RMW Dealer

#### Performance Motors Limited

A member of the Sime Darby Group Co. Reg. No. 197401559W GST Reg. No M2-0020081-x

303, Alexandra Road Sime Darby Performance Centre Singapore 159941

Tel. 63190100 (Sales & Admin) 63190111 (AfterSales) Fax. 64747770

280, Kampong Arang Road Bast Coast Centre Singapore 438180 Tel. 63190888 (AfterSales) Fax. 63449773

315. Alexandra Road Sime Darby Business Centre Singapore 159944 Tel 63190528 (AfterSales) 63190533/530 (Motorrad) Fax. 64796601 (AfterSales) 64796624 (Motorrad)





## SERVICE TAX INVOICE

: B1 Repair Order No.

1348604

Page No.

: 1 of 2

Date IN

: 27/03/2019

Invoice Number: 2112575 / WSB

Invoice Date : 18/06/2019

Motor Claim Advisor: Chua Kee Sin

Payment Terms

: 30 Days From Invoice

Invoice By

: Toh Jing Xuan

CUSTOMER INFORMATION -

Mr LIM KWANG JOO 38 TOH TUCK ROAD

#05-04

- INVOICE TO -121

AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way

#08-16 Chartis Building

Singapore 079120

Singapore 596716

REGN. NO. SDF811Y

CHASSIS NO. EG21078

REGN. DATE 03/05/2018

MODEL X1 SDRIVE18I MILEAGE 15438

NETT

850.00

150.00

40.00

0.00

0.00

0.00

----LABOUR 1 ----To remove and install rear bumper to facilitate repairs

including replacement of damaged parts and knock out

dented area caused by the accident.

To check electrical wiring systems and lightings at the rear section for proper function.

Sundries.

INS CLAIMS : ACCIDENT REPAIR. DIRECT SETTLEMENT.

DATE OF ACCIDENT: 22.02.2019. 3RD PARTY CAR: SLS1332T.

YOUR REF NO: NIL.

VEHICLE WAS SURVEYED BY MR TAUFIKH FROM LKK AUTO ON 27.03.2019 AT 10:45AM. AUTHORISED REPAIR BY MS JOY IRENE

FROM LKK AUTO ON 21.03.2019 VIA EMAIL.

PROPOSE LOSS OF USE = \$80x1. THE AMOUNT IS SUBJECTED

TO INSURANCE COMPANY COMFIRMATION.

REAR BUMPER TRIM BOTTOM (LINES)

GIA SEARCH FEE = \$2.00.

1,040.00 Total Labour 1:

Retail

NETT Price Qty PARTS \_ \_ \_ \_ 242.80 242.80 1 REAR BUMPER MIDDLE TRIM PANEL (PDC) 105.40 105.40 1 REAR TRIM UNDERRIDE PROTECTION (X L 13.50 1.35 10 EXPANDING RIVET

231.25 Total Parts

1

592.95

231.25

BMW Dealer

## Performance Motors Limited

A member of the Sime Darby Group Co. Reg. No. 197401559W GST Reg. No M2-0020081-x

Sime Darby Performance Centre
Singapore 159941
Tel 63190101 (Sales & Admin)
63190111 (AfterSales)
Fax. 64747770

280, Kampong Arang Road

315, Alexandra Road Sime Darby Business Centre Singapore 159944 Tel 63190528 (AfterSales) 63190533/530 (Motograd) Fax 64796601 (AfterSales) 64796624 (Motograd)



### SERVICE TAX INVOICE

: 2 of 2 Page No. 1348604 Repair Order No. : B1

Invoice Number: 2112575 / WSB

: 27/03/2019 : 18/06/2019 Date IN Invoice Date

Payment Terms : 30 Days From Invoice Motor Claim Advisor: Chua Kee Sin

: Toh Jing Xuan Invoice By

1,632.95 Total Labour & Parts Charges : S\$ 1,000.00 Labour Charges : 0.00 Less Insurance Excess S\$ 592.95 Parts Charges : 1,632.95 Invoice Total Amount Exclude GST : S\$ 40.00 Lubricant/Misc : 114.31 GST @ 7% : S\$ 1,747.26 Invoice Total Amount Include GST : S\$ S\$ 1,747.26 Computer generated invoice. No signature is required. Amount Payable Include GST

All amounts are in Singapore Dollars.

