D. C. Luc J. L.	Jeb description		Date & Time Completed	Done by	
Date In: 4/1/11-12:04	SAS e-filing				00000000000000000000000000000000000000
Ref No: NAIVIEN 000038724	E-mail (within 8hi	a (C 2hrs)			a
Veh No: SUDG865	i-Motor Claim				
D.O.A: 31/12/22-07:50			E TO Albert		
OD ! TP ! Reporting Only	i-Motor W/O (		t, TP 4hrs)		
OB : 11 Flaporengens	i-Photo Upload				-
TD I	Assessment/Surr				
TP Insurer:	Ass't Report by	Fax / Hand			
Preferred Wksp / INC Assign Wksp / QW:	(		101.	Fax:	
TP Particulars: Veh No:5	M 13464 H	. INC(			
Owner / Driver: (		)(1) 	Tel:		-
Policy No: ( )	Period: (	)	Cover Type: (		-
Confirmed by : (		Date:	Time:	1000(1	
Insured/Driver Liability: (		J. W. Lincoln and John Street	10%; P: 21-79%. P: 80-	.100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading:	\$1,000()/\$2,000(	)		THE RESERVE OF THE PERSON NAMED IN	
		111	HENRY AND PASSAGE	50° 0° 1	\$ 70x
General Remarks:-  ( ) Walk-In Customer: Customer:	information strictly Con				
		i i i i i i i i i i i i i i i i i i i			200
( ) Total Luss Case : to e-mail I			Touring Co. (		)
Drive-In ( )/ Towed-In ( ); In	voice: YES ( ) / No	0();	Towing Co: ( Date&Time Completed		
.,pp.,	)/Courtesy Car ( )			- The state of the	12:
	( ) t>\$3000] ( )				
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost					
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3) Upload Resurvey Photo [Repair Cos			Checklid	Ant (5)	
3) Upload Resurvey Photo [Repair Cos  Injury:  Date/Time: Actions		POPUS TO SERVICE STATE	eparation Checklist	Ant((5))	
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Onte/Time Actions		1) AR : Accide 2) DA : Dama 3) TF : Towin	ent Reporting (\$30); ge Assessment (\$100); INC g Fee	(\$80) \$40/\$45	
Onte/Time Actions  ACTIONS  Injury:  Date/Time Actions  Injury:  Actions		1) AR : Accide 2) DA : Dame 3) TF : Towin 4) FT : Follow	ent Reporting (\$30); ge Assessment (\$100); INC g Fee -Through Survey	(\$80) \$40/\$45 \$120	
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· . ph it 1.70

SN0921140008 / National Assessment Centre Services [408933]

ENTRY DATE & TIME: 04/01/2021 12:06 (SGT)

SUBMITTED BY: Celine Fong Wai Li VERSION: 1 (04/01/2021 12:06 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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.
 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

04/01/2021 12:06 (SGT) Date of Submission 31/12/2020 07:50 (SGT) Date of Accident Clementi Ave 6, Singapore Exact Location of Accident Additional Location Information twds aye Singapore Country/State of Loss

## **DETAILS OF OWN VEHICLE**

SLD986S Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? ROSET LIMOUSINE SERVICES PTE LTD Name Of Registered Owner 2XXXXX722Z Company Reg No hpeipei631@gmail.com Email Address (Phone) +65-68445225 Mobile Phone No Alternative Phone No

## VEHICLE PARTICULARS

Mitsubishi Manufacturer Attrage Model Variant Exact purpose for which vehicle was being used at time of Private hire 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

HO PEI PEI (HE BEIBEI) Name of Driver SXXXX128C NRIC No 04/01/1978 Date Of Birth Outdoor Occupation

22/08/2000 Date Of Driving Pass 20 YEARS AND 4 MONTHS Driving experience Female Gender (Phone) +65-87776375 Mobile Number Alt. Phone Number hpeipei631@gmail.com Email Address BLK 653 WOODLANDS RING ROAD Address Address complement #02-472 730653 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer No 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 Collision - Head to Rear Type of Accident Clear Weather Conditions Dry Road Surface OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident No Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) 2 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 UMA Name Female Gender 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? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SML3464H Vehicle Registration Number Hyundai Vehicle Manufacturer Vehicle Model

Private car

KOH AH TUCK

SXXXX763A

Vehicle Colour

Vehicle Category

Name of Driver

Vehicle Variant ....

