

NATIONAL Assessment Centre Services

Ref: Jan'05] MUA1902328

Date In: 14/1/9-13:46	Job description	Date & Time Completed	Done by
Ref No: NA1902328	SAS e-filing		
Veh No: 575918	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/1/9-13:10	i-Motor Claim Form		
OD / TP 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: 7111	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 & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	OD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Sat. 1:

Sat. 2 / 3:

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	19/02/2019 13:46
Date Of Accident	17/02/2019 17:10
Exact Location Of Accident	JUNC BEDOK NORTH RD & BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJT791B
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V12323/VPZ/R00
Cover Note Number	
Driver	
Name of Driver	RAZMI BIN RAHIM
NRIC No	S8615505B
Date Of Birth	15/06/1986
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85004453
Fax Number	
Contact Number	OFFICE-85004453
Email Address	NOEMAIL

Address	BLK 603C PUNGGOL ROAD #02-734
Postcode	823603
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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)	4
Passenger 1	NAME: : MOHD YUSOF GENDER: : MALE
Passenger 2	NAME: : NAUFAL IZZY GENDER: : MALE
Passenger 3	NAME: : NOOR HUDHA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20190218/2064.

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	TREE
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category GOVERNMENT

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 RAZMI BIN RAHIM

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SJT791B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MOHD YUSOF

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SJT791B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name NAUFAL IZZY

Approximate Age

Injuries Sustain HEAD

Injured person in which vehicle? SJT791B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name NOOR HUDHA

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SJT791B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:



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

18/2/19

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

A hand-drawn diagram on a grid background. On the left side, there are three faint, vertically stacked arrows pointing upwards. In the bottom-left cell of the 2x2 grid, there is a square box containing two triangles: an upward-pointing triangle on top and a downward-pointing triangle on the bottom. Below this box, in the bottom-left position of the grid, is an arrow pointing left. In the bottom-middle and bottom-right positions of the grid, there are arrows pointing up.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

Date & Time:

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

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

SINGAPORE 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	17/02/19	(DD/MM/YY)
Time of accident	1710	(HH:MM)
Exact location of accident	Bedok North before turning into Bedok North Ave 3	

DETAILS OF VEHICLE

Vehicle registration number	SJT 791 B		
Vehicle make and model	Toyota Avios		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input type="checkbox"/>	Commercial <input checked="" 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 checked="" type="checkbox"/>	if no, please select:
	Third part claim <input checked="" type="checkbox"/>		Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	EQ		
Policy number			
Type of policy	Comprehensive <input type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Raset Limousine Services Pte Ltd Male <input type="checkbox"/> Female <input type="checkbox"/>		
NRIC / Fin / Passport number			
Contact			
Address			

DRIVER

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

Name	Razmi Bin Rahim Male <input type="checkbox"/> Female <input type="checkbox"/>		
NRIC / Fin / Passport number	S86155053		
Contact	85004453		
Address	Blk 603 Punggol Road #02-734 S(823603)		
Email address			
Date of birth	15/06/1986		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	11/06/2010		

GENERAL INFORMATION OF THE ACCIDENT

Is driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, relationship of the driver and insured: <u>Wife</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input checked="" type="checkbox"/> Others: _____	
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>	
No of passenger	<u>4</u>	(Inclusive of driver)

PASSENGER 1

Name	<u>Mohd Yusof</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	<u>Nazal Izzy</u>
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	<u>Nour Huda</u>
Gender	Male <input type="checkbox"/> Female <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	<u>Geylang N.P.C</u>

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	Fallen Trees
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
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	Razmi Bin Rattim
Injuries sustained	Neck
Which vehicle person in?	SJT 791B
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	Mohd Yusof
Injuries sustained	Neck
Which vehicle person in?	SJT 791B
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	Naufal izzy
Injuries sustained	Head (cut)
Which vehicle person in?	SJT 791B
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 4	
Name	Noor Huda
Injuries sustained	Neck
Which vehicle person in?	SJT 791B
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"/>



**SINGAPORE
POLICE FORCE**



G/20190218/2064

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POLICE REPORT (NP299)

Report No. G/20190218/2064

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Date/Time Report Made 18/02/2019 13:39	Vide Report No.	Station Diary No. 47
Name Of Informant RAZMI BIN RAHIM	Address APT BLK 603C PUNGGOL ROAD #02-734 SINGAPORE 823603	
ID Type / ID No. NRIC NO / S8615505B	Contact No. Home/Office Mobile 85004453	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 32
Institution/School Name	Date of Birth 15/06/1986	Race Malay
Date/Time Of Incident 17/02/2019 17:10	Location Of Incident BEDOK NORTH ROAD SINGAPORE WAITING TO TURN LEFT INTO BEDOK NORTH AVE 3	

Brief details.

On 17/02/2019 at about 1710hrs, I was driving a tribecar with VRN:SJT791B along Bedok North Road, at the junction of Bedok North Ave 3. The road conditions were quite bad as the road surface was wet and it was raining heavily. I was waiting in idle as the traffic light ahead was still red when suddenly a large tree branch fell and hit onto the front and rear windshield as well as the left door area of the car. I immediately turned around and checked for my 3 passengers and discovered that my nephew who was seated behind me had sustained some scratches and cuts on his head and was dripping blood. The other passengers

Signature Of Officer Recording The Report: G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2019 13:39
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP GABRIEL GOH SHYUE SIAN Contact No.: 62447200	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



G/20190218/2064

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190218/2064

had also sustained some minor cuts due to the broken windshield and passenger windows. I informed tribecar of the matter and was advised by them to lodge a Police Report for insurance claims purposes. The car was also towed by tribecar's towing crew. I also wish to state that I did not hit onto any vehicle, nor was hit by any vehicle. That is all.

Signature Of Officer Recording The Report:

G / Sgt 3 MOHAMAD AKMAL BIN MOHD ROSLAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
ASP GABRIEL GOH SHYUE SIAN
Contact No.: 62447200

Authentication Stamp



Signature Of Informant:

Date/Time:
18/02/2019 13:39

Classification Of Case:

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



RAZMI BIN RAHIM
 Date of Birth: 15 Jun 1986
 Date of Issue: 26 Nov 2015

002874142D

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8615505B



Name

RAZMI BIN RAHIM

رازمي بن راحيم

Race

MALAY

Date of Birth

15-06-1986

Sex

M

Country/Place of birth

SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	28 Oct 2005
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	11 Jun 2010
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	25 Feb 2016

NP 428A



Licence No: S8615505B



NRIC No. S8615505B



Date of issue

26-10-2015

APT BLK 603C PUNGGOL ROAD #02-734
SINGAPORE 823803

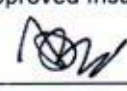
NRIC No. S8615505B

Date: 26/10/2015

5508662

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	SD18V12323 /VPZ /R00
Form	MZ406C
Date Of Issue	30-OCT-2018
1.Index Mark and Registration No. of Vehicle:	SJT791B
2.Chassis number of Vehicle:	MR053ZEE106155485
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2018 00:00 AM
5.Date of Expiry of Insurance:	31-OCT-2019 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 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.	
7.Limitations as to use*: 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. C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.	
8.Policy does not cover: 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.	
*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 : Third Party Fire & Theft, Geographical Area: Singapore only, Grabcar Extension SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Refer Memorandum - Section II S\$2000, Refer Memorandum - Fire & Theft S\$2000 FINANCE COMPANY: PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD	

PLSLI-/01-NOV-18

S1_CL_T1_T3_OE_Template2-Ver1.

01-NOV-18