

NATIONAL Assessment Centre Services. [ver 1 Jan'05]

MNA1816/128

Date In: 14/12/2008 10:26	Job description	Date & Time Completed	Done by
Ref No: NBA/LIP/8022481/Y	SAS e-filing		
Veh No: SGT 9220C	E-mail (w/this 8hrs, AIC 2hrs)		
D.O.A: 30/11/2008 17:00	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Withln: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whop		

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

TP Particulars: Veh No: J8B 2630. 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	Date	Completed	Worked by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

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

Date/Time	Action

NAI808216 Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Date: 2/3:	1) AR: Accident Reporting (\$30)	
	2) DA: Damage Assessment (\$100); INC (\$50)	
	3) TP: Towing Fee \$40/\$45	
	4) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$20	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OID:	
*N5: Courtesy Car / Tpl Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TE (N11): TP (N-on INC) against INC \$20		
9) N12: Idao 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	14/12/2018 10:26
Date Of Accident	30/11/2018 17:00
Exact Location Of Accident	ALONG TEBAN FLYOVER TOWARDS AYE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ9220C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188359
Alternative Phone No	OFFICE-91188359

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING BACK HOME FROM JOB
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	

#### Driver

Name of Driver	PANTELIC PREGRAG
Passport No/FIN	G3453367P
Date Of Birth	06/07/1960
Occupation	INDOOR
Date Of Driving Pass	15/09/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91188359
Fax Number	
Contact Number	OTHERS-91188359
EMail Address	NOEMAIL

Address	32 KEPPEL BAY DRIVE #07-60 CARIBBEAN AT KEPPEL BAY
Postcode	098651
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
Foreign Vehicle Registration Number	JSB2630 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20181211/2106

#### 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	JSB2630
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAKAMARO SASAKI
NRIC/Passport Number	TK9581240JPN
Contact Number	+601121710279
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

**IMPORTANT PLAN**

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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association Of Singapore (GIA) for archiving and the copies of this report will be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the copies of the report being made available aforesaid.

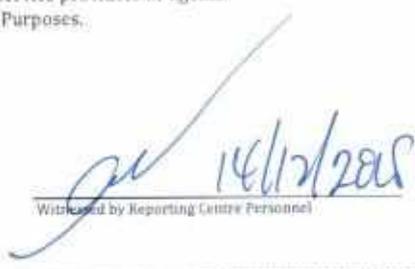
**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

