

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **NA 18 15957**

|                                 |  |                       |         |
|---------------------------------|--|-----------------------|---------|
| Date In: <b>12/1/18 - 16:26</b> | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA/UP18022226/24</b> | SAS e-filing                             |                       |         |
| Veh No: <b>5U49107</b>          | E-mail (within 3hrs, AIC 2hrs)           |                       |         |
| D.O.A: <b>8/1/18 - 17:30</b>    | i-Motor Claim Form                       |                       |         |
| OD: <b>TP</b> Reporting Only    | i-Motor W/O (Within: OD 2hrs, TP 4hrs)   |                       |         |
|                                 | i-Photo Uploaded                         |                       |         |
| TP Insurer:                     | Assessment/Survey Report                 |                       |         |
|                                 | Ass't Report by Fax / Hand to Owner/Wksp |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **5U49107** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( ) Time: ( )

Insured/Driver Liability: ( ) % [Note-Est. Status (WO): N: 0-20%; P: 21-79% P: 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 repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks:- (INC hotline: 6788 6616) Date & Time Completed Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

| Date/Time | Actions |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

**NA 1808110**

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

At 1:

At 2 / 3:

## Invoice Preparation Checklist

|   | Ant (\$)<br>In Bill | Ant (\$)<br>Add Bill |
|---|---------------------|----------------------|
| 1) AR: Accident Reporting (\$30);               |                     |                      |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |                     |                      |
| 3) TF: Towing Fee \$40/\$45                     |                     |                      |
| 4) FT: Follow-Through Survey \$120              |                     |                      |
| 5) FT: Follow-Through Survey (Resurvey) \$30    |                     |                      |
| For claiming against INC Only (wef 10 Jan 2005) |                     |                      |
| 6) TR: Re-inspection \$75                       |                     |                      |
| 7) N1: Idac DA + SMRT Survey \$160              |                     |                      |
| 8) NTUC Additional Services:-                   |                     |                      |
| ON*   |                     |                      |
| *N5: Courtesy Car / Tpt Allowance \$5           |                     |                      |
| *N6: Repair Co-ordination \$10                  |                     |                      |
| *N7: Post Repair Inspection \$25                |                     |                      |
| *N8: DV / Collect Excess Coordination \$5       |                     |                      |
| TP (N11): TP (N-in INC) against INC \$20        |                     |                      |
| 9) N12: Idac Mobile \$0                         |                     |                      |

Invoice dated Fee Charged  
Invoice dated Fee Charged



## 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 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. 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             | 10/12/2018 18:26              |
| Date Of Accident           | 08/12/2018 17:30              |
| Exact Location Of Accident | BUKIT TIMAH RD TWDS SIXTH AVE |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJU4910T             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | LOZANO TOMAS ARTURO  |
| Passport No/FIN             | G5853967N            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-91186448 |
| Alternative Phone No        | OFFICE-91186448      |

### Vehicle Particulars

|  |                                |
|--|--------------------------------|
| Manufacturer   | HYUNDAI                        |
| Model  | AVANTE 1.6 AT ABS D/AB 2WD 4DR |
| 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             | SI18V13473/VPE/R05        |
| Cover Note Number         |                           |

### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | ZHAO QIUJU             |
| NRIC No              | S7769220G              |
| Date Of Birth        | 12/06/1977             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 31/12/2007             |
| Driving Experience   | 10 YEARS AND 11 MONTHS |
| Gender               | FEMALE                 |
| Mobile Number        | (LOCAL) +65-98305524   |
| Fax Number           |                        |
| Contact Number       | OFFICE-98305524        |
| Email Address        | NOEMAIL                |

|   |                               |
|---|-------------------------------|
| Address   | 15 MOUNT SINAI RISE<br>#19-03 |
| Postcode  | 276906                        |
| Was driver an employee of the Insured's Company     | NO                            |
| If No, Relationship of the Driver with the Insured  | PARENT                        |
| Vehicle Registration Number of Driver's Own Vehicle | -                             |
|   | -                             |
|   | -                             |
| Insurance Company of Driver's Own Vehicle           | -                             |
|   | -                             |
|   | -                             |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| Weather Conditions | DRIZZLING       |
| Road Surface       | WET             |

#### Other Information

|   |   |
|---|---|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles involved in the accident   | 3   |
| Was any body injured in the Accident?   | YES                                       |
| Was any injured conveyed to hospital by ambulance?  | NO  |
| 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: : RACHEL LOZHUO<br>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

REFER TO STATEMENT.

