Date In 15/03/19	Jeb description	Date & Time Completed	Done	N.
Re[NO NA/LIA 1900 4687/13	SAS e-filing	Date & Timo Completed	Done .	o.v.
Veh No 52894274				-
The state of the s	E-mail (within 8hrs, AIC			
1104, 22/03/19 /630	i-Motor Claim Fort	m		
OD The (Reporting Only)	i-Motor W/O (Within	OD 2hrs, TP 4hrs)		
	i-Photo Uploaded			SOUL FROM
TP Insurer:	Assessment/Survey R	eport		
	Ass't Report by Fax /	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (N-51	Tel: F	ax:	
TP Particulars: Veh No: un	HENOWN	INC()/Non-INC()		
Owner / Driver: (Tel:)	9-2111
Policy No: () Period	1: () Cover Type: (
Confirmed by: (Date			A-3-00-044
		N: 0-20%; P: 21-79%. F: 80-	100%1	
	rranty: YES ()/N			
Excess: (\$) Loading: \$1,000				
General Remarks:-	(), 62,666 ()			
	100 C		11.	
() Walk-In Customer: Customer's informa		al & Strictly NO rater of repairer.	<u> </u>	
() Total Loss Case : to e-mail Insurer U	JRGENTLY.			
Drive-In () / Towed-In (); Invoice: Y	'ES () / NO () ; Towing Co. ()
Remarks:- (INC hotline: 6788 6616)	78 m 2 0	Date&Time Completed	Done	by
Apply for Transport Allowance ()/ Cour	rtesy Car ()	2890 2000 2000 2000 2000 200		-
2) QC Check / Post Repair Inspection	()			
3) Upload Resurvey Photo [Repair Cost > \$3000	()			
Sproad Resulvey Filoto [Repair Cost > \$300	0] ()		<u> </u>	
Injury:	0] ()			
Injury:	o] ()			
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Injury:	oj ()			
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Injury:	oj ()		Ant(S)	Amt (3
Injury:		ice Preparation Checklist	Amt (\$)	100
Injury: Date/Time Actions NA(90)966	Invoi	ce Preparation Checklist Accident Reporting (\$30);	1st Bill	100
Injury: Date/Time Actions M91901966 laimant's Particulars:-	Invoi 1) AR: 2) DA:	ice Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (\$	1st Bill	100
Injury: Date/Time Actions M91901966 laimant's Particulars:-	Invo 1) AR: 2) DA: 3) TF: 4) FT:	ce Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (\$ Towing Fee \$4 Follow-Through Survey	1st Bill 80) 0/\$45 \$120	100
Injury: Date/Time Actions M9/90/966 laimant's Particulars:- river/Owner:	Invo 1) AR: 2) DA: 3) TF: 4) FT: 5) FT:	ce Preparation Checklist Accident Reporting (\$30); Damage Assessment (\$100); INC (\$ Towing Fee \$4 Follow-Through Survey Follow-Through Survey (Resurvey)	1st Bill 80) 0/\$45 \$120 \$30	100
Injury: Date/Time Actions M9/90/966 laimant's Particulars:- river/Owner: ontact No:	Invoi 1) AR: 2) DA: 3) TF: 4) FT: 5) FT: Fore 6) TR:	Accident Reporting (\$30); Damage Assessment (\$100); INC (\$700); IN	1st Bill 80) 0/\$45 \$120 \$30 5) \$75	100
Injury: Date/Time Actions M9/90/966 laimant's Particulars:- river/Owner: ontact No:	Invoi 1) AR: 2) DA 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) N1:	Accident Reporting (\$30); Damage Assessment (\$100); INC (\$ Towing Fee \$4 Follow-Through Survey Follow-Through Survey (Resurvey) Laiming against INC Only (wef 10 Jan 200 Re-inspection Idae DA + SMRT Survey	1st Bill 80) 0/\$45 \$120 \$30	100
Injury: Date/Time Actions MAI 9 0 19 6 6 laimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoi 1) AR: 2) DA 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) N1: 8) NTU	Accident Reporting (\$30); Damage Assessment (\$100); INC (\$ Towing Fee \$4 Follow-Through Survey Follow-Through Survey (Resurvey) Daiming against INC Only (wef 10 Jan 200) Re-inspection Idae DA + SMRT Survey JC Additional Services:-	1st Bill 80) 0/\$45 \$120 \$30 \$75 \$160	100
Date/Time Actions MAI 9 0 19 6 6 Plaimant's Particulars:- river/Owner: ontact No: amaged Portion:	Invoi 1) AR: 2) DA 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) N1: 8) NTU OD! *N5:	Accident Reporting (\$30); Damage Assessment (\$100); INC (\$ Towing Fee \$4 Follow-Through Survey Follow-Through Survey (Resurvey) Laiming against INC Only (wef 10 Jan 200 Re-inspection Idae DA + SMRT Survey JC Additional Services:-	1st Bill 80) 0/\$45 \$120 \$30 5) \$75 \$160	100
Date/Time Actions M9/90/966 laimant's Particulars:- river/Owner: ontact No: amaged Portion: C. Checked by (Engr-In-Charge):	Invol 1) AR: 2) DA 3) TF: 4) FT: 5) FT: Fors 6) TR: 7) N1: 8) NTU OD: *N5: *N6	Accident Reporting (\$30); Damage Assessment (\$100); INC (\$ Towing Fee \$4 Follow-Through Survey Follow-Through Survey (Resurvey) Daiming against INC Only (wef 10 Jan 200) Re-inspection Idae DA + SMRT Survey JC Additional Services:-	1st Bill 80) 0/\$45 \$120 \$30 \$75 \$160	100
Date/Time Actions MA 1901966 Claimant's Particulars:- river/Owner: ontact No: amaged Portion: C Checked by (Engr-In-Charge): uditors' Comments:-	Invol 1) AR: 2) DA 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) N1: 8) NTU OD! *N5: *N6 *N7 *N8	Accident Reporting (\$30); Damage Assessment (\$100); INC (\$70); Towing Fee S4 Follow-Through Survey (Resurvey) Laiming against INC Only (wef 10 Jan 200) Re-inspection Idae DA + SMRT Survey JC Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Post Repair Inspection DV / Collect Excess Coordination	1st Bill 80) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$15 \$5 \$5 \$5 \$5 \$5 \$5 \$5	Amt (\$) Add Bil
Injury : Date/Time Actions	Invol 1) AR: 2) DA 3) TF: 4) FT: 5) FT: Fore 6) TR: 7) N1: 8) NTU Old *N5: *N6 *N7 *N8 TP(Accident Reporting (\$30); Damage Assessment (\$100); INC (\$70); Dowing Fee S4 Follow-Through Survey Follow-Through Survey (Resurvey) Laiming against INC Only (wef 10 Jan 200) Re-inspection Idae DA + SMRT Survey JC Additional Services: Courtesy Car / Tpt Allowance Repair Co-ordination Post Repair Inspection	1st Bill 80) 0/\$45 \$120 \$30 \$75 \$160 \$5 \$10 \$25	100

