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Veh No: SURSSAL	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 311/2-1:30	i-Motor Claim Form	<u> </u>		
OD : TP-! Reporting Only	i-Motor W/O (Within: OD	2hrs, TP 4hrs)		
OB : 17 , Itabouing only	i-Photo Uploaded	-		
TD I	Assessment/Survey Repor			-
TP Insurer:	Ass't Report by Fax / Har			
Preferred Wksp / INC Assign Wksp / QW: (Tol: Fa	x:	701
TP Particulars: Veh No: 423	YYOZ INC		-	-
Owner / Driver: (Tel:		
Policy No: () Per	riod: () Cover Type: (
Confirmed by : (Date:	Time:)	
		0-20%; P: 21-79%. P: 80-10	7078]	
I car of recgionate (Warranty: YES ()/NO ()		
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General Remarks:-			Carlo Maria San	9
() Walk-In Customer: Customer's infor		Strictly NO refer of repairer.		
() Total Loss Case : to e-mail Insure			· · · ·	
Drive-In ()/ Towed-In (); Invoice	:: YES() / NO()	; Towing Co: (_
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by	
County Andread Control of the Contro	Courtesy Car ()			
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3	3000] ()			_
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Injury:	·			935
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Date/Time Actions M M 20147 NAM 2014 8 Particulars:	1) AR : Ao 2) DA : Da 3) TF : To	cident Reporting (\$30); mage Assessment (\$100); INC (\$100); ving Fee \$44 low-Through Survey	78 Bill Ac 80) 0/\$45 \$120	10000
Date/Time Actions M M 20147 MAN 2014 E Laimant's Particulars:	1) AR : Ao 2) DA : Da 3) TF : To 4) FT : Fol	cident Reporting (\$30); mage Assessment (\$100); INC (\$100); ving Fee \$44 low-Through Survey	58Bill Ac 80) 0/\$45 \$120 \$30	10000
Date/Time Actions LA Many Particulars: Driver/Owner:	1) AR : Ao 2) DA : Da 3) TF : Tov 4) FT : Fol 5) FT : Fol For clair 6) TR : Re	cident Reporting (\$30); mage Assessment (\$100); INC (\$200); wing Fee \$4000. Through Survey low-Through Survey (Resurvey) ming against INC Only (wef 10 Jan 200) inspection	50 Bill Ac 80) 0/545 5120 530 575	10000
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Date/Time Actions	1) AR: Ao 2) DA: Da 3) TF: To 4) FT: Foi 5) FT: Foi For clair 6) TR: Re 7) N1: Ida 8) NTUC OD!* *N5: Co *N6: Re *N7: Foi *N8: D	cident Reporting (\$30); Image Assessment (\$100); INC (\$60 Bill Ac 800 Size Size Size Size Size Size Size Size	10000

SN0920CS0006 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 28/12/2020 15:49 (SGT) SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (28/12/2020 15:49 (SGT))

SINGAPORE ACCIDENT STATEMENT

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 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.
 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

28/12/2020 15:49 (SGT) Date of Submission 25/12/2020 21:30 (SGT) Date of Accident Sengkang W Rd, Singapore Exact Location of Accident junction with sengkang west ave Additional Location Information Singapore Country/State of Loss

DETAILS OF OWN VEHICLE

SLL2559L Vehicle Registration Number

INSURED/POLICYHOLDER

Is company? ROSET LIMOUSINE SERVICES PTE LTD Name Of Registered Owner SXXXX424Z NRIC No rudyazman1711@gmail.com Email Address (Phone) +65-68445225 Mobile Phone No Alternative Phone No +65-68445225

VEHICLE PARTICULARS

Toyota Manufacturer Corolla Model Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Reporting only your vehicle? Private hire Vehicle Category

INSURANCE COMPANY

Liberty Insurance Name of Insurance Company Comprehensive Type of Coverage Fleet Policy SD20V13100/VPZ/R02 Policy Number Cover Note Number

DRIVER

AZMAN BIN ABDULLAH Name of Driver SXXXX424Z NRIC No 17/11/1963 Date Of Birth Outdoor Occupation

19/04/2020 Date Of Driving Pass 8 MONTHS Driving experience Male Gender (Phone) +65-98655689 Mobile Number Alt. Phone Number rudyazman1711@gmail.com Email Address BLK 626 ANG MO KIO AVENUE 4 Address #02-1056 Address complement 560626 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Cross Junction Type of Accident Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police? 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	GZ3440Z
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	(80)
Vehicle Colour	
Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	*
Address	-
Address complement	(*)
Postcode	*
Insurance Company Name	3 - 3

Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be <u>completed by the Policyholder and/or the Authorised Driver</u>.
- 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.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the 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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

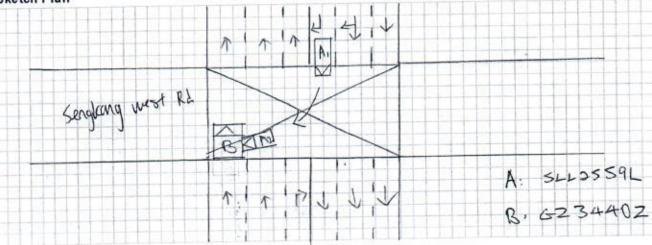
20A

Policyholder's Signature / Date & Time

driver is not the policyholder) / Date Driver's Signature & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Ave sengicing west

Describe Circumstances of the Accident

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver's not the policyholder) / Date

Witnessed by Reporting Centre Personnel

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.

