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Owner / Driver: (			Ti			
Policy No. (	) Perio	od: (		er Type. (		
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SN0921AF0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 15/10/2021 15:35 (SGT) SUBMITTED BY: Roslinda Binte A, Wahab VERSION: 1 (15/10/2021 15:35 (SGT))



# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Please report <u>correctly</u> 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 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. Ally lease 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

15/10/2021 15:35 (SGT) 14/10/2021 08:10 (SGT) Singapore ALONG KJE AFT CORPORATION EIT TWDS PIE(JURONG) Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLH5112T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No

Alternative Phone No.

ROSET LIMOUSINE SERVICES PTE LTD

2XXXXX722Z

khierthii@rosetlimo.com (Phone) +65-68445225 (Office) +65-68445225

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Toyota Wish

Private hire

No - Claiming third party

Private hire Auto 1800

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number

Liberty Insurance Pte Ltd Comprehensive

SD20V13100/VPZ/R02

DRIVER

Name of Driver

NRIC No

MOHAMAD RAZIEF BIN MOHD ALI SXXXX592G



Accident report SN0921AF0004

Page 1 of 16

Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

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

Type of Accident Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

PASSENGER 1

Name

Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

09/03/1966

15/05/1998

23 YEARS AND 5 MONTHS

BLK 175 WOODLANDS ST 13

(Phone) +65-87932069

mdrzf66@gmail.com

Outdoor

#02-325

730175

Chain Collision

Clear

Dry

No

Yes

No

2

No

Male

No

No

GRAB PASSENGER

Yes

4

No

No

Hirer

No

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

SKW1315J

Private car

Accident report SN0921AF0004

Page 2 of 16

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKT6966M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SJN2788E Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

# INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person MOHAMAD RAZIEF BIN MOHD ALI Gender Male Phone No. Address Address Complement Post Code Approximate Age Years Old Injuries Sustained BACK & NECK Injured person in which vehicle? **SLH5112T** Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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 the claims;
- (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

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

Witnessed by Reporting Centre Personnel

## Sketch Plan

	KJE
A: SLH 5112T	B: SKW 1315J C: SKT6966 M D: SJN2788E

		I was stationary along KJE towards PIE (Jurong) after
Corpor	ration	n exit as the traffic was heavy. Out of sudden, 1
		loud bang following by a huge impact from my rear
When	-/	alighted to check, I realised I was involved in
a ék	naîn	collision. Total four vehicles involved.
e e e e e e e e e e e	-	
		Tr.

## 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.

Date of accident	14/10/	2021			ET 442 345 3	(DD	/MM/YY
Time of accident	0810					(00	(HH:MM
Exact location of accident	Along (Juro	KJE	after	Corporation	exit	towards	

STANDARD STANDARD STANDARD	DETAILS OF VEHICLE	
Vehicle registration number	SLH 5 11 2 T	of sale
Vehicle make and model	Touota Wish	_
Type of vehicle	Saloon	
Vehicle category	Private   Commercial Motorcycle	
Purpose of using at said time	motoreyere u	_
Are you claiming under your own insurance company?	Yes  No if no, please select:  Third part claim Reporting only	

THE STREET STREET	INSURANCE IN	FORMATION	
Insurance company	Libertu		<b>以及公司的制造的企业的企业</b>
Policy number	10		
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only 🗆

Name	Roset Limpusing Services Dtg Ltd Male D Female D
	Roset Limousine Services Pte Ltd Male - Female
NRIC / Fin / Passport number	2004067222
Contact	6844 5225 khierthii @ rosetlimo.com
Address	1770-1711 C 1030 [ 11110 : C011)

DRIVER SAME AS INSURED ABOVE (SKIP TO D.O.B)						
Name	Mohamad Razief Bin Mohd Ali Males Female -					
NRIC / Fin / Passport number	S1764592G					
Contact	8793 2069					
Address	BIK 175 Woodlands Street 13 # 02-325 S(730175)					
Email address	mdrzf 66 @ gmail.com					
Date of birth	09/03/1966					
Occupation	Indoor D Outdoor D					
Driving date pass	7					

