NATIONAL Assessment Centr	e Services : 40 40	951 / //////////////	010012		
Date In: 23 07 201 19,06	Jeb description	Date & Time Co	ompleted	Done l	iż.
REF NO NOALLIP 8013378/V	SAS e-filing				
Veh No GRE 9739KT	E-mail (within 8hrs, AIC 3	thrs;			
DOA 28/01/201 07:35	i-Motor Claim Form				
2010	i-Motor W/O (Within:				
OD 7 P. Reporting Only	i-Photo Uploaded	······································			
TO b	Assessment/Survey Rep	port			
TP Insurer	Ass't Report by Fax / F	Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars: Veh No:	Q 7557 I	NC()/Non-INC	()		
Owner / Driver: (4.57	Tel:)	
Policy No: () Pc	riod: () Cover Type: ()	
Confirmed by : (Dates)	
Insured/Driver Liability (%) [Note-Est. Status (WO): 1	V: 0-20%; P: 21-79%	F: SO-1009	/ 6]	
Year of Registration: ()	Warranty: YES () / NO)()			
Excess: (\$) Loading: \$1,0	000 () / \$2,000 ()			-	
General Remarks;-				<u> </u>	
() Walk-In Customer: Customer's info	rmation strictly Confidentia	al & Strictly NO refer of	repairer.		
() Total Loss Case : to e-mail Insur-	er URGENTLY.				
Drive-In () / Towed-In (); Invoice	e: YES () / NO (Y		-+)
21170 III () / 101101 III () / IIII () / III () / II	c. res () / no (); Towing Co. (
Remarks:- (INC horline: 6788 6616)	C. TES(), NO(); Iowing Co. (Date&Time Co	mple ad	. Done	by
Remarks:- (INC horline: 6788 6616)	Courtesy Car ()		mpleted	> Done	by
Remarks:- (INC horline: 6788 6616)			mple!¤d	. Done	by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(Courtesy Car ()		mple•ud	Done.	by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$2	Courtesy Car ()		mple•ed	Done	*) = 1125 1125
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$2] Injury:	Courtesy Car ()		mpleted	Done	by
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$2	Courtesy Car ()		mple•udi	Done.	*) = 1125 1125
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$2] Injury:	Courtesy Car ()		mple•ud	Done	*) = 1125 1125
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$2] Injury:	Courtesy Car ()		mpleted	Done	*) = 1125 1125
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury:	Courtesy Car ()		mple•ud	Done.	*) = 1125 1125
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$2] Injury:	Courtesy Car ()		mple•ud	Done.	*)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	Courtesy Car () () () () ()	Date-& Time Co		Ant (5)	Amt (\$)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	Courtesy Car () () () () () () () () () (Date-&Time Co			
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/O 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions	Courtesy Car ()	Date-& Time Co	dist INC (\$80)	Ant (5)	Amt (\$)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/O 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Claimant's Particulars:-	Inveit 1) AR: 2) DA: 3) TF: 1	ce Preparation Check Accident Reporting (330); Damage Assessment (3100)	dist	Ant (5)	Amt (\$)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/O 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner:	Invoice 1) AR: 2) DA: 3) TF: 1 4) FT: 1 5) FT: 1	ce Preparation Check Accident Reporting (\$30); Damage Assessment (\$100) Towing Fee Follow-Through Survey Follow-Through Survey (Res	INC (\$80) \$40/\$4 \$12 IIVEY) \$3	Ant (5)	Amt (\$)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/O 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury: Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No:	Inveit Inveit 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore 6) TR:	Date & Time Co Preparation Check Accident Reporting (\$30); Damage Assessment (\$100) Fowing Fee Follow-Through Survey (Resisting against INC Only (w) Re-inspection	INC (\$80) \$40/\$4 \$12 uvey) \$3 ef 10 Jon 2005) \$7	Ant (5) fat Bill 5 0 0	Amt (\$)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/O 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury : Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No:	Inveit Inveit 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) NI:	Date-&Time Co Preparation Check Accident Reporting (330); Damage Assessment (3100) Fowing Fee Follow-Through Survey (Resisting against INC Only (w) Re-inspection Idao DA + SMRT Survey	dist INC (\$80) \$40/\$4 \$12 sirvey) \$3 ef 10 Jan 2005)	Ant (5) fat Bill 5 0 0	Amt (\$)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/O 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury : Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	Inveit [Date & Time Co Preparation Check Accident Reporting (\$30); Damage Assessment (\$100) Fowing Fee Follow-Through Survey (Resisting against INC Only (w) Re-inspection Idao DA + SMRT Survey C Additional Services:	dist INC (\$80) \$40/\$4 \$12 strvey) \$3 of 10 Jan 2005) \$77 \$16	Anit (5) 1st Bill 5 0 0 5	Amt (\$)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/O 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury : Date/Time Actions Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion:	Inveit Inveit 1) AR: 2) DA: 3) TF: 1 4) FT: 1 5) FT: 1 Fore 6) TR: 7) N1: 8) NTU On* *N5:	Date & Time Co Preparation Check Accident Reporting (\$30); Damage Assessment (\$100) Fowing Fee Follow-Through Survey (Resisting against INC Only (w) Re-inspection Idao DA + SMRT Survey C Additional Services: Courtesy Car / Tpt Allowans	dist INC (\$80) \$40/\$4 \$12 strvey) \$3 of 10 Jan 2005) \$77 \$16	Anit (5) 1st Bill 5 0 0 5 0	Amt (\$)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/O 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury : Date/Time Actions Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: OC Checked by (Engr-In-Charge):	Inveit [1] AR: [2] DA: [3] TF: [4] FT: [5] FT: [5] FT: [6] TR: [7] N1: [8] NTU Onto	Date & Time Co Preparation Check Accident Reporting (330); Damage Assessment (3100) Fowing Fee Follow-Through Survey (Resisting against INC Only (w) Re-inspection Idao DA + SMRT Survey C Additional Services: Courtesy Car / Tpt Allowans Repair Co-ordination Post Repair Inspection	dist INC (\$80) \$40/\$4 \$12 IIVey) \$3 of 10 Jan 2005) \$7 \$16 \$5 \$5 \$5	Anit (5) 1st Bill 5 0 0 5 0 5 0	Amt (\$)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/(2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury : Date/Time Actions Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :-	Inveit Inveit 1) AR: 2) DA: 3) TF: 1 4) FT: 1 5) FT: 1 Fore 6) TR: 7) N1: 8) NTU OD: *N5: *N6: *N7: *N8: *N8:	Date & Time Co ce Preparation Check Accident Reporting (330); Damage Assessment (3100) Fowing Fee Follow-Through Survey (Residenting against INC Only (w) Re-inspection Idae DA + SMRT Survey C Additional Services: Courtesy Car / Tpt Allowand Repair Co-ordination Post Repair Inspection DV / Callect Excess Coordin	(list INC (\$80) \$40/\$4 \$12 IIVey) \$3 of 10 Jan 2005) \$7 \$16 \$3 \$4 \$4 \$5 \$5 \$5 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6	Anit (5) 1st Bill 5 0 0 5 0 5 5 0 15 5 6	Amt (\$)
Remarks:- (INC horline: 6788 6616) 1) Apply for Transport Allowance ()/ (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$: Injury : Date/Time Actions Claimant's Particulars :- Oriver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge):	Inveit Inveit Inveit I) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) N1: 8) NTU On' NS: N6: N7: N8: TP: 10	Date & Time Co Ce Preparation Check Accident Reporting (\$30); Damage Assessment (\$100) Towing Fee Follow-Through Survey (Restaining against INC Only (w) Re-inspection Idae DA + SMRT Survey C Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Post Repair Inspection DV / Collect Excess Coordin N11): TP (Non INC) against Idae Mobile	(list INC (\$80) \$40/\$4 \$12 arvey) \$3 ef 10 Jan 2005) \$7 \$16 \$52 atton \$3 atton \$3 atton \$52 atto	Anit (5) 1st Bill 5 0 0 5 0 5 5 0 15 5 6	Amt (\$)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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;
 - 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 invoive 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:
 - 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.