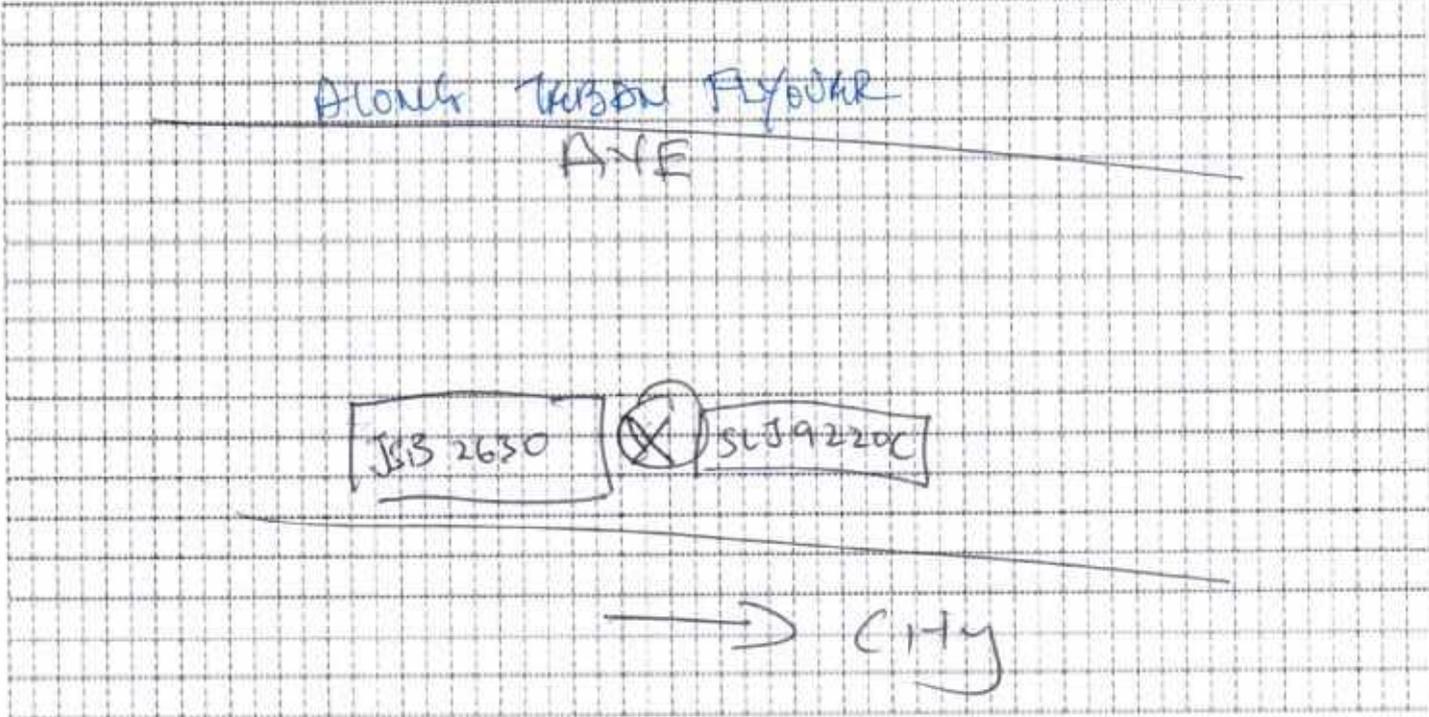
- (a) My insurer, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer 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 or 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 Insurer's lawyer/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.

  
Policyholder's Signature / Date & Stamp

  
Driver's Signature (if driver is not the Policyholder) Date & Time

  
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

DURING DRIVING IN LANE 1, FRONT GABS  
STARTED BREAKING, I ENGAGED BRAKES OF  
MY CAR AND BEEN HIT FROM BEHIND.  
SINCE KEPT DISTANCE FROM FRONT CAR  
NO FRONT CONTACT / DAMAGE OCCURD.

NO PERSONS INJURED, CHECK PASSENGER OF  
OTHER CAR, (DRIVER BAG WAS OPEN), AND  
CONTINUE TO DRIVE TO SAFE LOCATION / OFFICE  
WITHOUT PROBLEM.

CONTACTED COMPANY RENTAL + DRIVER.

POLICE REPORT T/2018/211/2106

Declaration

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



Signature of Policyholder

Policyholder's Signature / Date & Stamp



Signature of Driver

Driver's Signature (if driver is not the Policyholder) Date & Time

2018-11-30



Signature of Reporting Centre Personnel

Witnessed by Reporting Centre Personnel





Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20181211/2106

CONTINUATION OF REPORT

Driver			
Name	Takamaro Sasaki	ID No.	TK9581240JPN
Related Vehicle	JSB2630 (Car)	Contact No.	+601121710279
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Pantelic Predrag	ID No.	G3453367P
Related Vehicle	SLJ9220C (Car)	Contact No.	91188359
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 30/11/2018 at about 1700hrs I was travelling on the most right lane of Teban Flyover along AYE in a rented car SLJ9220C from Goldbell Car Rental located at 10 Raeburn Park #02-01 S (088702). I noticed that the traffic was abruptly slowing in front of me.

Subsequently I heard a loud bang and noticed that my rear side of the vehicle was hit by a vehicle JSB2630. My rear bumper was badly damaged, whilst the other vehicle had its front bumper damaged and both airbags deployed. Both of my vehicle and the other driver managed to exchange particulars.

There were a total of 3 passengers in the foreign vehicle. The said driver informed that his wife was injured. No ambulance nor police attended to us. No government property damaged. I wish to state I am currently holding a international driving license from Serbia which expires 15/09/2020.

I am lodging this report as I was instructed to do so by the rental company.

Particulars as follows for the driver.

