



mbm wheelpower
DARE TO BE

Attn: VIC

Your ref: SKT3021J

Our ref: SFC6638J

13rd January 2018

AIG Asia Pacific Insurance Pte Ltd

78 Shenton Way, #08-16

AIG Building

Singapore 079120

TEL: 6419 1000

Attn: Motor Claims Dept

WITHOUT PREJUDICE

Dear Sir / Mdm,

Accident involving SFC6638J and SKT3021J along Jalan Boon Lay on 29.12.2017 at 15:15hrs

We refer to the above said accident.

Our investigation reveals that you are the insurer of the vehicle **SKT3021J** at the material time of the accident and that the said accident was caused solely by the negligence of the driver insured by your company. We hereby propose a direct settlement for our client's claim.

We enclosed herewith copy of

- 1 Final repair invoice
- 2 GIA report of SFC6638J
- 3 Photocopy of IC & Driving License
- 4 Certificate of Insurance
- 5 Authorisation Letter
- 6 Discharge Voucher
- 7 Rental invoice
- 8 LTA Search

We are instructed to claim the following

1 Costs of Repair - Part by Part - (\$2,667.72 + 7% gst)	\$ 2,854.46
2 Loss of Rental (\$150 x 4 days x 7%)	\$ 642.00
3 LTA Search Fee	\$ 7.45
Grand Total:	<u>\$ 3,503.91</u>

Please kindly let us know whether you are prepared to settle our client's claim.

Thanks & Warmest Regards,



Yin Siew

HP: 6262 8888

yinsiew.kon@mbmwheelpower.com.sg

MBM Wheelpower Pte Ltd
160 Sin Ming Drive #06-02
Sin Ming Autocity Singapore 575722
Customer Service Hotline: 6262 8888
www.mbmwheelpower.com.sg
Company Registration Number: 200204110W

Date : 11-1-2018

To : MBM WHEELPOWER PTE LTD

() 160 Sin Ming Drive #06-02 Sin Ming AutoCity Singapore 575722

FROM : LEE SIEW KHEEN (Name of Owner & Policyholder)

CLAIM VEHICLE No : SFC6638J

ACCIDENT DATE : 29/12/2017

LOCATION : ALONG JALAN BOON LAY

OTHER VEHICLE : SKT3021J

1 I hereby authorise MBM WHEELPOWER PTE LTD to :-

- a. Proceed with the repair (the repair) to the above accident (the accident) damaged vehicle (the vehicle); and

() Act as sole and principal agent to claim on my behalf for the damaged to the vehicle and / or bodily injury sustained as a result of the accident from third party and / or resolved
(Claim against own Insurer)

(✓) Act as sole and principal agent to claim on my behalf for the damaged to the vehicle and / or bodily injury sustained as a result of the accident from third party and / or third party insurer in question until the claim is wholly completed, settled and / or resolved.
(Claim against Third Party)

2 I confirm that MBM's authorisation shall include without limitation paying for all the relevant reports / documents, corresponding and negotiating with the insurer / third party and any other relevant parties, correspondence of any nature with solicitors, appointing solicitors to act in connection with the claim and, any or all such other tasks concerning the settlement, resolution and / or completion of the claim.

Where authorising party is not vehicle owner and policyholder

EXCEPT :-

- a. Such as matters or task that the insurer / third party and / or the law requires me to personally attend to ; and
 - b. The submission of the claim to the insurer (Where applicable)
- 3 I understand if I submit a claim of whatever nature to my own insurer [**FOURTEEN DAYS (14 days)**] after the accident (or such other time stipulated by my own insurer and / or the law), such claim will not or may not be accepted by my own insurer.
- 4 I further confirm and accept that :-
- a. To the extent permitted by laws :-
 - i) I will indemnify and keep MBM indemnify in connection with or arising from the claim ; and
 - ii) That not with outstanding the agreement or otherwise, under no circumstance will I (jointly or severally) in any manner hold MBM liable for losses / damages of whatever nature arising or in connection with the claim.
 - b. MBM does not guarantee and never represent that the insurer / third party will fully indemnify me for the damage and / or the repair's cost and, that I shall be and continue to be liable to MBM for the whole of the repair's cost.
- 5 As the extend to which the insurer / third party will indemnify me or be liable is not conclusive, I agree to place a deposit of \$ _____ (excluding Gst) for the repair's cost.
- 6 I agree and accept MBM deposit refund policy, If the final successful percentage of indemnification / contribution / liability from or of the insurer / third party in respect of the repair's cost to me ;-
- a. **50% and below - NO REFUND**
 - b. **100% - FULL REFUND**