HOW NGUAN Blk 32, New Market Road

#01-1028 Singapore 050032 Flag No: 228757908

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Policyholder's Signature Date & Time:

100

KETCH PLAN	HAYELOC	c ROAD	CARPARK		
		(A)			
	N	I IM			
	CHANN T	1 1			
	(A) 0.	W			
		72/		A) GBS	91395
		B		3) SKQ	75564
	MSTANCES OF THE	ACCIDENT	-, -		
AT 07:	35 01	23/07/18	/ wad	reversing r	ny van
GBB 97	239 J. out	of the	parking	1 lot then	1 accide
hat the	ocar	SKQ 75.	564 F	ront portion	that all
THE DE	war war	INSIDE 9	HA ear	& HR DID NO	of Groke
me san	1 PATICULA				
1					
	oregoing particulars ar NGUAN Market Road	e true in every respec	t.		267/2018
#01-1028 Sin	gapore 050032	Torp Moles Driver's Signature	23/07/	Reporting Centre Personn	nel's Signature
Date & Time:		(If driver is not the poli	cyholder)	Name:	11 water

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 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,	
· 15. 15 中国 自己的 [15] [15] [15] [15] [15] [15] [15] [15]	ACCIDENT STATEMENT
Date Of Report	23/07/2018 19:06
Date Of Accident	23/07/2018 07:35
Exact Location Of Accident	HAVELOCK ROAD CARPARK
Country/State of Loss	SINGAPORE
DATE OF THE PARTY	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB9739J
Insured/Policyholder	
Name Of Registered Owner	HOW NGUAN
Co Reg No	22875700K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96393845
Alternative Phone No	OFFICE-96393845
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VITO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V17624/VCV/R07
Cover Note Number	
Driver	
Name of Driver	TAN GEK HUI
NRIC No	S1752691Z
Date Of Bidh	26/12/1966

26/12/1966 Date Of Birth INDOOR Occupation Date Of Driving Pass 30/05/1986

32 YEARS AND 1 MONTH **Driving Experience**

FEMALE Gender

(LOCAL) +65-96393845 Mobile Number

Fax Number

OTHERS-96393845 Contact Number

NOEMAIL EMail Address

Address

BLK 53 HAVELOCK ROAD

#40-112

Postcode

161053

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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?

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?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKQ7556Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