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 15/03/2019 09:45

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	15/03/2019 09:31
Date Of Accident	22/02/2019 16:30
Exact Location Of Accident	JUNC OF SIMS AVE & LOR 1 GEYLANG
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR9427G
Insured/Policyholder	The state of the s
Name Of Registered Owner	DARWIN-51 CAR RENTAL PTE LTD
Co Reg No	201407909C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88215151
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V07071/VPZ/R01
Cover Note Number	
Driver	
Name of Driver	KAMIL BIN SARMA

Name of Driver	KAMIL BIN SARMA
NRIC No	S6845079I
Date Of Birth	01/12/1968
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1996
Driving Experience	22 YEARS AND 5 M
A CONTRACTOR OF THE CONTRACTOR	

MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97844016

Fax Number Contact Number

EMail Address NOEMAIL

BLK 334 WOODLANDS STREET 32 Address

#08-23

Postcode 730334

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

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?

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : UNKNOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

WOODLANDS WEST N.P.C

Police Station Address

ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given?

TEL NO: - FAX NO:

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190311/2259

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 UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
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.
- 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:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN			
			10 018 011076
	Kallang MRT	15	(A) SLR 9427G.
			(B) 0+0 Unknow reg. Nu
	Station .		reg. nu
the second second second	1		
	\rightarrow		
	→ P > 0+0		
	7		
	Some Aue .		
		Geofang Geofang	
		200	
DESCRIBE CIRCUMSTANCES O	E THE ACCIDENT	17	
DESCRIBE CIRCOMSTARCES O	F THE ACCIDENT		
7.	Λ		
Pls	refer to Police	Report	
	No: 7/20190311/22	.0	
	No. 1/20170311/22	17.	
		V.	i i
		F-1	
ECLARATION			
We declare the foregoing particular	ts are true in every respect		
ISON Var.	A A	0	
() .	(),)	A.	15/03/19
olicyholder's Signature	Deliver State of the state of t		
ate & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Pe	rsonnel's Signature

