SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 Actual 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 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.

- 4. The issue and acceptance of this is form by instrained companies.
 5. 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 26/08/2022 15:54 (SGT) Reported by Date of Accident 25/08/2022 11:45 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 728 JURONG WEST AVE 5 CARPARK Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number SLJ448Y INSURED/POLICYHOLDER Is company? Yes

Toyota

Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD Company Reg No 200406722Z Email Address khierthii@rosetlimo.com Mobile Phone No (Phone) +65-68445225 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model TOYOTA / COROLLA ALTIS CLASSIC 1.6 CVT Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1598

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5124311472-000112 (TP) 01.11.21-31.10.22

DRIVER

Name of Driver MOHAMED RAZIFF BIN MOHAMED YUSSOF NRIC No S0058274C Date Of Birth 10/01/1954 Occupation Outdoor

Date Of Driving Pass 03/10/1986 Driving experience 35 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-91896559 Alt. Phone Number Email Address khierthii@rosetlimo.com Address BLK 850 JURONG WEST ST 81 #03-271 S640850 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Collision - Opening Door of Vehicle Weather Conditions Clear Road Surface Dry 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO ATTACHED REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHC1351U Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Taxi

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)		_

SKETCH PLAN

IMPORTANT NOTICE

- 1. 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 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.
- 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 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.

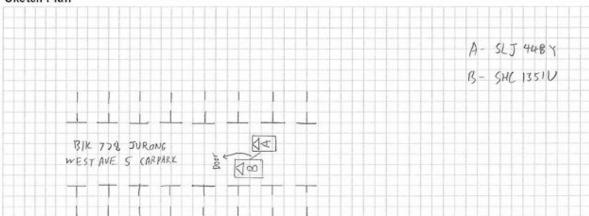
(collectively the "Purposes")

- (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 firm ,, which may be sited outside of Singapore, for one or more of the above Purposes OF