Work was carried out subject to the Company's Terms and Conditions of Service.

No complaints will be entertained unless reported within seven (7) days of the date of this invoice.

For credit purchases, interest @1% per month will be debited on overdue amounts.



## AUTHORISATION TO ACT

## (AIG Express Third Party Claim)

I, Lim Kwang Joo (the third party claimant) of 38 Toh To	cle
Row \$05-04 S (596716) (address), owner of SDF5117 (vehi	icle no.)
hereby authorize Performance Motors Ltd ("the workshop") to ac	t for me
with respect to my claim for repair costs and/or rental and/or loss of use ("claim") for my	y vehicle
no. SDF SIV that was damaged pursuant to the accident which occurred on 22 (date) along PIE Between Euros of Page (else Exit (location) involving vehicles)	cle no/s
SLS 13327 ("the accident").	
I further authorize the workshop to settle my above mentioned claim in a manner that they	
and the workshop is further authorized to receive payment further to settlement of my cla	im with
payment cheque/s being made in favour of the workshop.	
I further acknowledge that any settlement the workshop may reach on my behalf is on a	without
prejudice and without admission of liability basis insofar as the driver/owner/insurers of t	
vehicle/s is concerned.	
Dated this (day) of (month) 20 (year)	
CHUA KEE SIN Performance Motors Limited 303 Alexandra Road Sine Darby Performance Centry	
Singapore 159841	)

Signed by "the third party claimant" (with chop if applicable)

Signed by "the workshop"

(with chop)

# RELEASE VOUCHER (AIG Express Third Party Claim)

"We/I.	Performance M	fotors Ltd	'the workshop") hereby confirm that we/I
			AIG Asia Pacific Insurance Pte Ltd <u>LKK</u>
			with respect to the amount claimed for
			S\$2.00 (Disbursement), for vehicle no.
			which occurred on 22/2/9 (date) along
			nvolving vehicle no/s _SL33327. This is
pursuant to	the inspection conducted on	1 27/3/19 (date) at	"the workshop".
We/I confi	rm that we/I are/am author	rized by the owner	Lim Kwang Joo
("the third ]	party claimant") of vehicle	no. <u>5088114</u> make	the claim as set out in the above paragraph
and we/I h	ave full authority to settle	the matter on his/her be	ehalf in a manner that we/I deem fit. We/I
enclose here	ein the letter of authority giv	en by "the third party cl	aimant".
We/I furthe	r confirm that we/I will inde	emnify AIG Asia Paci	fic Insurance Pte Ltd for all damages, loss
			vent that "the third party claimant" after the
above said	agreement lodges a further	er claim against the fo	ormer for any loss and expenses suffered
pertaining t	o costs of repairs and/or r	ental and/or loss of us	e pursuant to the damage to SDF 8114
(vehicle no.	) as a result of the accident.		
We/I confir	m that the agreement reach	ed above is in full and	final settlement of any claim of "the third
party claima	ant" pursuant to the acciden	nt and that further this s	ettlement is reached on a without prejudice
and without	admission of liability basis.		
This agreen	nent is subject to the applic	cation of Singapore law	and the Singapore Courts have exclusive
jurisdiction	over any dispute arising out	of the same.	
Dated this	(day) of	(month) 20	(year)
			CHUA KEE SIN Performance Motors Limited 303 Alexandra Road Sinte Darby Performance Centre Singapore 159941

Signed by appointed surveyor

Signed by "the workshop" (with chop)

NOTE: TO BE COMPLETED BY SURVEYOR	NOTE:	TO	BE	COMPL	ETED	BY	SUR	VEYOR
-----------------------------------	-------	----	----	-------	------	----	-----	-------