ACCIDENT STATEMENT

I. DETAILS OF VEHICLE OIVEHICLE NUMBER: C. B.B. 97.8] DINSURANCE COMPANY: L.		DENT DATE: (83/07/ /8)(DD/MM/YYYY), TIME: (07:35)(HH:MM)
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: GBB 9739 b) INSURANCE COMPANY: Liberty c) POLICY NUMBER: BB 9739 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: MERC Edgs f) TYPE: (SALOON / COUPE / MPV (NAN / NORY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE & COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: LIBERTY i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCES i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCES i) FNO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: HON LIBERTY D) NRIC/FIN/PASSPORT: DATE OF THE DETAILS b) NRIC/FIN/PASSPORT: DATE OF THE DETAILS c) ADDRESS: * CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER DINING / FIN/PASSPORT: DATE OF THE DRIVER c) ADDRESS: A LA COCK HUZ e) OCCUPATION (INDOOR) OUTDOOR) I) DO FOR FORM OF THE DRIVER WITH INSURED: 5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) IROAD SURFACE (DRY WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE c) NRIC/FIN/PASSPORT: CONTACT: c) VEHICLE RUMBER: SKA JUST JUDICACT: c) NRIC/FIN/PASSPORT: CONTACT:	ACCI	JENI DATE: DE TOTAL D
DIVERICLE NUMBER: GRAPH TO SELECT A SUBJECT OF THE NUMBER: SITE OF THE STREET OF THE S	LOCA	TION: Have JOCK Carpark DIK
DIVERICLE NUMBER: GRAPH TO SELECT A SUBJECT OF THE NUMBER: SITE OF THE STREET OF THE S	1.	DETAILS OF VEHICLE
DINSURANCE COMPANY: LIBERTY CIPOLICY NUMBER: SI 717624 / CUROT DIPOLICY TYPE: [COMPREHENSIVE] THIRD PARTY / THIRD PARTY FIRE & THEFT] e) MAKE & MODEL: MERC POLOS I) TYPE: (SALOON / COUPE / MPV YXAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: LUTERAL I) ARR YOU CLAIMING UNDER YOUP OWN INSURANCE IF NO, PLEASE STATE [THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: HON JGUAN C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: 2172 ALIZE CONTACT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER A) MAKE: ALI GEK HUZ. (MALE / FEMALE) DINRIC/FIN/PASSPORT: 2172 ALIZE CONTACT: 96 3 9 3 2 4 5 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER C) ADDRESS: BIK S HUZ CONTACT: 96 3 9 3 2 4 5 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER A) MALE / FEMALE) DRIVER **ODATE OF BIRTH: 1 26 12 1 ALIZE CONTACT: 96 3 9 3 2 4 5 **ODATE OF BIRTH: 1 26 12 1 ALIZE CONTACT: 96 3 9 3 2 4 5 **ODATE OF BIRTH: 1 26 12 1 ALIZE CONTACT: 96 3 9 3 2 4 5 **ODATE OF BIRTH: 1 26 12 1 ALIZE CONTACT: 96 3 9 3 2 4 5 **ODATE OF BIRTH: 1 26 12 1 ALIZE CONTACT: 96 3 9 3 2 4 5 **ODATE OF BIRTH: 1 26 12 1 ALIZE CONTACT: 96 3 9 3 2 4 5 **ODATE OF BIRTH: 1 26 12 1 ALIZE CONTACT: 96 3 9 3 2 4 5 **ODATE OF BIRTH: 1 26 12 1 ALIZE CONTACT: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		a) VEHICLE NUMBER: GBB 9739
CIPOLICY NUMBER: SIT TO THE DEATY FIRE & THEFT) d)POLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: MERCE OF SIME AND CORPY (MOTORCYCLE) OTHERS) g) VEHICLE CATEGORY: (PRIVATE & COMMERCIAL) MOTORCYCLE) h) PURPOSE OF USING AT A CCIDENT TIME: OTHERS) g) VEHICLE CATEGORY: (PRIVATE & COMMERCIAL) MOTORCYCLE) h) PURPOSE OF USING AT A CCIDENT TIME: OTHERS i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE OF THE INSURED ONLY IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: HON ACTUAL (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 21 TO ATUAL CONTACT: CONTACT: C) ADDRESS: B/L S A ACCUAL "C)		BINSURANCE COMPANY: Liberty
