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Professed Wksp / INC Assign Wksp / QW:	(Tol:	Fax:)
TP Particulars: Veh No:	GBH 9452 D	INC()/Non-INC().		
Owner / Driver: (Tcl:)	
Policy No: ()	Period: ()	Cover Type: (
Confirmed by : (Date:	Time:	00.1000	,	
Insured/Driver Liability: (%	6) [Note-Est. Status (W			80-100%	•]	
) Warranty: YES ()/NO()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	22/01/2019 16:50
Date Of Accident	21/01/2019 17:50
Exact Location Of Accident	BLK 3005 UBI RD 1 CARPARK
Country/State of Loss	SINGAPORE
D. D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GX7214U
Insured/Policyholder	
Name Of Registered Owner	RS AUTOMOTIVE PTE LTD
Co Reg No	Septimental and the septiment of the sep
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67483032
Vehicle Particulars	
Manufacturer	RENAULT
Model	20
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SI18V09920/VCV/R04
Cover Note Number	390
Driver	
Name of Driver	WONG CHAI MING
NRIC No	S7268453B
Date Of Birth	19/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	25/09/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91826089
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 109 PASIR RIS GROVE #09-23

Postcode 518199

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

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 ATTACHED 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

GBH9452D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MUHAMMAD SYAHIN BIN SAMSUDIN

NRIC/Passport Number S9433390C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 19

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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 .:

3005 Uti Rd 1	
	A = GX 7214 U
[AD] BD	B = GBH 9452D
Reversed	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	40	statement
			*
		/	

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.:

SMRME skitchformures vil

MY VEH WAS PARKED OPPOSITE MY SHOP AT THE BLK 3005 UBI RD 1. AN EYEWITNESS INFROM ME, HE SAW THE VEH B (BEARING NO GBH9452D) WHILE REVERSING AND HIT ONTO MY VEH FRONT PORTION.