Francisco.	4 40 4		
11.5	A 10 6		
1 1000	4 0.0		
	41.67		

## AIG THIRD PARTY EXPRESS SETTLEMENT FOR ACCIDENTS ON OR AFTER 1ST JUNE 2008 (PAYMENT BREAKDOWN)

Vehic	le No: SOFSIIY				
Date	of Accident: 22/2/19	Mode	I:		
Global	Sum Settlement : [ ] Ye	e T	] No		
Repair	Estimate				
Final R	Lepair Cost	1-1	+14.87		
Loss of	「Use		47.26		
Rental (	(if any)	: \$	2.00		80 per day
LTA/(	GIA Search Fee			days	
Others:		:\$  2-	0		
		:\$ /	/		
Final Se	ettlement Sum	-	On 01		
Is Thir	d Party Workshop GIA Registered	11283	29-26	T	
A)	For Non GIA Registered Work		reed Liabili		12000
B)	For GIA Registered Workshop:  BOLA Liability:(%)  * Assessed Liability to be filled as	BO BO Ass	LA Applicab LA Scenario essed Liabilit	le: Yes/No No:	_(%)
Remarks	* Assessed Liability to be filled oni not apply.	y for chain o	couisions and	for cases where	BOLA does
ayment	Instruction: Payee's Breakdown		14		
)	Performance Moto	rs Ltd	:\$ 1.=	147.26	
)	Performance Motors 1		:\$ 2.0		
)	Lim Kwens Iso	-10		2.0	
Sig	gued by appointed surveyor	Di	ate	-	

Please attach all the supporting documents to the form. (Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any)



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

## Third Party Insurer Enquiry

Our Ref No:

GR-19-029239

Date of Request:

23/02/2019

Your Ref No:

Online Purchase

Performance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941

Dear Sir/Madam,

**Enquiry Date** 

23/02/2019

Enquiry By

Melanie Setiawati

TP Vehicle No.

**SLS1332T** 

Accident Date

22/02/2019

**Enquiry Result** 

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLS1332T	AIG Asia Pacific Insurance Pte. Ltd.	11/09/2018-10/09/2019	65-6419-3000

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



#### RECORDS MANAGEMENT CENTRE

#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

### TAX INVOICE

Our Ref No:

GR-19-029239

Date of Request:

23/02/2019

Your Ref No:

Online Purchase

Performance Motors Limited 303 Alexandra Road Sime Darby Performance Centre Singapore 159941

Dear Sir/Madam,

**Enquiry Date** 

23/02/2019

Enquiry By

Melanie Setiawati

TP Vehicle No.

SLS1332T

Accident Date

22/02/2019

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[X] GIRO [] Cash [] Cheque

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number Contact Number EMail Address

- 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 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	23/02/2019 10:33
Date Of Accident	22/02/2019 19:50
Exact Location Of Accident	PIE BETWEEN EUNOS & PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDF811Y
Insured/Policyholder	
Name Of Registered Owner	LIM KWANG JOO
NRIC No	S1269450D
Email Address	JASONKJLIM@PHILLIP.COM.SG
Mobile Phone No	(LOCAL) +65-97819955
Alternative Phone No	OTHERS-63333438
Vehicle Particulars	
Manufacturer	BMW
Model	X1
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	SD18V04516/VPC/R00
Cover Note Number	
Driver	
Name of Driver	LUM KIM LAN
NRIC No	S1145945E
Date Of Birth	11/10/1955
Occupation	INDOOR
Date Of Driving Pass	10/07/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81211491

LUM.KIMLAN@GMAIL.COM

Address '

38 TOH TUCK ROAD #05-04

Postcode

596716

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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?

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

NO

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)

1

#### **Details of Police Action**

Was the accident reported to the police?

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACH.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO BIG-BURN CD

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

**SLS1332T** 

Vehicle Make/Model/Colour

MAZDA

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

LOW LEE KENG (LIU LIQIN)

NRIC/Passport Number

S7306071J

Contact Number

81337311

Address

Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE, LTD.