d)POLICY TYPE: (COMPREHENSIVE/ THIRD PARTY / THIRD PARTY FIRE STREET) e) MAKE & MODEL: MERC POLOS f) TYPE: (SALOON / COUPE / MPY VIXAN/LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME: LOT ACCIDENT h) PURPOSE OF USING AT ACCIDENT TIME: LOT ACCIDENT i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (MALE / FEMALE) i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (MALE / FEMALE) i) AND POLICY HOLDER A) NAME: HO A GULAN CONTACT: C) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d) NRIC/FIN/P ASSPORT: 217 A/1/2 CONTACT: 9/23/24/3 *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER d) NRIC/FIN/P ASSPORT: 217 A/1/2 CONTACT: 9/23/24/3 *CONTACT: 9/23/24/3 *d) DATE OF BIRTH: 22/21/24/25 (IDD/MM/YYYY) e) OCCUPATION (INDOOR? OUTDOOR) 1) DATE OF DRIVING PASS *WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C) WEATHER CONDITION: (CLEAR? RAINING / OTHERS) b) ROAD SURFACE (DRY/WET / OTHERS 6. WAS ANYBODY INJURED (YES/NO) 17. C) REPORTED TO POLICE (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY YEHICLE C) VEHICLE NUMBER: SKA JSS JMODEL: b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: c) VEHICLE NUMBER: SKA JSS JMODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT: c) VEHICLE NUMBER: SKA JSS JMODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: CONTACT:	4	CIPOLICY NUMBER: S1170176241/VCU/RO1
e)MAKE & MODEL: MERC COLOR (I)TYPE: (SALOON / COUPE / MPV (YAN-) LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT A CCIDENT TIME: LATER AND INTERPOSE OF USING AT A CCIDENT TIME: LATER AND INTERPOSE OF USING AT A CCIDENT TIME: LATER AND INTERPOSE OF USING UP OWN INSURANCE ONLY) 2. INSURED / POLICY HOLDER A)NAME: HON AGUAN (MALE / FEMALE) D)NRIC/FIN/PASSPORT: DATE CONTACT: C)ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINVER D)NRIC/FIN/PASSPORT: DATE CONTACT: GASSSOCIETY C)ADDRESS: A/A CONTACT: GASSSOCIETY *d)DATE OF BIRTH: DATE CONTACT: GASSSOCIETY *d)DATE OF BIRTH: DATE CONTACT: GASSSOCIETY *d)DATE OF BIRTH: DATE CONTACT: GASSSOCIETY *d)DATE OF DRIVING PASS OUTDOOR! 1)DATE OF DRIVING PASS OUTDOOR! 2) VEHICLE NUMBER: SKA JUST OUTDOOR! 2) VEHICLE NUMB		dIPOLICY TYPE: [COMPREHENSIVE / THIRD PARTY / THIRD PARTY PIRE & THEFT
GIVERICLE CATEGORY: [PRIVATE (COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: ACT ACCIDENT TIME: ACCIDENT TIM		O)MAKE & MODEL: MERC Pages
HIPDEPOSE OF USING AT ACCIDENT TIME: LOT MANDER YOU CLAIMING UNDER YOUR OWN INSURANCE AND IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: HOW AGUAN (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 22 / YOUR CONTACT: C)ADDRESS: - CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Q)NAME: ALL (RCK HUZ (MALE / FEMALE) b)NRIC/FIN/PASSPORT: 2/7 2 / YOUR CONTACT: 96 3 9 3 C 4 C C C C C C C C C C C C C C C C C		FITYPE: (SALOON / COUPE / MPV (VAN / LORRY / MOTORCYCLE / OTHERS)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE IN IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: HON JCHUAN (MALE / FEMALE) D) NRIC/FIN/PASSPORT: 22 17 2 61/2 CONTACT: C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER Q) NAME: ALL GEK HUZ (MALE / FEMALE) D) NRIC/FIN/PASSPORT: 217 2 61/2 CONTACT: 96 3 9 3 C 4 S **d) DATE OF BIRTH: (26/12) ALL GEK R **d) DATE OF BIRTH: (26/12) ALL GEK R **JOCCUPATION (INDOOR) OUTDOOR! 1) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C) WEATHER CONDITION: (CLEAR) RAINING / OTHERS D) 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: B. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SKA JUST MODEL: D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT: C) NRIC/FIN/PASSPORT: CONTACT:		g) VEHICLE CATEGORY: (PRIVATE A COMMERCIAL / MOTORCTCEL)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: HOW HOULDER D) NRIC/FIN/PASSPORT: D2 (MALE / FEMALE) C) ADDRESS: **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D) NRIC/FIN/PASSPORT: 217 27/2 CONTACT: 96 3932 45 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER D) NRIC/FIN/PASSPORT: 217 27/2 CONTACT: 96 3932 45 **JOHNESS: D/K 53 Hove Cork R **d) DATE OF BIRTH: 126 12 1 1 166 1 (DD/MM/YYYY) **d) DATE OF BIRTH: 126 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		h)PURPOSE OF USING AT ACCIDENT TIME. AND THE MICHAEL AND THE M
