	atre Services. Met 1 Jan	Date &Time C	completed	Done by	
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Veh No: SM G347TP	E-mail (within Shrs, AIC	2hrs)			
D.O.A : 11/14 - 14:30	i-Motor Claim Form				
	I-Motor W/O (Within:	OD 2hrs, TP 4hrs)			
OD (T) ! Reporting Only	i-Photo Uploaded				
	Assessment/Survey Re				
TP Insurer:	Ass't Report by Fax /	Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:		-
TP Particulars: Veh No:	A STATE OF THE STA	INC()/Non-IN	C(), .		_
Owner / Driver: (100 400	Tel:	*)	
Policy No: ()	Period: () Cover Type:			
Confirmed by : (Date			,	-
Insured/Driver Liability: ((0) [1:0:0 20:: -	N: 0-20%; P: 21-79	%. F: 80-100%]		-
Year of Registration: () Warranty: YES ()/N	0()			
	\$1,000()/\$2,000()		erransec mark		
Carrell Damarks			Mary & Zarran	A	1.20
() Walk-In Customer : Customer's	s information strictly Confident	ial & Strictly NO refer	of repairer.		
() Total Loss Case : to e-mail I	nsurer URGENTLY.		<u>.:</u> .		
	voice: YES () / NO (); Towing Co: ()
		Date&Time	Completed	Done b	у .
Remarks: (INC hotline: 6788 66) / Courtesy Car ()				
1) Apply for Transport Allowance (()				NHW/
2) QC Check / Post Repair Inspection					
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3) Upload Resurvey Photo [Repair Cos Injury: Date/Time Actions	t > \$3000] ()	: Accident Reporting (53	0);	Service Services	# CONTRACTOR OF
3) Upload Resurvey Photo [Repair Cos Injury: Date/Time Actions	t > \$3000] ()	: Accident Reporting (53 : Damege Assessment (51	0); 00); INC (\$80) \$40/\$45	TABIII	# CONTRACTOR
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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
- 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 04/01/2021 09:56 (SGT) Date of Accident 01/01/2021 14:30 (SGT) Exact Location of Accident TPE, Singapore Additional Location Information twds sle Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG5475P

INSURED/POLICYHOLDER

Is company? ROSET LIMOUSINE SERVICES PTE LTD Name Of Registered Owner 2XXXXX722Z Company Reg No ee.hadihas@gmail.com Email Address (Phone) +65-68445225 Mobile Phone No +65-68445225 Alternative Phone No

VEHICLE PARTICULARS

Mazda Manufacturer 3 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 - Claiming third party 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

SAHIDAH SALMAN Name of Driver SXXXX110D NRIC No 04/10/1994 Date Of Birth Occupation Indoor

12/02/2015 Date Of Driving Pass 5 YEARS AND 11 MONTHS Driving experience Gender Female Mobile Number (Phone) +65-93379792 Alt. Phone Number Email Address ee.hadihas@gmail.com BLK 324 SEMBAWANG CLOSE Address #08-327 Address complement Postcode 750324 Is the driver the policyholder? If No. Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Chain Collision Type of Accident Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other material or property damaged? Yes Number of Passengers (Including Driver) 1 Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION Was the accident reported to the police? No 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? Yes No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SJB8786J Toyota Vehicle Manufacturer Wish Vehicle Model Vehicle Variant Vehicle Colour

Private car

ABDUL KADIR

(Phone) +65-96703227

Vehicle Category

Contact Number

Address

Postcode

Name of Driver

Address complement

Insurance Company Name

Nature Of Damage	17
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ6730U
Vehicle Manufacturer	Volkswagen
Vehicle Model	141
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ROY
Contact Number	(Phone) +65-97635666
Address	(CZ-C
Address complement	-
Postcode	(-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2.70

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SAHIDAH SALMAN
Address	#5
Address Complement	¥1
Post Code	2
Approximate Age Years Old	8
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SMG5475P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust 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. 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, 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
- (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.

NOUSINE

Policyholder's Signature / Date & Time

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

Witnessed by Repor ting Centre Personnel

Sketch Plan

A: SMG 5475P B: SJB 8786 J C: SKZ6730U Describe Circumstances of the Accident travelling along TPE towards SLE on the third lane. was in front of me vehicle started to slow down vehicle. Out sudden, felt an impact from my MU vehicle C. chain collision car

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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.