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

#### 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.
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  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 personal Information to all insurer (collectively the "Personal Information") and disclose and transfer such vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - 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

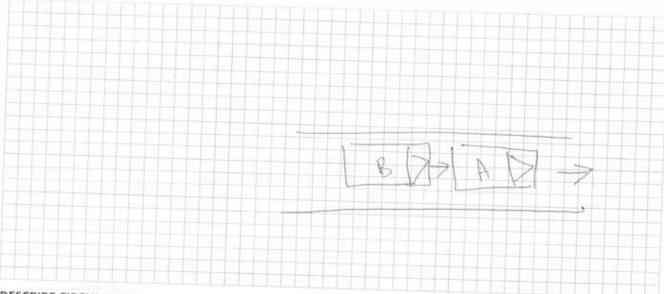
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 was 6	n the PIE between Euros and Pays Lebour Exit when
the car	I was driving was hit from behind.
The tra	the was less the wom behind.
The Aris	the was very slow moving at the time of the accident
Kenas	ver of the vehicle which hit my vehicle is Ms Low Lee
	A company to the state of the s
vela la	d a small hale at the lower back bumper of my
·Cucie	coursed by the vehicle no. SLS 1332T bumping into
my vel	dale
ARATION	

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.:

locolus.



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 - 17:00

UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MPM 1 (9025164 - C) Vehicle Registration No: Com Jec \_NRIC/FIN/Passport No :\_ (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Address Contact (Tel) Email Address Time of Accident: Date of Accident Place of Accident (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel's Signature Policyholder / Driver's Signature Name: Date: NRIC/FIN No .:

Date:

Change add adamines V3

1,211



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

#### ADDENDUM

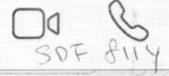
Tenado.	Original Report No	MPm1 19	0256	x PMI	Vehicle	Registratio	n No:	SOF 8	(A
	Name(as shownin NRIC)				NRIC/F	IN/Passport	tNo:	12694	SO D
3	(*Vehicle Driver/Ve								
128	Address							Singapore(	)
	Contact (Tel)				Mobile	No. :	9781	29 55	
	Email Address					2011			
	Date of Accident	22:	۵2 , 3	2019	Time of	Accident :	19	: 50 hr.	5
	Place of Accident	. BIE	Betw.	een !	Cunes	Paya	lebar	8-2,1+	
9	Insurance Company	Libe	sty b	shrow	e,				-
	I wish and Las	tel re	vet	da	im o	tgain!	st u	he o	the
					2				31
	,								21.
	th	~				6			8.1
	Policyholder / Driver	s Signature			Nam	/FIN No.:	e Personne	l's Signature	e .







# +65 8121 1491



## Forwarded

It's not direct Insurance Agent. It's thru the car dealer insurance. The advisor told me to let workshop contact AIG direct. My car went thru AIG inspection, all paperwork is completed.

8:19 AM

Fr the person who hit SDF 811 Y

8:19 AM









T. The other porty reply to my current

AIG has received your claim for SLS1332T. Your claim no. is 4539150366SG. For further enquiries, please call your claims adjuster Mohd Zawaye, Norsazani at our toll-free hotline 8001206556. Please visit www.aig.com.sg/cafaq for more info on AIG auto claims processes.





# Certificate of Insurance

Elizabeth

www.libertyinsurance.com.sg

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)

Name of Policyholder:

LIM KWANG JOO

Date of Issue:

09 May 2018

Registration No.:

SDF811Y

Effective Date of Commencement:

03 May 2018 00:00

Chassis No.:

WBAJG12090EG21078

Certificate No.:

SD18V04516/ VPC / R00

Date of Expiry:

02 May 2019 23:59

Type of Certificate:

MX1

Persons or Classes of Persons entitled to drive\*:

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

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.

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, NCD Protection

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess

Section I S\$600,Additional Excess for Young & Inexperienced Drivers S\$2500,Windscreen Excess

Name of Finance Company.

DBS BANK LTD

Name of Producer

SD CONTEGO SERVICES (A1429-5)

17/PEGG/SD18Y04516/

## RÉPUBLIC OF SINGAPORE IDENTITY CARD NO. S1269450D



LIM KWANG JOO



Babe CHINESE

Date of birth 10-03-1957

SINGAPORE

M



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1145945E



LUM KIM LAN





CHINESE 11-10-1955

Country/Place of birth SINGAPORE

511059450

5861967



5368161



Date of issue

10-10-2014

38 TOH TUCK ROAD #05-04 SINGAPORE 596716



Date of Issue 30-01-2018

38 TOH TUCK ROAD #05-04 SINGAPORE 596716

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