Name: Takamaro Sasaki

Malaysian ID Number: TK9581240JPN

Contact Number: +601121710279

Address: No 21-06 Block B Pangsapuri Jentayu Jln Jentayu 81200 Johor Bahru Johor

Company: Hirose Financial My Limited



**POLICE FORCE**



T/20181211/2106

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20181211/2106

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20181211/2106

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

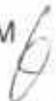
Report No. T/20181211/2106

**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: E / Sgt 2 MUHAMMAD KHAIRUDIN BIN KASSIM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/12/2018 17:22
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No: 65476172	Classification Of Case: 
Authentication Stamp NP168	

12/14/2018

TP\_veh.jpg



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. **Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-filing.**
2. Please report **correctly** the details of the accident to speed up the claims process.
3. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
4. 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.**
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. **Any false reporting may be referred to the Traffic Police Department for investigation.**

## ACCIDENT STATEMENT

Date and Time of Accident	Date: 2018-11-30	Time: 17:15
Exact Location of Accident	TEBAN FLYOVER AYE	
<b>DETAILS OF OWN VEHICLE</b>		
Vehicle Registration Number	SLJ 9220C	
<b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>		
Name of Registered Owner (See Insurance Cert.)	PANTJELIC PREDRAG	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	63453367P	
- Not Applicable		
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>		
Vehicle Make / Model	Manufacturer: TOYOTA	Model: ACTIS
Type of Vehicle	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____	
Exact Purpose for which vehicle was being used at time of accident	DRIVING BACK HOME FM JOB	
Are you claiming under own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input type="radio"/> Reporting)	
<b>INSURANCE COMPANY (OWN VEHICLE)</b>		
Name of Insurance Company		
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
Motor CI		
<b>DRIVER</b>		
	<input type="radio"/> Same as Insured above	
Name of Driver	PANTJELIC PREDRAG	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	63453367P	
Date of Birth	06 /dd 07 /mm 1960 /yy	
Driving Date Pass	15 /dd 09 /mm 2017 /yy	
Year of Driving Experience	30 Year(s) Month(s) Month(s)	
Occupation	PROJECT MANAGER <input checked="" type="radio"/> Indoor <input checked="" type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	911 88359	

Address of Driver	
Email Address	
Was Driver An Employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

**GENERAL INFORMATION OF THE ACCIDENT**

Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	
Weather Conditions	<input type="radio"/> Clear <input type="radio"/> Raining <input checked="" type="radio"/> Others <u>BLAD TO BACK</u>
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others _____

**OTHER INFORMATION**

a. Was anybody injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input checked="" type="radio"/> Yes <input type="radio"/> No

**DETAILS OF POLICE ACTION**

Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (if Yes, against whom?)

**DETAILS OF OTHER VEHICLE / PROPERTY 1**

Vehicle Registration Number	<u>JSB 2630</u>
Vehicle Make/ Model/ Colour	<u>PURPLE</u>
Details of Properties	
Name of Driver	<u>TAKAMARO SASAKI</u>
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	<u>TK9581240 JPN</u>
Contact Number	<u>+60112171 0279</u>
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles)





MEDUNARODNI AUTOMOBILSKI SAOBRAĆAJ  
CIRCULATION AUTOMOBILE INTERNATIONALE

**MEĐUNARODNA  
VOZAČKA DOZVOLA**

PERMIS INTERNATIONAL DE CONDUIRE

**E** N° 098851

KONVENCIJA O SAOBRAĆAJU NA PUTEVIMA  
OD 8. NOVEMBRA 1968. GODINE  
CONVENTION SUR LA CIRCULATION ROUTIERE DU 8/11 NOVEMBRE 1968

Važi do / Valable jusqu'au: 15.09.2020.

Izdata od / Délivré par: AMK VRAČAR / 0842

U / A: BEOGRAD

Na dan / Le: 15.06.2017.