2. INSURED / POLICY HOLDER A) NAME: HON AGUAN (MALE / FEMALE) b) NRIC/FIN/PASSPORT: 22 (NO) **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) D) NRIC/FIN/PASSPORT: 3/75/6//2 CONTACT: 96.39.30 4.5 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) D) NRIC/FIN/PASSPORT: 3/75/6//2 CONTACT: 96.39.30 4.5 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D) NRIC/FIN/PASSPORT: 3/75/6//2 CONTACT: 96.39.30 4.5 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER D) NRIC/FIN/PASSPORT: 1/75/6//2 CONTACT: 96.39.30 4.5 D) NRIC/FIN/PASSPORT: 1/75/6//2 CONTACT: 1/75/6//2 CONTAC		TARE YOU CLAIMING UNDER TOUR OWN INSURANCE ONLY
A)NAME: HOW ACTUAN [MALE / FEMALE] b)NRIC/FIN/PASSPORT: 22 TABLE CONTACT: C)ADDRESS: *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER a)NAME: AL GGK HUZ [MALE / FEMALE] b)NRIC/FIN/PASSPORT: 2172 G// 2 CONTACT: 96 39 30 4 5 *d)DATE OF BIRTH: 126/12/18/28 (16/05) *d)DATE OF B		IF NO, PLEASE STATE THIRD PART CLAIM THE STATE OF THE STA
D)NRIC/FIN/PASSPORT: DEVICE CONTACT: C)ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER DRIVER DINAME: ALL CICK HUZ (MALE FEMALE) DINRIC/FIN/PASSPORT: 217 1/1/2 CONTACT: 96 330 45 *d)DATE OF BIRTH: (26/12/18/66) (DD/MM/YYYY) DOCCUPATION: (INDOOR! OUTDOOR) 1)DTE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C)WEATHER CONDITION: (CLEAR) RAINING / OTHERS D)ROAD SURFACE: (DRY/WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE D) VEHICLE NUMBER: SKA JUST 6 MODEL: D) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: CONTACT:	2.	MALE / FEMALE)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER CINCLUSTING PASSPORT: 2172 61/2 CONTACT: 963336 45 CINCLUSTING PASSPORT: 2172 61/2 CONTACT: 21		A) I A A A A A A A A A A A A A A A A A A
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DRIVER (Including driver) DRIVER DINRIC/FIN/PASSPORT: 2172 61/2 CONTACT: 96 33 3 4 5 DINRIC/FIN/PASSPORT: 2172 61/2 CONTACT: 96 33 3 4 5 DINRIC/FIN/PASSPORT: 2172 61/2 CONTACT: 96 33 3 4 5 DINRIC/FIN/PASSPORT: 2172 61/2 CONTACT: 96 33 3 4 5 DINRIC/FIN/PASSPORT: CONTACT: 96 33 3 4 5 DINRIC/FIN/PASSPORT: CONTACT: 96 33 3 4 5 DINRIC/FIN/PASSPORT: CONTACT: 96 33 3 4 5 CINCLUDING CLEAR ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 96 33 3 4 5 DINRIC/FIN/PASSPORT: CONTACT: CONTACT: 96 33 3 4 5 DINRIC/FIN/PASSPORT: CONTACT: CONTACT: 10 10 10 10 10 10 10 10 10 10 10 10 10		
DRIVER (Including driver) DINRIC/FIN/PASSPORT: 2/75 6/1/2 CONTACT: 96 39 30 45 *d)DATE OF BIRTH: (26/12/18/16/18/28) *d)DATE OF BIRTH: (26/12/18/18/28) *d)DATE OF DRIVING PASS I)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES)/ NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. C)WEATHER CONDITION: (CLEAR? RAINING / OTHERS 6. WAS ANYBODY INJURED (YES/NO) 7. C)REPORTED TO POLICE (YES/NO) 1. FYES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) NEIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) ONTACT: CONTACT:	061 (9 31	
CJADDRESS: ALK 53 HONE OF RESTATION: ###0 - // 2 3 (IA/OS 3) *d)DATE OF BIRTH: (26/ 12) ALE (10D/MM/YYYY) *e)OCCUPATION: (INDOOR / OUTDOOR) 1)DATE: OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SKA 7556 MODEL: b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: C) CONTACT:	1 1 9WX	