WHAT TO PARTY OF THE		ACCIDENT DE	TAILS		Sizik	Sanger.			海拔
Date of accident		251	12/20	20	GD-GC-		([DD/MM	/YY)
Time of accident	2130 (HH:N					MM)			
Exact location of accident	Junction	Between	sengrang	Kest	Rd	K	sengtang	west	ALR

Responsible to the second	DETAILS OF VEHICLE						
Vehicle registration number	3LL 2559 L						
Vehicle make and model	Toyota Altis						
Type of vehicle	Saloon MPV CRV Van CRV O Others:						
Vehicle category	Private Commercial Motorcycle						
Purpose of using at said time							
Are you claiming under your own insurance company?	Yes D No if no, please select: Third part claim D Reporting only						

	INSURANCE IN	FORMATION	
Insurance company	Libi	erty	
Policy number		-	
Type of policy	Comprehensive	Third party fire & theft 🗆	TP only 🗆

BOOK OF THE THE PARTY OF THE PA	11	ISURED / F	OLICY H	OLDE	R	de Paris		10 71 712	SEAL CONTRACTOR
Name	Roset	LIM OUS : A	serv	ices	PTE	LTO	М	ale 🗆	Female
NRIC / Fin / Passport number	2004067222								
Contact	68445225								
Address	Sik	53 P	aya U	100	zndustr 403 – 4		Parle 5(4)	5; 18934	Ave I

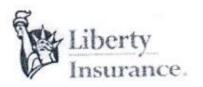
DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Azman sin Abdullah	Male 🗹 Female 🗆					
NRIC / Fin / Passport number	51599 42 4 7						
Contact	9865 5689						
Address	131K 626 Any Mo 100 ALL 7 S(\$60626)	402-1056					
Email address							
Date of birth	17/11/1963						
Occupation	Indoor Outdoor						
Driving date pass	19/04/2020						

数据的数据	GENERAL	INFORMATION	OF THE ACCIDENT	学和信仰的产生对照
Was driver an employee of	Yes 🗆	No p		
the insured's company?	If no, rel	ationship of the	e driver and insured: _	Hirer
Accident captured by camera?	Yes 🗆	No 🗹		
Weather condition	Clear	Raining	Others:	
Road surface	Dry	Wet □		
No of passenger		1		(Inclusive of driver)
All Annual Constitutions	A Section	PASSENG	ER 1	The second second second second
Name				
Gender	Male 🗆	Female		
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Gender	Male 🗆	Female		
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Was anybody injured?	Yes 🗆	Noe	VIATION	
Was other vehicle damaged?	Yeş	No 🗆		
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Charles and the second	DETAIL	S OF POLICE ST	ATION ACTION	Service de la
Reported to police?	Yes 🗆		es, please state which	nolice station
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NOTE OF THE PERSON OF THE PERS	THIRD PARTY VEHICLE 1
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ehicle make model	mitsubishi (91ter
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RIC / Fin / Passport number	
ontact	
	THIRD PARTY VEHICLE 2
/ehicle registration number	
/ehicle make model	
Name	
NRIC / Fin / Passport number	
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	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
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Vehicle registration number	The state of the s
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Name	
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Vehicle registration number	
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PARTICIPATION OF THE PROPERTY OF	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	

Contact

The second of the second	Section 1988	INJURED PERSON 1
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	Marin William	INJURED PERSON 2
Name		Walter State of the Control of the C
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	NEST VIII	WICE CO.
nospital by annual control		
Control of the Paris Control of the	and the second second	INJURED PERSON 3
Name	medical charge anniversal	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No p
hospital by ambulance?	1000	
nospital by ambulance.		
	The Control	INJURED PERSON 4
		INJUNED PERSON 4
Name	_	
Injuries sustained		
Which vehicle person in? Were seat belts worn?	Yes 🗆	No D
	Yes	No 🗆
Was injured conveyed to hospital by ambulance?	162 0	INO LI
nospital by ambulances		
THE STATE OF THE S		
		INJURED PERSON 5
Name		
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆 Yes 🗆	INJURED PERSON 5
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Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance? Name Injuries sustained Which vehicle person in?	Yes 🗆	No 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)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)					
Certificate No	SD20V13100 /VPZ /R02				
Form Date Of Issue	MZ406C 20-OCT-2020				
1.Index Mark and Registration No. of Vehicle:	SLL2559L MR053REH104560944 ROSET LIMOUSINE SERVICES PTE LTD				
2.Chassis number of Vehicle:					
3.Name of Policyholder:					
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2020 00:00 AM				

31-OCT-2021 23:59 PM

5.Date of Expiry of Insurance: 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

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.

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 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.

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum

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

PLSL/-/20-OCT-20

S1_CI_T1_T3_OE_Template2-Ver1.

20-OCT-20