	GENERA	L INFORM	ATION O	F THE ACCID	ENT		
Was driver an employee of	Yes□	No 🗗	-		mid-delication of	国家电路生活的特殊	SWING ASSESSED.
the insured's company?	11 117772757755		of the d	river and insu	urad:	11.000	
Accident captured by camera	? Yes 🗆	No	or the u	iver and mist	ireu	Hirer	
Weather condition	Clear	7	ing 🗆	Others:			
Road surface	Dry	Wet 🗆		Others.			
No of passenger	02	******				(11	
	1 42					(inclus	ive of driver
	TANK MARK	DAG	SENGER	Per manufacture de principal de			NO SUCCESSION SOMEONIC
Name	arab	The second secon	CONTRACTOR OF THE PARTY OF THE	THE REAL PROPERTY.		E CONTRACTOR	
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	1						
Gender	Male 🗆	Female	e 🗆				
2009年1月1日日本共和国		PAS	SENGER 4		長級計		
Name					COLUMN TAX SALE PROPERTY		SHELD STREET
Gender	Male 🗆	Female	e 🗆				
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estation of the control of	<b>BARRET</b>	PASS	SENGER 5	<b>MATERIAL</b>			
Name			CONTRACTOR OF STREET		STATE OF THE PERSON NAMED IN	<b>经过程的全部</b>	HORSE SE
Gender	Male 🗆	Female	2 0				
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Gender/	Male 🗆	Female					
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Was other vehicle damaged?	Yes	No 🗆					
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Reported to police?	Yes 🗆	Nop		THE RESERVE AND ADDRESS OF THE PERSON	de la la servicio	1 San Car	AND LAND
Police station name	1030	1103	ii yes, p	lease state w	vilich polic	e station.	
<b>国内公共共和国共和国共和国共和国</b>	AND REAL PROPERTY.		No.		15 M. 1947-114	Management and	
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lame					A STATE OF THE STA		

See Me Francisco Color Color Color Color	THIRD PARTY VEHICLE 1
Vehicle registration number	SKW 1315J
Vehicle make model	Touota Axio
Name	Ang Rex Nathaniel Su
NRIC / Fin / Passport number	G3463 499N
Contact	GOTEO III

	THIRD PARTY VEHICLE 2
Vehicle registration number	SKT 6966M
Vehicle make model	Volvo
Name	77170
NRIC / Fin / Passport number	
Contact	

· 新闻的 是我这些年代的经验。	THIRD PARTY VEHICLE 3
Vehicle registration number	SJN2788E
Vehicle make model	mazda
Name	- Control of the cont
NRIC / Fin / Passport number	
Contact	

Vehicle registration number	RD PARTY VEHICLE 4
Vehicle make model	1/
Name	
NRIC / Fin / Passport number	
Contact	

HERE SEEDING TO THE SEEDING	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	#
NRIC / Fin / Passport number	
Contact	<del></del>

King to a second	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

MOSS 等于10.14 Hodge 等级的	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

Name Injuries sustained Injuries belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 2  INJURED PERSON 2  INJURED PERSON 3  INJURED PERSON 3  INJURED PERSON 3  INJURED PERSON 4  INJURED PERSON 4  INJURED PERSON 4  INJURED PERSON 4  INJURED PERSON 5  INJURED PERSON 5  INJURED PERSON 5  INJURED PERSON 6  INJU		14 Sept.	INJURED	PERSO	ON 1	KARA SA		Patricina Indiana	a de la compa
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Was injured conveyed to hospital by ambulance?    Was injured conveyed to hospital by ambulance?   Yes   No									
Was injured conveyed to hospital by ambulance?    Name		Yes 🗆	No.	-					
Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  INJURED PERSON 4  INJURED PERSON 4  INJURED PERSON 4  INJURED PERSON 4  INJURED PERSON 5  INJURED PERSON 6	Was injured conveyed to								
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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	MZ406C 20-OCT-2020				
Date Of Issue					
1.Index Mark and Registration No. of Vehicle:	SLH5112T				
2.Chassis number of Vehicle:	JTDGG20W10J005356				
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.

#### 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