NRIC No

	- 1
Contact Number	
Address	
Address complement	
Postcode	1
Insurance Company Name	9
Nature Of Damage	- 9
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 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.
- 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)

Lunderstand, 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 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.

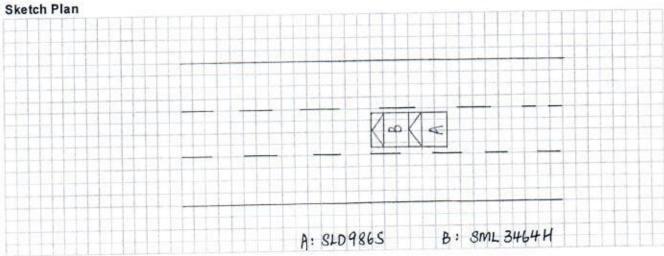
(collectively the "Purposes")

- (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.

Policyholder's Signature / Date & Time

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

Witnessed by Repo Personnel



CITDE OIL	Cumota		-	Acciden	Manage	h	1	munede	AYE	The	car	mfront
-	was	travelli	ng	along	Clementi	HVE	6	towards	,,,,,			THE PERSON AND A P
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## Declaration

VWe declare the foregoing particulars are true in every respect.

SERVICES OF ELLO

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. 4
- 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>公共党员的</b>	ACCIDENT DETAILS	SALES AND
Date of accident	31/12/2020	(DD/MM/YY)
Time of accident	0750	(HH:MM)
Exact location of accident	Clementi Ave 6 towards AYE	

	D	ETAILS OF	VEHICLE		16.2017年15年15年16日
Vehicle registration number	SLD 986S	a — we we have the many			The state of the s
Vehicle make and model	Mitsubishi	Attrage			
Type of vehicle	Saloon D	MPV 🗆	CRV   Motor	Van cycle □	Others:
Vehicle category	Private 🗆	Comme	rcial 🗆	Motorcyc	cle 🗆
Purpose of using at said time					
Are you claiming under your own insurance company?	Yes □ Third part c	No 🗷	if no, plea Reporting		

STATE OF THE PERSON	INSURANCE IN	FORMATION	但如何是因此是自己的
Insurance company	LIBERTY		
Policy number		15	1
Type of policy	Comprehensive □	Third party fire & theft	TP only 🗆

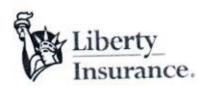
AND STATE OF THE S	INSURED / POLICY HOLDER	and the stand	10000000000000000000000000000000000000
Name	ROSET LIMOUSINE SERVICES PTE LTD	Male □	Female
NRIC / Fin / Passport number	200406722Z		
Contact	68445225 ADMIN@ROSETLIMO.COM		
Address	BLK 53 UBI AVENUE1 #03-47 PAYA UBI IN	NDUSTRIAL PARK	S(408934)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	THE PROPERTY.
Name	Ho Pei Pei Male	Female
NRIC / Fin / Passport number	S7800128C	
Contact	8777 6375	
Address	BIK 653 Woodlands King Road # 02-472 S(730 653)	
Email address	hpeipei 631@ gmail.com	
Date of birth	04/01/1978	
Occupation	Indoor D Outdoor	
Driving date pass	22/08/2000	