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

Witnessed by Reporting Centre Personnel

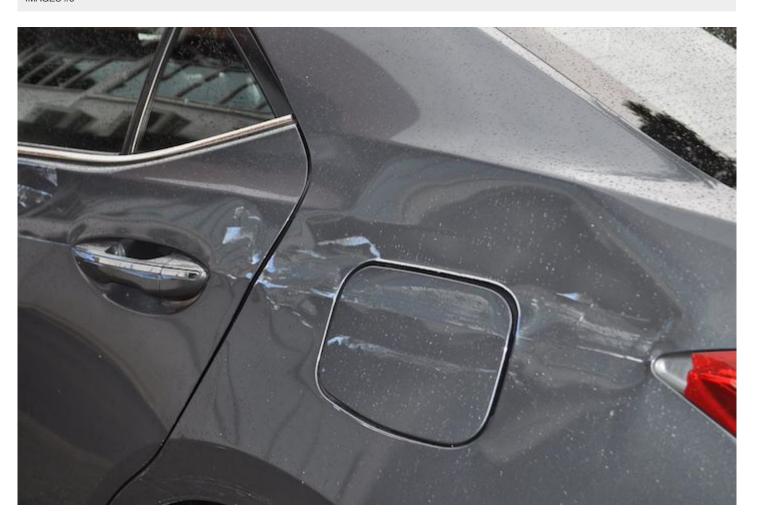
Sketch Plan

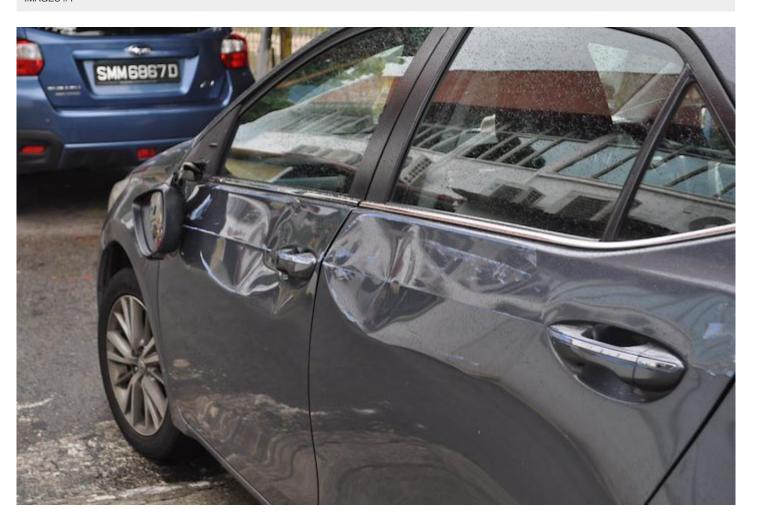


		A . F. DU. 222.0	
			om a far I saw vehicle B was stationary
			er alighting from the left side. So I proceed
			e B, The passenger of vehicle B without
_ checking that the i	oad is clear sud	ldenly open its door and co	ollided onto my vehicle left portion.
191			
aration			
leclare the foregoing partic	ulars are true in e	very respect.	
QTE LTD #			agoskshop *
NAVICES.			(5)
(2)		1. 1/1	(SO) XX
MISNOVI		MALLAND	OOK SING
	Debrada C	Was de la	ballan (Bar
holder's Signature / Date &	& Time	nature (If driver is not the policy	holder) / Date Witnessed by Reporting Centre
	o. time		Personnel