- 7 I shall inform and forward to MBM all correspondence and letters received by me from the insurer / third party, any other insurer, solicitors governmental authorities and / or, any other relevant party.
- 8 I shall fully co-operate with and act expeditiously on any requests by MBM, particularly the signing / endorsement / execution of any "Discharge Voucher", failing which I shall be liable to MBM for the full repair costs and the expenses incurred (directly or indirectly) by MBM in connection with the claim.
- 9 I shall not :-
- a. respond to correspondence and letter; and
 - b. negotiate agree or accept any other from the insurer / third party or any other relevant party; without consultation of and expressed approval from MBM WHEELPOWER PTE. LTD.
- 10 In consideration hereof (including without limitation MBM's agreeing to repair the vehicle and defer demanding payment of the repair's cost), I wholly assign to MBM WHEELPOWER PTE. LTD. All proceeds of the claim for :-
- a. the repair's costs and
 - b. damage, compensation, interest, cost (including party-to-party legal costs on a full indemnity basis and expenses in connection with the accident, repair and / or claim; which MBM shall be further entitled to apportion in its absolute discretion with any excess being paid by MBM to me as it deems fit in its absolute discretion.

- 11 I further confirm that payment to MBM or to any person (which shall include a body corporate) authorised by you to receive payment in lieu shall constitute a good effective discharge of the payment obligations by any party of the aforesaid proceeds of my claim and that I shall not be authorised in law to receive payment.



Owner & Policyholder's Signature / Company Stamp (if applicable); or
Authorising party's Signature / Company Stamp (if applicable)

Name : LEE SIEW KHEEN

NRIC : S6917268G

Address : _____



Witness's Signature

Name : DANNY ONG

NRIC : _____



mbm wheelpower
DARE TO BE

To: AIG Asia Pacific Insurance Pte Ltd
78 Shenton Way, #08-16
AIG Building
Singapore 079120

TEL: 6419 1000

Attn: Motor Claims Dept

Tax Invoice: 28234
Date: 13/1/2018
Vehicle No.: SFC6638J
Make / Model: Honda Vezel
Chassis No.: RU11019760
Engine No.: L15B3519775
Year of Make: 2015
Accident Date: 29/12/2017

S/N	DESCRIPTION	Amount S\$
1	Costs of Repair - Part by part	\$ 2,667.72

Total :	\$	2,667.72
7% GST:	\$	186.74
Amount Due S\$	\$	2,854.46

For & on behalf
MBM WHEELPOWER PTE LTD



Prepared by: Yin Siew

MBM Wheelpower Pte Ltd
160 Sin Ming Drive #06-02
Sin Ming Autocity Singapore 575722
Customer Service Hotline: 6262 8888
www.mbmwheelpower.com.sg
Company Registration Number: 200204110W



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DARE TO BE

RENTAL AGREEMENT

NO. 00084

MBM Wheelpower Pte Ltd

176 Sin Ming Drive, #01-11/14/15/16 Sin Ming Autocare, Singapore 575721

Customer Service Hotline 6262 8888

www.mbmwheelpower.com.sg Company Registration Number: 200204110W

VEHICLE		
Vehicle No: <i>SVK8002</i>	Model: <i>Toyota CHR 1.5 JT</i>	
Change Over 1:	Date:	Initial:
Change Over 2:	Date:	Initial:

CORPORATE HIRER	
Co. Name:	
Co. Address:	
Contact Person:	Tel:

NAMED DRIVER	
Name: <i>LEE Siew Kheng</i>	
Address: <i>Blk 683A Juncie West Central #12-114. 5641683</i>	
Office Tel:	Residence Tel:
Occupation:	Hp: <i>98413550</i>
P.P.I.C. No:	Nationality:
Date of Birth:	Place of Birth:
Dr. Licence No:	
Date of Issue:	Country of Issue:

ADDITIONAL NAMED DRIVER	
Name:	
Address:	
Office Tel:	Residence Tel:
Occupation:	Hp:
P.P.I.C. No:	Nationality:
Date of Birth:	Place of Birth:
Dr. Licence No:	
Date of Issue:	Country of Issue:
Remarks: <i>non-accident SFC 6638J Not applicable to Malaysia. drive in NIP 25490</i>	
Invoice No:	Rec. No:

IMPORTANT: The vehicle will not be insured after the expiry of the hire period and in case of any accident the Hirer will be liable for all consequences. For extension of rental please inform us at least 24 hours before the expiry time and payment for the extended rental will have to be made within 24 hours. Late charges at 1/5 (one fifth) of the daily rate of rental for each hour exceeding the time for return of the vehicle will be imposed (i.e., a full day rental will be charged if the Hirer is 5 or more hours late in returning the vehicle.) Any vehicle not returned within 24 hours will be reported as stolen. Hirer is responsible for all parking & traffic violations and missing items.