Sales to the sales of the sales	<b>GENERAL I</b>	NFORMATION OF THE AC	CIDENT	是我们自然和我们/60 百分
Was driver an employee of	Yes 🗆	No/a	insured: Hirer	
he insured's company?		tionship of the driver and	insured:	
Accident captured by camera?	Yes□	Noe		
Weather condition	Clear	Raining   Others		
Road surface	Dry	Wet 🗆		(Inclusive of driver
No of passenger	02		A	(Inclusive of driver
7.00			but seems lead to be a fine of the	Sold Paragonia Tar
A A State of the S		PASSENGER 1	语可是现在是"特别"的"ANA"。	N. C.
Name	¥ Uma	(9431 3545)		
Gender	Male 🗆	Female p		
				Service Tolerand
the contract the same of the last	1990 250	PASSENGER 2	Residence of the Party of the P	THE PERSON NAMED IN
Name				/
Gender	Male D	Female 🗆		
				tions who is the same
	<b>在2000年</b>	PASSENGER 3		
Name				
Gender	Male 🗆	Female		
The state of the s				
CASE COMPANY OF MARKET PROPERTY.	STATE OF THE PARTY.	PASSENGER 4	<b>经验的证据</b>	AND THE PERSON NAMED IN COLUMN
Name				
Gender	Male D	Female		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			STATE OF THE PARTY	
Mark Street, St		PASSENGER 5	STEEL ST	STATE OF STREET STATE OF STREET
Name /				7
Gender /	Male □	Female		*
	o de la			US 5 15 15 15 10 10 10 10 10 10 10 10 10 10 10 10 10
CARL TO SELECT THE SECURITY OF	<b>分对作的</b>	PASSENGER 6		
Name /				
Gender	Male 🗆	Female		
			THE RESERVE OF THE PARTY OF THE	TO SECULIAR WAS INCOME.
	West State	OTHER INFORMATION	ACCOUNT OF THE PARTY OF THE PAR	
Was anybody injured?	Yes 🗆	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
	,			S. A. C.
<b>经验</b> 证据的证据的证据的	-	LS OF POLICE STATION A	CIION	ention
Reported to police?	Yes 🗆	No If yes, please	state which police s	ation.
Police station name			0028	
A STATE OF THE STA				And the state of t
	<b>经</b> 上的专业	WITNESS 1	2000年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日	
Name				
	THE WALL STREET			All and the second second
ACCOMMON TO THE REAL PROPERTY.	是沙里沙哥	WITNESS 2	<b>生物系列。于2000年至100</b>	A LAND LAND LAND
Name	- 1			

and the second second second second	THIRD PARTY VEHICLE 1
table registration number	SML 3464 H
Vehicle registration number Vehicle make model	# Hyundai
	Koh Ah Tuck
Name	
NRIC / Fin / Passport number	S 7539 763 A
Contact	
	TURN NARRY VEHICLE 2
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
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	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
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The second state of the se	
<b>的</b> 种类的现在分词是一种一种	THIRD PARTY VEHICLE 4
Vehicle registration number	
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<b>上</b>	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
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	THIRD PARTY VEHICLE 6
Contact	THIRD PARTY VEHICLE 6
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Vehicle registration number Vehicle make model Name NRIC / Fin / Passport number/ Contact  Vehicle registration number	

	<b>建筑</b> 外代籍	INJURED PERSON 1
Name	The second second	
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
<b>建筑发现。李可当所</b>		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		Mile Rotto
nospital of amountainer		
		INJURED PERSON 3
Name	Name and Address of the Owner, where	
Injuries sustained		
Which vehicle person in?	Yes 🗆	No 🗆
Were seat belts worn?		No 🗆
Was injured conveyed to	Yes 🗆	NO L
hospital by ambulance?		
	SON DELLA MARKET	INJURED PERSON 4
	THE PERSON	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?		
	-CLUMPHONE ADDRESS.	
<b>建筑市民工的共产业的</b>	<b>学科学院</b>	INJURED PERSON 5
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes□	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
		INJURED PERSON 6
	THE RESIDENCE OF STREET	The state of the s
Name		
Name Interior systemed		
Injuries sustained		
Injuries sustained Which vehicle person in?	Vos E	No C
Injuries sustained	Yes 🗆	No D





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:	SLD986S		
2.Chassis number of Vehicle:	MMBSTA13AHH000412		
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		
Classes of Borcone			

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.

#### 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.

#### 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

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20-OCT-20