CJADDRESS: PAIK 53 Hovelook (1) DATE OF BIRTH: (26/12) PAGE (1) DOMM/YYYY) e)OCCUPATION: (INDOOR) OUTDOOR! 1) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) 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. a) REPORTED TO POLICE (YES) (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: CONTACT:	*Ho of passang?	DRIVER TO COLUMN LA TO CAMPAGE (FEMALE)
CJADDRESS: PAIK 53 Hovelook (1) DATE OF BIRTH: (26/12) PAGE (1) DOMM/YYYY) e)OCCUPATION: (INDOOR) OUTDOOR! 1) DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) 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. a) REPORTED TO POLICE (YES) (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: CONTACT:	(Including driver)	alname: 141 OCER 1112 CONTACT: 963938 45
*d)DATE OF BIRTH: (201) 1 / 166) (DD/MM/YYYY) e)OCCUPATION: (INDOOR) OUTDOOR) 1) DATE: OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: (CLEAR) RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SKA 3556 MODEL: O VEHICLE NUMBER: CONTACT: C) NRIC/FIN/PASSPORT: CONTACT:	()	Spring I want to the second se
*d)DATE OF BIRTH: (26) 12 / 166 ()(DD/MM/YYYY) *d)OCCUPATION: (INDOOR! OUTDOOR) 1) DATE: OF DRIVING PASS 30/05 / 1486 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES!) NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: (CLEAR!) RAINING / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE C) VEHICLE NUMBER: SKA 7556 MODEL: C) NRIC/FIN/PASSPORT: CONTACT:	-	10 10 10 10 10 10 10 10 10 10 10 10 10 1
DOCCUPATION: (INDOOR / OUTDOOR) (I) DOTTE OF DRIVING PASS WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS b) ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: SKA 7556 MODEL: b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:		The same of the sa
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. d)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: c) NRIC/FIN/PASSPORT: c) THIRD PARTY VEHICLE	*	
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT: c) NRIC/FIN/PASSPORT: c) THIRD PARTY VEHICLE		100 CLOEDRIVING 0400 30/05/1486
5. d)WEATHER CONDITION: (CLEAR? RAINING / OTHERS	4.	WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)
b) ROAD SURFACE: (DRY/WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SKA 755 6 4 MODEL: (Induding driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: CONTACT:		IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
6. WAS ANYBODY INJURED (YES NO) 7. a) REPORTED TO POLICE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 6) VEHICLE NUMBER: SKA 75564 MODEL: 6) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) THIRD PARTY VEHICLE	5.	a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS
7. a) REPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SKQ 755 6 4 MODEL: C) NRIC/FIN/PASSPORT:	×	BIROAD SURFACE: [DRI / WEI / OLITERS
IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SKQ 7556 J. MODEL: C) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: C) NRIC/FIN/PASSPORT: C) THIRD PARTY VEHICLE		
8. THIRD PARTY VEHICLE (Including direct) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT: C) THIRD PARTY VEHICLE C) THIRD PARTY VEHICLE	20.00	IF YES, PLEASE STATE WHICH POLICE STATION:
CINCULATION DI DRIVER'S NAME:	В.	
CINCULATION DI DRIVER'S NAME:	tho of passager	O) VEHICLE NUMBER: SKQ 7556 J. MODEL:
C) NRIC/FIN/FASSPORT:	Chaladine diver	b) DRIVER'S NAME:
9. THIRD PARTY VEHICLE	1 3	c) NRIC/FIN/PASSPORT:GOTTAGT
HODEL	9.	THIRD PARTY VEHICLE
W VEHICLE NUMBER:MODEL:	this of pursaneer	TORN (EDIC NIA MAE)
(Including driver) o) DRIVER'S NAME:		e) DRIVEK'S NAME: CONTACT:
NKIC/FIN/FASSFORT	Calcumsty Name	DI) NRIC/FIN/FASSFORT