HIRER'S DECLARATION: I agree to the terms and conditions above and as set overleaf and in declare that all information given on this form are true and accurate. If I opt to pay by credit card, my signature here is to be deemed to have been made on the applicable credit card voucher.

CHECKED OUT BY: <i>Chloe Kong</i>	CHECKED IN BY: <i>Danny</i>	CHECKED BY:
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MBM Wheelpower Pte Ltd
As Managers on Behalf of

OWNER

HIRER SIGNATURE

COMPANY STAMP

CHECK OUT / CHECK IN	
DATE OUT: <i>08.01.2018</i>	TIME OUT: <i>0905</i> HRS
PETROL LEVEL OUT: <i>E</i> 1/8 1/4 3/8 1/2 5/8 3/4 7/8 <i>F</i>	
DATE IN: <i>11/01/2018</i>	TIME IN: <i>1250</i>
PETROL LEVER IN: <i>E</i> 1/8 1/4 3/8 1/2 5/8 3/4 7/8 <i>F</i>	
KM OUT <i>54</i>	KM IN <i>310</i>
KM DRIVEN:	

COLLISION DAMAGE WAIVER	
ACCEPTS CDW EXCESS \$ <i>3,500</i> per accident	DECLINES CDW EXCESS \$ per accident
SIGNATURE: <i>A</i>	SIGNATURE:

EXCESS AMOUNT		
SINGAPORE <i>83,500</i>	MALAYSIA	SIGNATURE: <i>X</i>

CHARGES			
Months	@ \$	per month	
Weeks	@ \$	per week	
Days	@ \$	per day	
Hours	@ \$	per hour	

SUB-TOTAL (1)	
Less Discount:	%

RENTAL CHARGES	
CDW @ \$	per day / month
PAI @ \$	per hour
PETROL TOP-UP	
MISC	

SUB-TOTAL (2)	
<i>HK 683A</i>	
GST @ 7%	
<i>641683</i>	

TOTAL CHARGES	

PRE-PAYMENT	
DOWNPAYMENT AND DEPOSIT	
AMOUNT REFUNDED / DUE	
SIGNATURE OF REFUND: <i>4 days</i>	



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 30 Dec 2017 / 13:58:53

Receipt Date/Time : 30 Dec 2017 / 13:58:53

Tax Invoice/Receipt

Receipt No. : ITNET-00000-171230-000639

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
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Result of Insurance Enquiry - SKT3021J

As at 29 Dec 2017/15:15:00

Insurance Co: AIG ASIA PACIFIC INSURANCE PTE. LTD.

1 Insurance Enquiry - SKT3021J
Enquiry Fee
20171230135500107638

7.00 0.49 7.49

Sub-Total 7.00 0.49 7.49

Total Before Rounding 7.00 0.49 7.49

Rounding Difference 0.04

Total Amount Payable 7.45

Paid By

xxxxxxxxxxxx8786 Credit Card:
Visa/MasterCard 7.45

Total 7.45

Cash Change 0.00

Tendered Amount 7.45

Excess Refundable Amount 0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



mbm wheelpower
DARE TO BE

NAME:	MR LEE SIEW KHEEN
Add:	BLK 683A JURONG WEST CENTRAL
UNIT:	#12-114
STREET:	
SINGAPORE	641683
Contact:	

Tax Invoice: 0084
Invoice Date: 11.01.2018
Vehicle Num: **SLV4800Z**
Make/Model: TOYOTA CH-R 1.2 ST
Chassis no: -
Reference no: SFC6638J - RA00084

S/N	Qty	Particular	Unit Price	Price
1	4	CAR RENTAL FOR 08.01.2018 TO 11.01.2018 ★	\$ 150.00	\$ 600.00

GST S\$	\$ 42.00
Total S\$	\$ 642.00

MBM WHEELPOWER PTE LTD



MBM Wheelpower Pte Ltd
160 Sin Ming Drive #06-02
Sin Ming Autocity Singapore 575722
Customer Service Hotline: 6262 8888
www.mbmwheelpower.com.sg
Company Registration Number: 200204110W



SATISFACTION VOUCHER

Vehicle No : **SFC6638J**

This is to certify that **MBM WHEELPOWER PTE LTD** has repaired the abovementioned vehicle to my satisfaction and I had taken delivery at

1750 HRS hrs on this date 11-01-2018.

Owner Signature & Co. Stamp (If applicable)

We **MBM WHEELPOWER PTE LTD** hereby guarantee the workmanship of the repairs carried out on the accident portion of your vehicle. The guarantee is valid for a period of 6 month from the date of discharge and it is non-transferable. We will promptly carry out any necessary rectification work.