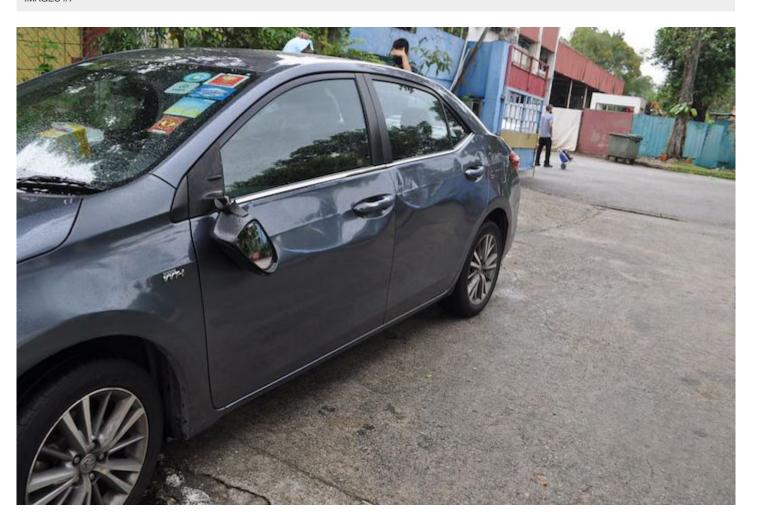


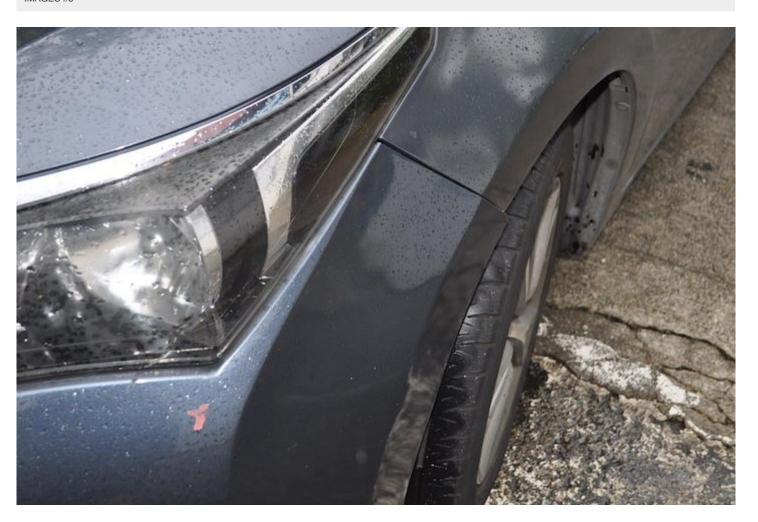








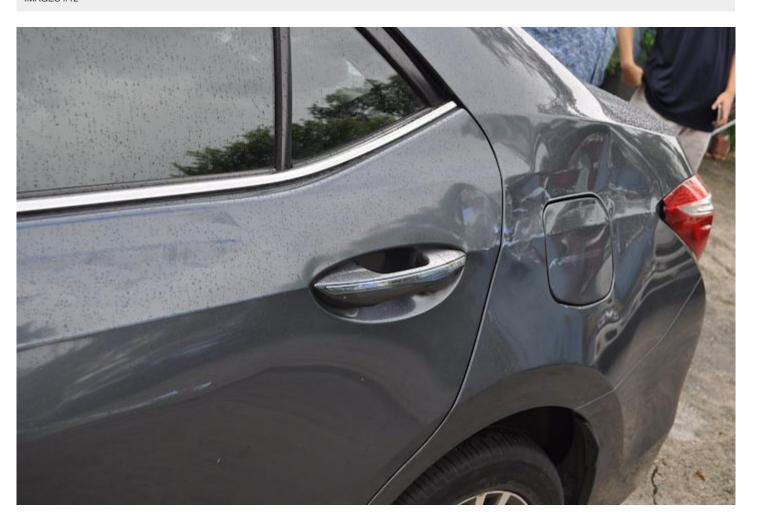






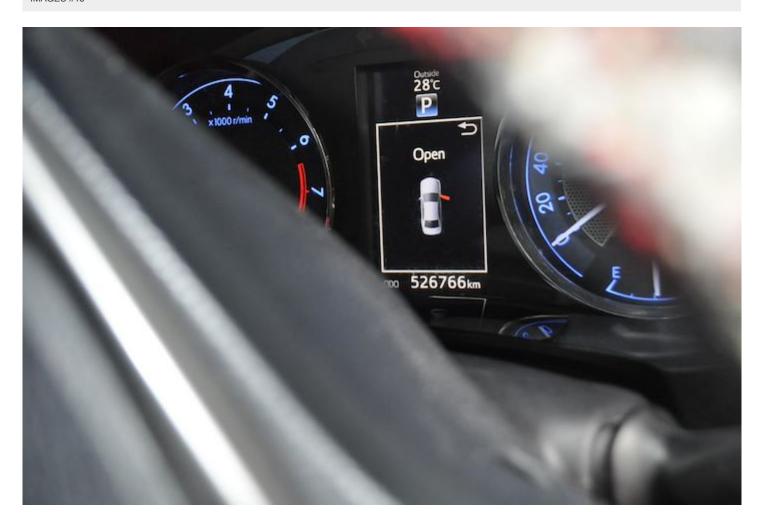


















Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5124311472-000112

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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.

: SLJ448Y

: 01 Nov 2021 : 31 Oct 2022

Cover : Third Party

: ROSET LIMOUSINE SERVICES PTE LTD

: MR053REH104560223

- 6. Limitations as to Use#
 - (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: N/A	
EXCESS (SECTION 2)	: S\$1,500	
ADDITIONAL EXCESS	: N/A	
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO	
INSURE WITH COE	: N/A	
NCD PROTECTION	: NO	
PRIMARY DRIVER	: N/A	
NAMED DRIVER (1)	: N/A	
NAMED DRIVER (2)	: N/A	
HIRE PURCHASE COMPANY	: DBS BANK LTD	
SUM INSURED	: N/A	

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)

Agency

: NEWSTATE STENHOUSE (S) PTE LTD (00000690452)

Date of Issue

: 26 Oct 2021 14:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive



VEHICLE RENTAL AGREEMENT

Rental Agreement No.: RLS/06/2022/2374

This Agreement is made on the 28th day of June 2022

Between

ROSET LIMOUSINE SERVICES PTE. LTD.

having its registered office at:

53 Ubi Ave 1, Paya Ubi Industrial Park, #03-47, Singapore 408934

hereinafter known as "the Owner" of the one part

And

Mohamed Raziff Bin Mohamed Yussof

(NRIC NO. S0058274C)

Located at 850 Jurong West Street 81 #03-271 Singapore 640850

hereinafter also known as "the Hirers" of the other part

hereby agreed that the Owner will let to the Hirers the vehicle known as "the Vehicle" upon the terms and conditions hereinafter appearing.

1. DESCRIPTION OF VEHICLE

Make & Model	Registration No.	Colour
TOYOTA ALTIS	SLJ448Y	SILVER

2. a) RENTAL DURATION (Months)

: TWELVE (12) MONTHS

b) RENTAL COMMENCEMENT DATE

: 18/08/2022 to 17/08/2023

3. a) ROSET CARE PREMIUM PLAN

SS4.30 per day or SS30.00 per week * strike off if Decline

4. Rental Fee Payable

Payment Mode	Rental Charges (SS)	Roset Care Premium Plan (RCPP) (SS)	TOTAL (SS)
Daily			
Weekly	355	30	385
Monthly			

- i) Rental Fee above includes the following items:
 - a) Unlimited mileage;
 - b) Service and maintenance;
 - c) Road Tax and Radio License;
 - d) Motor Insurance Coverage (Excess applicable);
 - e) 24-hours breakdown and emergency service (in Singapore only);
 - f) 2 pcs of Private-Hire Decals pasted on the front and rear windscreens as requested by Land Transport Authority (LTA). Please take note that each damaged or lost decal will be charged SGD\$100 fee in addition to LTA fines/demerit points for replacement.

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Doc No.: VRA-13(wef 01/04/2022)

No.53, Ubi Avenue 1, #03-47 Paya Ubi Industrial Park, Singapore 408934 Tel: 6844 5225 Fax: 6844 7877