ACCIDENT STATEMENT

*d)DATE OF BIRTH: (ACC	CIDENT DATE: (21/1/19)(DD/MM/YYYY), TIME: (17:50)(HH:MM)
DIVERICLE NUMBER: 5 X 7214 U b)INSURANCE COMPANY: 1.16 PTY C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e) MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Parked i) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: 1/2 Muthor time pte Ltd. (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 6748 3032. c) ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER PASSONGS? CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER AND CHARLESSORT: CONTACT: 1826 689. c) ADDRESS: BIK 109 FASTE RIX 1848 Grave 1809-23 cs) "d) DATE OF BIRTH: [/ /] (IDD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0 WAST. 5. a) WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE D) DRIVER'S NAME: MUHAMMAN AND SYALON BIN JOHN SUMMER: MUHAMMAN SYALON BIN JOHN SUMMER: O) VEHICLE NUMBER: SHA 9452 D. MODEL: O) NEIC/FIN/PASSPORT: S 9433 390 C CONTACT: O) NEIC/FIN/PASSPORT: ON OTHERS D) RIVER'S NAME: MUHAMMAN SYALON BIN JOHN SUMMER: O) NEIC/FIN/PASSPORT: ON OTHERS D) RIVER'S NAME: MUHAMMAN SYALON BIN JOHN SUMMER: O) NEIC/FIN/PASSPORT: ON OTHERS D) NINCE SINME: MUHAMMAN MODEL: O) NEIC/FIN/PASSPORT: ON OTHERS D) NINCE SINME: MUHAMMAN SYALON BIN JOHN SUMMER: O) NEIC/FIN/PASSPORT: ON OTHERS D) NINCE SINME: MUHAMMAN SYALON BIN JOHN SUMMER: O) NEIC/FIN/PASSPORT: ON OTHERS D) NINCE SINME: MUHAMMAN SYALON BIN JOHN SUMMER: O) NEIC/FIN/PASSPORT: ON OTHERS D) NINCE SINME: MUHAMMAN SYALON BIN JOHN SUMMER. O) NEIC/FIN/PASSPORT: ON OTHERS D) NINCE SINME MUHAMMAN SYALON BIN JOHN SYA	LOC	ATION: Ubi Rd 1 bik 3005 parallel parking
b)INSURANCE COMPANY: Liberty c)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVAITE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Parked i)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / FOULCY HOLDER A)NAME: RS Automative Pte Ltd (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 67483032. c)ADDRESS: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: BL CONTACT: 91826089. c)ADDRESS: BIK 109 PASSY RT RN Grove #109-23 CS) *d)DATE OF BIRTH: (/ /) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNEY. 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH FOLICE STATION: 8. THIRD PARTY VEHICLE 6. WAS ANYBORY: NAME: MUNICH FOLICE STATION: 8. THIRD PARTY VEHICLE 9. D'RIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: 9. THIRD PARTY VEHICLE 9. DRIVER'S NAME: MUNICH FOLICE STATION: FOLICE STATION: FOL	1	1. DETAILS OF VEHICLE
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C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) e)MAKE & MODEL: f)TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Parked i)ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: RS Advancing Ptc (td. (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: 6748 3032. CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: BL CONTACT: 9182 6089. C)ADDRESS: BIK 109 PASIN RIX RED Grove H09-23 CS) "d)DATE OF BIRTH: (/ /) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 0W167. 5. G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLASS STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE 9) DRIVER'S NAME: MURA mana ad Syahim Bin Jam Sudin ON NRIC/FIN/PASSPORT: 59433390C CONTACT: 9 THIRD FARTY VEHICLE 10 VEHICLE NUMBER: MURA mana ad Syahim Bin Jam Sudin ON NRIC/FIN/PASSPORT: 59433390C CONTACT: 9 THIRD FARTY VEHICLE 10 VEHICLE NUMBER: MODEL: 10 VEHICLE NUMBER: MODEL: 11 NOTE: MODEL: 12 ORIVER'S NAME: 13 ORIVER'S NAME: 14 ORIVER 15 ORIVER'S NAME: 16 ORIVER'S NAME: 17 ORIVER 18 ORIVER 18 ORIVER 18 ORIVER 19 ORIVER'S NAME: 20 ORIVER'S NAME: 21 ORIVER'S NAME: 22 ORIVER'S NAME: 23 ORIVER'S NAME: 24 ORIVER 24 ORIVER CONTACT: 19 ORIVER'S NAME: 25 ORIVER 26 ORIVER 27 ORIVER 28 ORIVER 29 ORIVER'S NAME: 20 ORIVER'S NAME: 21 ORIVER 21 ORIVER 22 ORIVER 23 ORIVER 24 ORIVER 24 ORIVER 24 ORIVER 25 ORIVER 26 ORIVER 27 ORIVER 28 ORIVER 29 ORIVER 20 ORIVER 20 ORIVER 21 ORIVER 21 ORIVER 22 ORIVER 23 ORIVER 24 ORIVER 24 ORIVER 25 ORIVER 26 ORIVER 26 ORIVER 27 ORIVER 28 ORIVER 2		
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*d)DATE OF BIRTH: (2)	
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner. 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 **SSENGER** a) VEHICLE NUMBER: GBH 9452 D. MODEL: b) DRIVER'S NAME: Muhammad Syahin Bin Jam Sudin. c) NRIC/FIN/PASSPORT: 59433390 C CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: e) DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT: ON DRIVER'S NAME: f) NRIC/FIN/PASSPORT: CONTACT: ONTACT: CT. by today OMATI = YS auto motive W yahoo . Com.		
f) YEARS OF DRIVING EXPRERIENCE: 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 4. SSENGER a) VEHICLE NUMBER: b) DRIVER'S NAME: Muhammad Syahin Bin Jam Sudin. c) NRIC/FIN/PASSPORT: 59433390C CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: 9. DRIVER'S NAME: 109 DRIVER'S NA	137	*d)DATE OF BIRTH: (/)(DD/MM/YYYY)
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8. THIRD PARTY VEHICLE ASSENGER a) VEHICLE NUMBER: GBH 9452 D. MODEL: OB DRIVER'S NAME: Muhammad Syahin Bin Jam Sudin. c) NRIC/FIN/PASSPORT: 59433390C CONTACT: 9. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: PASSENGER e) DRIVER'S NAME: Ing. driver) f) NRIC/FIN/PASSPORT: CONTACT: CT. by today PMail = YS auto motive & yahoo . com.		
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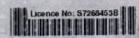


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIECT

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with <<7 passengers, exclusive 25 Sep 1995 of the driver; and other motor vehicles =< 2500kg

P 428A



IC COLLECTION SLIP FOR NEW SINGAPORE CITIZEN

NEIC NO S7268453B (PINK IC)

FEES \$10.00

NAME WONG CHAI MING

DATE OF ISSUE: 29/11/2018

REGISTRATION OFFICER K Parameswari

DOCUMENTS ARE TO BE PRESENTED AT GRC CITIZENSHIP CEREMONY







Liberty Insurance Pte Ltd Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890

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,1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

 Certificate No
 SI18V09920 /VCV /R04

 Form
 MZ300A

 Date of Issue:
 30-Jul-2018

1.Index Mark and Registration No. of Vehicle: GX7214U
 2.Chassis number of Vehicle: VF1FC07AF32054369

3.Name of Policyholder: RS AUTOMOTIVE PTE LTD

4.Effective date of Commencement of Insurance 25-AUG-2018 00:00

for the purposes of the Act:

5.Date of Expiry of Insurance: 24-AUG-2019 23:59

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.

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.

7.Limitations as to use"

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

1000

Authorised Signature

For Information only:

COVERAGE:

Third Party Only

SUM INSURED (S\$):

8

EXCESS (SS):

Additional Excess for Young, Elderly & Inexperienced Drivers. \$3,000.00

FINANCE COMPANY:

PRODUCER NAME:

ENG YUEN YEE