Mbm wheelpower pte ltd
160 SIN MING DRIVE
#06-02
SIN MING AUTOCITY
t 62828888 f 64529823

Company Registration Number : 200204110W

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 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 ability.
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. This report will be forwarded by the insurers of 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 Report	29/12/2017 17:01
Date Of Accident	29/12/2017 15:15
Exact Location Of Accident	ALONG JALAN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFC6638J
Insured/Policyholder	
Name Of Registered Owner	LEE SIEW KHEEN
NRIC No	S6917268G
Email Address	LEESIKH@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98413550
Alternative Phone No	OTHERS-98413550

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SL16V10565A/PE/R00 SI17Y09610/UPF/R02
Cover Note Number	

Driver

Name of Driver	LEE SIEW KHEEN
NRIC No	S6917268G
Date Of Birth	24/05/1969
Occupation	INDOOR
Date Of Driving Pass	22/06/1993
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98413550
Fax Number	
Contact Number	OTHERS-98413550
EMail Address	LEESIKH@SINGNET.COM.SG

Address	BLK 683A JURONG WEST CENTRAL 1 #12-114
Postcode	641683
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TEO WI PIN
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT3021J
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ELAINE ANG
NRIC/Passport Number	S7085018D
Contact Number	90277484
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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.
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 lodgment 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, 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' lawyers/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' lawyers/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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time: 29/12/17 1650h

GIARMC SketchPlanForm_V3

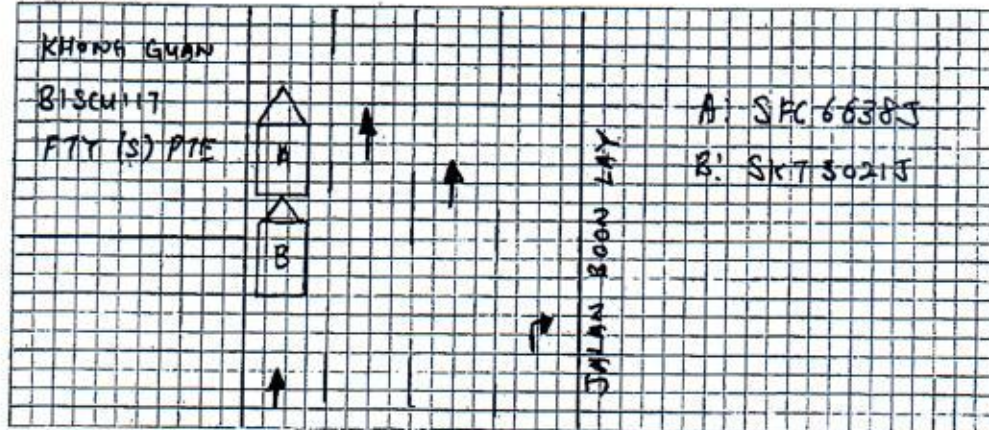
Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature
 Name: 29 DEC 2017
 NRIC/FIN No.: Poh Kwee Choo
 S6840583A



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Jalan Boon Lay and stopped at the traffic junction (Jalan Boon Lay and Chin Bee Dr) at about 1515hrs 29 Dec 2017. After about 2s, the driver of SKT 3021J knocked onto the car at the back.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 29/12/17 1650h

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

Reporting Centre Personnel Signature
Name:
NRIC/FIN No.: 29 DEC 2017
Poh Kwee Choo
S6840583A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Vehicle Number: **S6917268G**

LEE SIEW KHEEN

Birth Date: **24 May 1969**
Issue Date: **11 Mar 2004**

001160687K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6917268G

Name: **LEE SIEW KHEEN**
李兆权

Race: **CHINESE**
Date of Birth: **24-05-1969**
Country of Birth: **SINGAPORE**

Sex: **M**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3: **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE: **29 Jun 2003**

NP 428A

001160687K

1310720

001160687K

NRIC No: **S6917268G**

Blood Group: **O+** Date of issue: **27-08-1993**

APT BLK 100A, 100A WEST CENTRAL 1 #12-114

Date: **22-12-1999** No: **3098908**

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)

Name of Policyholder: LEE SIEW KHEEN		Certificate No.: SI17V09610/ VPE / R02
Date of Issue: 07 Jun 2017	Effective Date of Commencement: 23 Jul 2017 00:00	Date of Expiry: 22 Jul 2018 23:59
Registration No.: SFC6638J	Chassis No.: RU11019760	Type of Certificate: MX1

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 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.

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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*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 (Malaysia) 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 (Malaysia).



For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	MAYBANK
Name of Producer:	PRIME CARS CREDIT PTE LTD (A1410-2)