

NATIONAL Assessment Centre Services. April 1, 2000

Date In: 19/01/2018 17:09	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP1800122/fy	SAS c-illing		
Veh No: SJW 1528Z	E-mail (within 2hrs, A/C 7 hrs)		
D.O.A: 14/01/2018 03:45	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor Y/O (within 00 hrs, TP 2 hrs)		
	1-Photo Uploaded		
TP Insureh:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (		Tel: (		Fax: (	
TP Particulars: (		Yeli No: <b>PED</b> <b>ESTRIAN</b> , INC ( ) / Non-INC ( )			
Owner / Driver: (		Tel: (			
Policy No: (		Period: (		Cover Type: (	
Confirmed by: (		Date: (		Time: (	
Insured/Driver Liability: (		%) (Note: Est. Status (WO): NI: 0-20%; PI: 21-79%; PI: 80-100%)			
Year of Registration: (		Warranty: YES ( ) / NO ( )			
Excess: (\$		Loading: \$1,000 ( ) / \$2,000 ( )			

General Remarks: \_\_\_\_\_  
 ) Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of rep/aler,  
 ) Total Loss Case: to e-mail Insurer URGENTLY,  
 Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Examples	UNR Hotline: 678.8.GOLDSY	Date/Time Completed	Done by
) Apply for Transfer Allowance ( ) / Courtesy Car ( )			
) QC Check/Post Repair Inspection ( )			
) Upload Reserve Photo (Repair Cost > \$3000) ( )			

Injury:					
Kick-Uno	Action				

NA1800512		Invoice Preparation Charge(s)	Other Bill
Invoice's Description:	1) AR: Accident Reporting (\$20)		
Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Boat No:	3) TP: Towing Fee \$40/\$40		
Boat Portion:	4) FT: Follow-Through Survey \$150		
	5) XT: Follow-Through Survey (Resurvey) \$20		
	6) TR: Re-inspection \$75		
	7) NI: NI DA + SMART Survey \$160		
	8) NTUC Additional Survey (\$0.00)		
Checked by (Boat-In-Charge):	9) NI: NI DA + SMART Survey \$160		
	10) NI: NI DA + SMART Survey \$160		
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## 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 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	19/01/2018 17:09
Date Of Accident	14/01/2018 03:45
Exact Location Of Accident	JUNC OF SENG KANG EAST WAY AND PUNGGOL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1528Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN JIUNN MING
NRIC No	S8137682D
Email Address	TJM.KELVIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97638910
Alternative Phone No	OTHERS-97638910

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G A
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V02872/VPC/R07
Cover Note Number	

### Driver

Name of Driver	TAN JIUNN MING
NRIC No	S8137682D
Date Of Birth	12/11/1981
Occupation	INDOOR
Date Of Driving Pass	22/10/2002
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97638910
Fax Number	
Contact Number	OTHERS-97638910
Email Address	TJM.KELVIN@GMAIL.COM

Address	BLK 128 RIVERVALE STREET #06-822
Postcode	540128
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	RAINING
Road Surface	WET

#### 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?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180114/2024

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO



## 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.

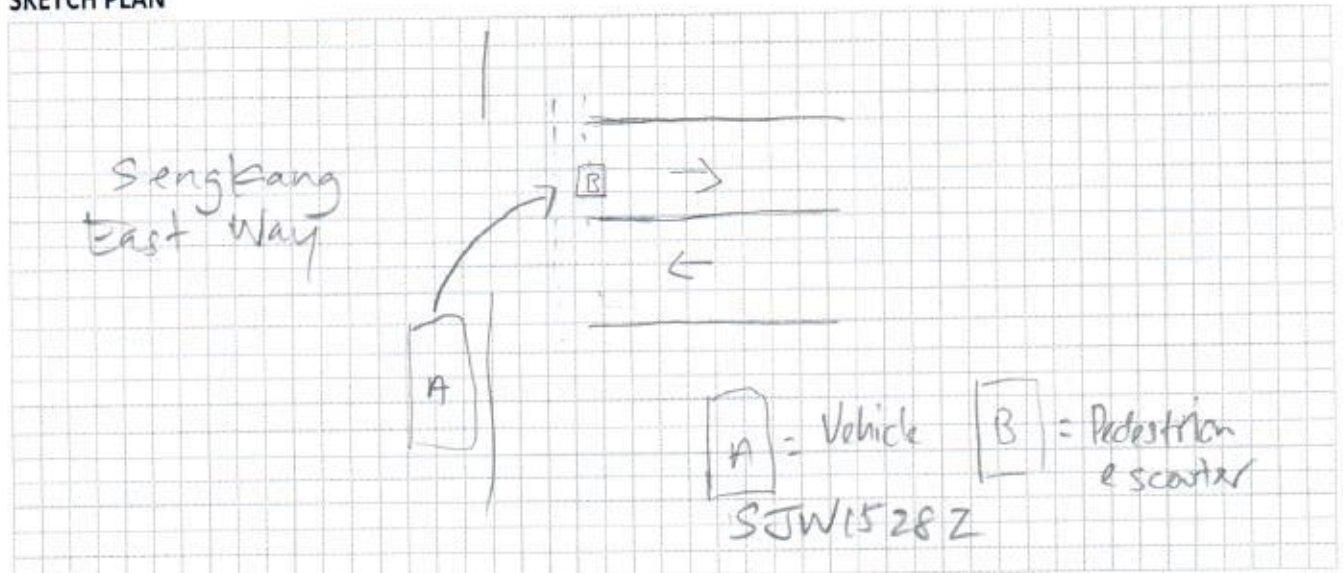
Policyholder's Signature  
Date & Time:

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

  
19/11/2018

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report -  
T/20180114/2024

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]* 19/1/2018

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180114/2024

1 of 3

Report No. T/20180114/2024

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2018 05:42	Vide Report No.: F/20180114/0105	Station Diary No.: 19
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### Informant's Particulars

Name of Informant: TAN JIUNN MING			Address: APT BLK 128 RIVERVALE STREET #06-822 SINGAPORE 540128	
ID Type / ID No.: NRIC NO / S8137682D			Contact No.: Home/Office: Mobile: 97638910	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 12/11/1981	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: MANAGMENT STAFF			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/01/2018 03:45	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 SENGKANG EAST WAY				
cross junction, seng kang east way and punggol road.				
Weather: Raining	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW1528Z	Car				No Damage	0



**SINGAPORE  
POLICE FORCE**



T/20180114/2024

2 of 3

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE  
545025

Tel No: 1800-343 8999

Report No. T/20180114/2024

**CONTINUATION OF REPORT**

**Brief Details.**

On the said mention date and time, I was travelling along the said incident location and was about to make a right turn towards punngol road. I stop my vehicle at the crossing line and check all sides and no one was crossing and as such I made the turn when suddenly a malay guy on a E-scooter ride past when I was making the right turn and collided on my front right bumbler. The said subject fell to the ground and I immediately alighted my car and assisted him. He was conscious and was lying on the ground while I activate the ambulance which arrive shortly.

I wish to state that, while making the right turn, there were no one crossing the road and I was compliance with the traffic light order. There were no built in camera in my vehicle as well. That is all.





**SINGAPORE  
POLICE FORCE**



T/20180114/2024

3 of 3

Report No. T/20180114/2024

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE  
545025

Tel No: 1800-343 8999

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 LEE CHOON BOON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/01/2018 05:42

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMMAD ZULKARNIAN BIN  
SAMSUDIN

Contact No.: 65476429

Authentication Stamp

NP168

Classification Of Case:

SN 001

Signature:

Singapore Police Force



Reported on 17/1/2018  
@ 1433hrs

## ACCIDENT STATEMENT

ACCIDENT DATE: 14/01/2018 (DD/MM/YYYY), TIME: 03:45 AM (HH:MM)

LOCATION: Seng Kang East Way

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJW 1528Z  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97638910  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: \_\_\_\_\_ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) OWNER  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_  
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)  
6. WAS ANYBODY INJURED (YES / NO)  
7. c) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Pedestrian MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = tjm.kelvin@gmail.com

Fax = tjm.kelvin@gmail.com

VIDEO

Waiting for Certificate? ✓  
& Vehicle Photos? ✓

given on 18/01/2018 @ 1455

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8137682D



Name  
TAN JIUNN MING

陈俊鸣

Race  
CHINESE

Date of birth  
12-11-1981

Sex  
M

Country of birth  
SINGAPORE



NPIC No: S8137682D



Date of issue  
05-03-2012

Address

APT BLK 128 RIVERVALE STREET  
#06-822  
SINGAPORE 540128

4834448

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S8137682D

Name  
TAN JIUNN MING

Birth Date: 12 Nov 1981

Issue Date: 29 Sep 2003



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

Class 3

Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

PASS DATE

22 Oct 2002



Licence No: S8137682D

NP 428A



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)

<b>Name of Policyholder:</b> TAN JIUNN MING		<b>Certificate No.:</b> SI17V02872/ VPC / R07
<b>Date of Issue:</b> 15 Feb 2017	<b>Effective Date of Commencement:</b> 05 Mar 2017 00:00	<b>Date of Expiry:</b> 04 Mar 2018 23:59
<b>Registration No.:</b> SJW1528Z	<b>Chassis No.:</b> GE61197988	<b>Type of Certificate:</b> 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\$0, Section I - Unnamed Drivers S\$0, Additional Excess For Young, Elderly & Inexperienced Drivers S\$750
Name of Finance Company:	OVERSEA-CHINESE BANKING CORPORATION LTD
Name of Producer:	LIBERTY INS STAFF (D1002)