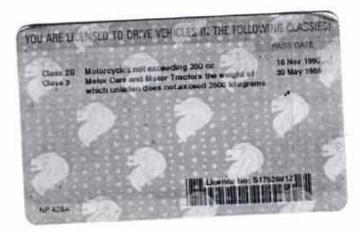
email =

YIDEO=













Liberty Insurance Pte Liu Registration no. 199002791D

51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6226 3360

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 188) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1969 (MALAYSIA)

Certificate No.

SI17V17624 /VCV /R07

Form

MZ300A

Date Of Issue

07-DEC-2017

1 Index Mark and Registration No. of Vehicle

GBB9739J

2. Chassis number of Vehicle:

WDF63960123540596

3. Name of Policyholder:

HOW NGUAN

4. Effective date of Commencement of Insurance

for the purposes of the Act.

14-DEC-2017 00:00 AM

5 Date of Expiry of Insurance:

13-DEC-2018 23:59 PM

6. Persons or Classes of Persons

entitled to drive*

Any person who is driving on the Policyholder's order or with their 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 is not been cancelled at the 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.

A) Use in connection with the Policyholder's business.

B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

C) Use for social, domestic and pleasure purposes.

8. The Policy does not cover:

A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.

B) Use whilst drawing a trailer except the towing or 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 (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

Authorised Signature

For Information only COVERAGE SUM INSURED EXCESS FINANCE COMPANY. PRODUCER NAME

Comprehensive Unlimited Windscreen MARKET VALUE AT THE TIME OF LOSS

Section I S\$700 Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers, S\$3000 Windscreen Excess, S\$150

MERCEDES BENZ FINANCIAL SERVICES SINGAPORE LTD

E TAY TRADING COMPANY

Ver.1.260705

20180723 CSJP