED DEDCOM		
Name		INJURED PERSON 1	West of the last o	The same of the sa
Injuries sustained				ar a sale an interpretar
Which vehicle person in?	100000			
Were seat belts worn?	Yes 🗆	No		
Was injured conveyed to		No 🗆		
hospital by ambulance?	Yes 🗆	No 🗆		
nospital by ambulancer				
AND RESIDENCE OF THE PARTY OF T	150 z 180	INJURED PERSON 2		
Name		INJUNED PERSON 2		Market Comment
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes	No D		
hospital by ambulance?	162 [	NO LI		
HERETON CONTRACTOR	WATER SAME	INJURED PERSON 3	10) (15) (17) (17)	
Name		MOORED I ERSON 3		
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to	Yes 🗆	No 🗆		
nospital by ambulance?	163 [	NO LI		
170				
the sealing of the season of	Market Spirit	INILIDED DEDGOM &	W PERSON	
and the second s		INTURED DEDUCINA		
Name	-	INJURED PERSON 4		
	7	INJURED PERSON 4		
njuries sustained		INJURED PERSON 4		
	Yes 🗆			
njuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No 🗆		
njuries sustained Which vehicle person in? Vere seat belts worn? Vas injured conveyed to	Yes 🗆 Yes 🗅			
njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No 🗆		
njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to ospital by ambulance?		No 🗆		
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Nhich vehicle person in? Were seat belts worn? Was injured conveyed to pospital by ambulance?  Itame Injuries sustained Which vehicle person in? Were seat belts worn?	Yes - Yes - Yes -	No   INJURED PERSON 5  No   INJURED PERSON 6		





Liberty Insurance Pte Ltd Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertyinsurance.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

Certificate No	SD19V13180 /VPZ /R01
Form	MZ406C
Date Of Issue	24-OCT-2019
1.Index Mark and Registration No. of Vehicle:	SMH4187Y
2.Chassis number of Vehicle:	JM6BN22A8K0251585
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
& Pareons or Classes of Persons	

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 Vehide.

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.

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

B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

**Authorised Signature** 

For Information only:

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:

DBS BANK LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

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25-OCT-19