#### 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         | SHC5839D |
| Vehicle Make/Model/Colour           | RENAULT  |
| Details Of Properties               |          |
| Vehicle Category                    | TAXI     |
| Name of Driver                      |          |
| NRIC/Passport Number                |          |
| Contact Number                      |          |
| Address                             |          |
| Postcode                            |          |
| Insurance Company Name              |          |
| Nature Of Damage                    |          |
| No. Of Passenger (Including Driver) |          |

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SKN9138Z    |
| Vehicle Make/Model/Colour           | JAGUAR      |
| 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) |             |

**DETAILS OF INJURED PERSON 1**

|   |             |
|---|-------------|
| Name  | ZHAO QIUJU  |
| Approximate Age                                     |             |
| Injuries Sustain                                    | NECK & BACK |
| Injured person in which vehicle?                    | SJU4910T    |
| Were seat belts worn?                               | YES         |
| Was this injured conveyed to hospital by ambulance? | NO          |
| Address   |             |
| Postcode  |             |

**DETAILS OF INJURED PERSON 2**

|   |               |
|---|---------------|
| Name  | RACHEL LOZHUO |
| Approximate Age                                     |               |
| Injuries Sustain                                    | MINOR SHOCK   |
| Injured person in which vehicle?                    | SJU4910T      |
| Were seat belts worn?                               | YES           |
| Was this injured conveyed to hospital by ambulance? | NO            |
| Address   |               |
| Postcode  |               |



**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.

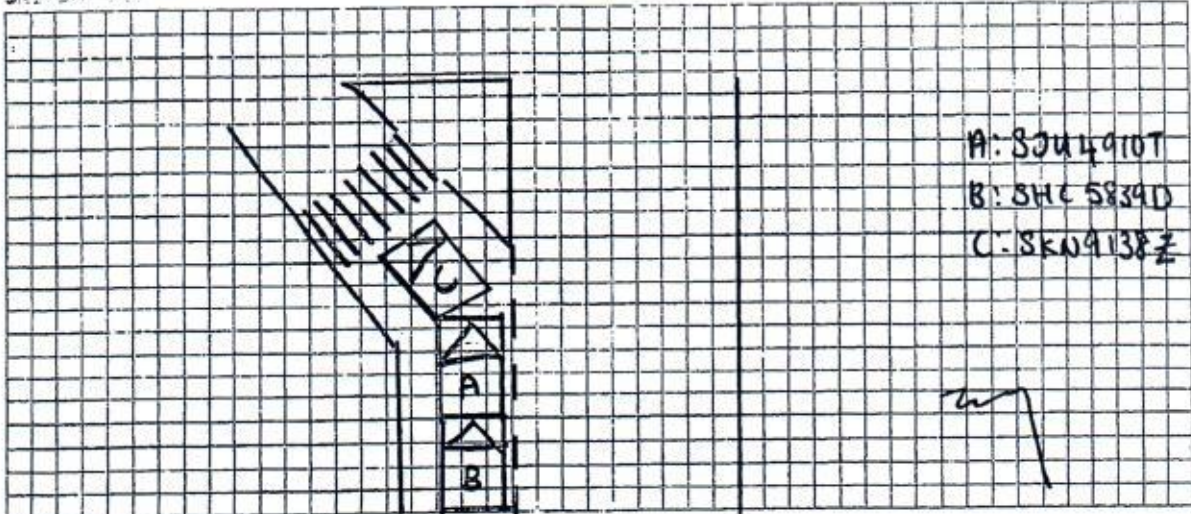
Policyholder's Signature  
Date & Time:

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

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



SECTION A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was travelling along Bukit Timah Road turning left towards sixth avenue. When the vehicle in front stopped, I stopped behind at a safe distance. After a few moments later, I felt a huge impact from the rear portion of my vehicle causing me to thrust forward to hit the vehicle in front.


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|  |
|  |

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

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

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



# 2. BEFORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

## ACCIDENT DETAILS

|                            |   |            |
|----------------------------|---|------------|
| Date of accident           | 8/ December 2018                                    | (DD/MM/YY) |
| Time of accident           | 5:30pm  | (HH:MM)    |
| Exact location of accident | Bukit Timah Road turning left towards sixth Avenue. |            |

## DETAILS OF VEHICLE

|  |  |  |  |
|--|--|--|--|
| Vehicle registration number                        | S044910T   |  |  |
| Vehicle make and model                             | HYUNDAI AVANTE   |  |  |
| Type of vehicle                                    | Saloon <input checked="" type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/><br>Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Others: _____ |  |  |
| Vehicle category                                   | Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input type="checkbox"/>  |  |  |
| Purpose of using at said time                      |  |  |  |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please select:<br>Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>   |  |  |

## INSURANCE INFORMATION

|                   |  |  |  |
|-------------------|--|--|--|
| Insurance company | LIBERTY INSURANCE  |  |  |
| Policy number     | S118V13443 / VPE / R05   |  |  |
| Type of policy    | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |  |  |

## INSURED / POLICY HOLDER

|                              |                                      |  |
|------------------------------|--------------------------------------|--|
| Name                         | TOMAS ARTURO LOZANO                  | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | G 5853967N                           |  |
| Contact                      | 9118 6448                            |  |
| Address                      | 15 MOUNT SINAI RISE #19-03 S(276906) |  |

## DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

|                              |   |  |
|------------------------------|---|--|
| Name                         | Zhao Qiuju  | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |
| NRIC / Fin / Passport number | S7769220G   |  |
| Contact                      | 9830 5524   |  |
| Address                      | 15 MOUNT SINAI RISE #19-03 S(276906)  |  |
| Email address                |   |  |
| Date of birth                | 12 - 06 - 1977  |  |
| Occupation                   | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> |  |
| Driving date pass            | 31 Dec 2007   |  |



### GENERAL INFORMATION OF THE ACCIDENT

|  |  |
|--|--|
| Was driver an employee of the insurer's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Accident captured by camera?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |
| Weather condition                                | Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: <u>Drizzling</u> |
| Road surface                                     | Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>                     |
| No of passenger                                  | <u>02</u> (inclusive of driver)  |

#### PASSENGER 1

|        |  |
|--------|--|
| Name   | <u>Zhao Qiuju</u>  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### PASSENGER 2

|        |  |
|--------|--|
| Name   |  |
| Gender | Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> |

#### PASSENGER 3

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

#### PASSENGER 4

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

#### PASSENGER 5

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

#### PASSENGER 6

|        |   |
|--------|---|
| Name   |   |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

### OTHER INFORMATION

|                            |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### DETAILS OF POLICE ACTION

|                     |  |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name |  |

#### WITNESS 1

|      |  |
|------|--|
| Name |  |
|------|--|

#### WITNESS 2

|      |  |
|------|--|
| Name |  |
|------|--|



| THIRD PARTY VEHICLE 1        |            |
|------------------------------|------------|
| Vehicle registration number  | SHL 5839 D |
| Vehicle make model           | RENAULT    |
| Name                         |            |
| NRIC / Fin / Passport number |            |
| Contact                      |            |

| THIRD PARTY VEHICLE 2        |           |
|------------------------------|-----------|
| Vehicle registration number  | SKN 9138Z |
| Vehicle make model           | JAGUAR.   |
| Name                         |           |
| NRIC / Fin / Passport number |           |
| Contact                      |           |

| THIRD PARTY VEHICLE 3        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 4        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 5        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 6        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| THIRD PARTY VEHICLE 7        |  |
|------------------------------|--|
| Vehicle registration number  |  |
| Vehicle make model           |  |
| Name                         |  |
| NRIC / Fin / Passport number |  |
| Contact                      |  |

| INJURED PERSON 1                               |   |
|--|---|
| Name   | Zhao Qiyin  |
| Injuries sustained                             | Neck and Back Pain  |
| Which vehicle person in?                       | SJ04910T  |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 2                               |   |
|--|---|
| Name   | RACHEL LOZANO   |
| Injuries sustained                             | MINOR SHOCK   |
| Which vehicle person in?                       | SJ04910T  |
| Were seat belts worn?                          | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 3                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6                               |  |
|--|--|
| Name   |  |
| Injuries sustained                             |  |
| Which vehicle person in?                       |  |
| Were seat belts worn?                          | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7769220G



Name

ZHAO QIUJU

赵秋菊

Race

CHINESE

Date of birth

12-06-1977

Sex

F

Country of birth

CHINA

S7769220G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7769220G

Name

ZHAO QIUJU

Birth Date 12 Jun 1977

Issue Date 03 Aug 2013



NRIC No S7769220G



Ethnicity

CHINESE

Date of issue

26-06-2009

15 MOUNT SINAI RISE #19-03  
SINGAPORE 278906

NRIC No: S7769220G

Date: 30/05/2018

5040650

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/E

EFFECTIVE DATE

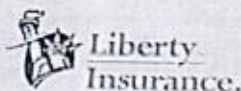
Class 3A Motor cars without clutch pedals (Auto) <= 2000kg  
with <= 7 passengers, exclusive of the driver; and  
other motor vehicles without clutch pedals <= 2500kg

31 Dec 2007



Licence No: S7769220G

NP 425A



www.libertyinsurance.com.sg



## Certificate of Insurance

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189), Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

|   |   |  |
|---|---|--|
| <b>Name of Policyholder:</b><br>LOZANO TOMAS ARTURO   |   | <b>Certificate No.:</b><br>SI18V13473/ VPE / R05 |
| <b>Date of Issue:</b><br>31 Oct 2018  | <b>Effective Date of Commencement:</b><br>14 Dec 2018 00.00 | <b>Date of Expiry:</b><br>13 Dec 2019 23.59      |
| <b>Registration No.:</b><br>SJU4910T  | <b>Chassis No.:</b><br>KMHDU41BMAU902301                    | <b>Type of Certificate:</b><br>MX1               |
| <b>Persons or Classes of Persons entitled to drive*:</b>  |   |  |
| 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\$1500, Section I - Unnamed Drivers S\$2000 Additional - Young, Elderly & Inexperienced S\$3000, Windscreen Excess S\$100 |
| Name of Finance Company: | MAYBANK  |
| Name of Producer:        | SWIFT LINK INSURANCE AGENCY (A1208-2)  |

CSMT/0228A/AMT/SI18V13473/31 Oct-2018/MotorCI/v1.0