Broj nacionalne vozačke dozvole / Numéro du permis de conduire national: 000015331



Président de l'AMSS

*Marko Bujinčija*

**SRB** REPUBLIKA SRBIJA  
REPUBLIC OF SERBIA  
**VOZAČKA DOZVOLA**  
DRIVING LICENCE

1. PANTELIĆ  
2. PREDRAG  
3. 06.07.1960. BEOGRAD  
4. 31.01.2014. 4. 31.01.2024.  
5. PS VRAČAR  
6. 000015331  
7. *[Signature]*  
8. BEOGRAD  
9. AMBB1E FM



**PARTICULARS CONCERNING THE DRIVER**

Surname \_\_\_\_\_ 1  
 Other names\* \_\_\_\_\_ 2  
 Place of birth\* \_\_\_\_\_ 3  
 Date of birth\* \_\_\_\_\_ 4  
 Home address \_\_\_\_\_ 5

**CATEGORIES OF VEHICLES FOR WHICH THE PERMIT IS VALID**

**CATEGORIES AND SUBCATEGORIES OF VEHICLES, WITH THE CORRESPONDING CODES, FOR WHICH THE PERMIT IS VALID**

Code of category - pictogram	Code of subcategory - pictogram
<b>A</b> Over 15 km/h	<b>A1</b> Up to 125 cm <sup>3</sup> , 11 km/h and 15 km/h
<b>B</b> Up to 3500 kg up to 8 seats + 1 for the driver	<b>A2</b> Up to 25 km/h up to 0.2 km/h <sup>2</sup>
<b>BE</b> Up to 750 kg - 3500 kg max	<b>B1</b> Heavy motorcycles
<b>C</b> Over 3500 kg	<b>C1</b> From 3500 kg to 7500 kg
<b>CE</b> Over 750 kg	<b>C1E</b> Over 750 kg to 12,000 kg
<b>D</b> More than 8 seats + 1 for the driver	<b>D1</b> 8 - 16 seats + 1 for the driver
<b>DE</b> Over 750 kg	<b>D1E</b> Over 750 kg

**RESTRICTIVE CONDITIONS OF USE\***

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Father's or husband's name may be inserted here.  
 \* If the place of birth is unknown, leaves blank.  
 \* If date of birth is unknown, state approximate age on date of issue of permit.  
 \* For example, "Must wear corrective lenses", "Valid only for driving vehicle No. ....", "Vehicle must be equipped to be driven by a one-legged person."

1. PANTELIC  
 2. PREDRAG  
 3. BEOGRAD  
 4. 06.07.1950  
 5. BEOGRAD

CACHET	CADMET
A	A1
B	A2
BE	B1
C	C1
CE	C1E
D	D1
DE	D1E



Signature du titulaire

**EXCLUSIONS**

Le titulaire est déchu du droit de conduire sur le territoire de \_\_\_\_\_ jusqu'à \_\_\_\_\_  
 A \_\_\_\_\_ le \_\_\_\_\_

**EXCLUSIONS**

Le titulaire est déchu du droit de conduire sur le territoire de \_\_\_\_\_ jusqu'à \_\_\_\_\_  
 A \_\_\_\_\_ le \_\_\_\_\_



Liberty Insurance Pte Ltd  
 Registration no. 199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 069426  
 Tel: (65) 6221 8611 Fax: (65) 6225 6630  
 Website: <http://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, 1980  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1999 (MALAYSIA)

Certificate No	SD18V00034 /VPZ /R03
Form	MZ408
Date Of Issue	28-DEC-2017
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLJ9220C
<b>2.Chassis number of Vehicle:</b>	MR053REH104648173
<b>3.Name of Policyholder:</b>	GOLDBELL CAR RENTAL PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	01-JAN-2018 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	31-DEC-2018 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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.
<b>7.Limitations as to use*:</b>	A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.
<b>8. Policy does not cover:</b>	A) Use for racing, pace-making, reliability trial or speed-testing B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.
*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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For information only:</b>	
<b>COVERAGE:</b>	Comprehensive Unlimited Windscreen, Personal Accident Benefit, Airside, Uberside, Grabcar Extension
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Section 1 - Singapore: S\$650 / Outside Singapore: S\$1350, Additional Excess for Young & Inexperienced Drivers: S\$1500, Windscreen Excess: S\$100
<b>FINANCE COMPANY:</b>	DBS BANK LTD
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD

FLAS4-02-JAN-18

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02-JAN-18

Jan 2, 2018, 7:09 PM