建 模型 (1995年) (199554) (199554) (199554) (199554) (199554) (1	ACCIDENT DETAILS	
Date of accident	01/01/2021	(DD/MM/YY)
Time of accident	1430	(HH:MM)
Exact location of accident	Along TPE towards SLE	

	DETAILS OF VEHICLE
Vehicle registration number	SMG 5475 P
Vehicle make and model	Mazda 3
Type of vehicle	Saloon MPV CRV Van Carry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle 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 Reporting only

	INSURANCE IN	FORMATION	"大学的是一种。"
Insurance company	LIBERTY		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

	INSURED / POLICY HOLDER		新型性的
Name	ROSET LIMOUSINE SERVICES PTE LTD	Male 🗆	Female 🗆
NRIC / Fin / Passport number	200406722Z		
Contact	68445225 ADMIN@ROSETLIMO.COM		
Address	BLK 53 UBI AVENUE1 #03-47 PAYA UBI IN	DUSTRIAL PARK	(S(408934)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Sahidah Salman Male - Female &
NRIC / Fin / Passport number	89437110 D
Contact	9337 9792
Address	BIK 324 Sembawang Close #08-327 S(750324)
Email address	ee. hadihas @ amail. com
Date of birth	ee. hadihas @ gmail. com 04/10/1994
Occupation	Indoor Outdoor
Driving date pass	12/62/2015

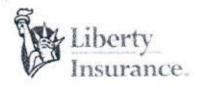
ASSESSMENT OF THE PARTY OF THE	GENERAL	INFORMATION	OF THE ACCIDENT	ASSESSMENT OF THE PARTY OF THE
Was driver an employee of	Yes 🗆	No		
the insured's company?		lationship of the	driver and insured:	Hirer
Accident captured by camera?	Yes	No 🗆		
Weather condition	Cléar 🗆	Raining	Others:	
Road surface	Dry 🗆	Wet p		
No of passenger	01			(Inclusive of driver)
The state of the s				
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Name				
Gender	Male 🗆	Female		
全国企业工艺工艺工艺工艺		PASSENGE	R2	PERSONAL PROPERTY.
Name	Manage Control			
Gender	Male 🗆	Female		
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Gender	Male 🗆	Female 🗆		
Manager St. November 2010		PASSENGER	35	
Name /				
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Name/			A PARTY OF THE PAR	
Gender	Male 🗆	Female 🗆		
/				
PARTY TO THE PARTY OF THE PARTY	e to the	OTHER INFORM	ATION	
Was anybody injured?	Yes 🗹	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
	DETAIL	S OF POLICE STA	TION ACTION	SERVICE TO SERVICE
Reported to police?	Yes 🗆	THE R. P. LEWIS CO., LANSING, STREET, SQUARE, SQUARE, SQUARE, SQUARE, SQUARE, SQUARE, SQUARE, SQUARE, SQUARE,	s, please state which	police station.
Police station name				
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	THIRD PARTY VEHICLE 1
Vehicle registration number	SJB 87 86 J
Vehicle make model	Toyota Wish
Name	Abdul Kadir
NRIC / Fin / Passport number	- This way a second of the sec
Contact	9670 3227
AND THE RESERVE OF THE PARTY OF	
经 的过去式和	THIRD PARTY VEHICLE 2
Vehicle registration number	SK26730U
Vehicle make model	Volkswagen
Name	Roy
NRIC / Fin / Passport number	J
Contact	9763 5666
A-000 - 000	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
各地位的1000年4月2日,1000年11日1日	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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A CONTRACTOR OF THE PARTY OF TH	
/ehicle registration number	THIRD PARTY VEHICLE 5
/ehicle make model	
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Contact

B

Market Street, Street, Sp.	INJURED PERSON 1
Name	Sahidah Salman
Injuries sustained	Back and neck
Which vehicle person in?	SMG 547 5 P
Were seat belts worn?	Yes 🗷 No 🗆
Was injured conveyed to	Yes □ No Ø
hospital by ambulance?	
XXII THE PARTY OF	INJURED PERSON 2
Name	INJUNED PERSON 2
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D
A DOMESTIC OF THE PARTY OF THE	INUITED PERSON
Name	INJURED PERSON 3
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to	Yes No No
	I ICS LI IND LI
nospital by ambulance?	
hospital by ambulance?	
hospital by ambulance?	INJURED PERSON 4
Name njuries sustained	
Name	INJURED PERSON 4
Name njuries sustained Which vehicle person in? Were seat belts worn?	Yes D No D
Name njuries sustained Which vehicle person in?	INJURED PERSON 4
Name njuries sustained Which vehicle person in? Vere seat belts worn? Vas injured conveyed to	Yes No
Name njuries sustained Which vehicle person in? Vere seat belts worn? Vas injured conveyed to	Yes D No D
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Name njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to ospital by ambulance? ame njuries sustained	Yes No
Name njuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to ospital by ambulance? It is ame njuries sustained Which vehicle person in?	Yes No P No P INJURED PERSON 5
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Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to ospital by ambulance? It is ame Injuries sustained Which vehicle person in? Were seat belts worn? Were seat belts worn? Was 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) RULES, 1959 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) ROLES, 1939 (MALATSIA)	
Certificate No	SD20V13100 /VPZ /R02
Form	MZ406C
Date Of Issue	20-OCT-2020
1.Index Mark and Registration No. of Vehicle:	SMG5475P
2.Chassis number of Vehicle:	JM6BN22A8K0249523
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance	01-NOV-2020 00:00 AM
for the purpose of the Act:	
5.Date of Expiry of Insurance:	31-OCT-2021 23:59 PM
6 Persons 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 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.

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:

MAYBANK SINGAPORE LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/-/20-OCT-20

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