Date & Time:

NRIC/FIN No.:





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999 1 of 3 Report No. T/20190311/2259

REPORT OF A TRAFFIC ACCIDENT

	ne Report I 019 23:34	Made:	Vide Report No.:	Station Diary No.: 590	
Informa	nt's Partic	ulars			
	f Informant: BIN SARMA		Address: APT BLK 334 WOODLAND 730334	OS STREET 32 #08-23 SINGAPORE	
ID Type / ID No.: NRIC NO / S6845079I		791	Contact No.: Home/Office: Mobile: 97844016		
Nationality: SINGAPORE CITIZEN		'EN	Email:		
Sex: Male	Age: 50	Date of Birth: 01/12/1968	Type of Informant: Driver		
Race: Javanese			Language:	Institution / School Name:	
Occupation: Other car and light goods vehicle drivers nec		goods vehicle	Driving Licence Information Class:	Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2019 16:30	Type of Location X-Junction
Location: Junction of R SIMS AVENU LORONG 1 C Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Wor	17723	Traffic Volume:
	ion:	9	9	3

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLR9427G	Car	TOYOTA	prius			1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

2 of 3 Report No. T/20190311/2259

CONTINUATION OF REPORT

Driver				34 7 7 7 1	14 10/19	STREET, WARRENTS
Name	KAMIL BIN SARMA	1		ID No	,	S6845079I
Related Vehicle	NIL		Conta	act No.	97844016	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 22/02/19 at around 1630hrs I was driving vehicle SLR9427G along Sims Avenue towards Geylang. I was travelling at the 2nd lane of the 4 lane road and I saw a motorcycle stopped in front at the traffic junction. I stopped behind the motorcycle and the motorcyclist got down from his motorcycle and came to my window, he claimed that I had hit his motorcycle. I am sure that I did not hit him and after the motorcyclist took a few photos the motorcyclist rode off. I did not have the motorcycle registration number and the rider particular. That's all





Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3 Report No. T/20190311/2259

CONTINUATION OF REPORT

Sketch Plan

NP168

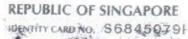
Informant is not able to provide sketch plan

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: L / Sgt 2 LEE REN HUI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/03/2019 23:34
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

Vehicle No.	SLR 9427 G. Model/Make Toyota Prius Alpha.
Date of Accident	22/02/19. Widdely Wake 104010 Place Hipha.
Time of Accident	1630 HRS
Location of Accident	
Exact purpose use during accid	
Name of Owner	
Telephone No.	Danvin-S Car Rental Fle Ltd.
NRIC	H/P: \\\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Address	201407909 C.
	2. Kaki Bukit Ave 2 #01-17, Kaki Bukit Antokub (8) 4179.
Claim type	OD THIRD PARTY REPORTING ONLY
Insurance Company	Liberty.
Type of Coverage	Comprehensive Third Party Third Party / Fire /Theft
Policy No.	30 18 V 07 07 1/ VPZ/ROI.
Name of Driver	As Above If No, Kamil Bin Sarma.
NRIC	\$ 6845079 1 Any Passengers: 01 (F)
Date of birth	01/12/1968
Occupation	Outdoor / Indoor
Driving License Pass Date	20 1091 1996
Gender	Male / Female
Contact No.	H/P: 97844016 Home: Office:
Address	B4K 334; Woodland St 32 # 08-23 (3) 730 334
Driver have any own vehicle <	
Relationship	Employee, If no, state
Weather condition	Clear Raining Other
	Dry Wet Other
Any Injuries	
Name And Contact No.	it ies, wito:
Name And Contact No.	·
Police Report	No, If Yes, Where? Woodlands West N. A. C.
Vehicle B No.	Mikiwwii reg. no (Motorcycle) Any Passengers: N. A.
Name of Driver	Contact No.:
Vehicle C No.	Any Passengers :
Vehicle D No.	Any Passengers :
Vehicle E no.	
Vehicle F No.	Any Passengers :
Vehicle G No.	Any Passengers :
Witness Name	Any Passengers : W- 4 Witness Contact : W-A
Accident Portion	
	No damage.
Camera Recorder	Yes (No)
Email Address	
PARTICULAR WORKSHOP	N-51
CONTACT NO.	6842 0051 / 6744 0510
CONTACT PERSON	Auxin.
FAX NO	6741 0510
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg



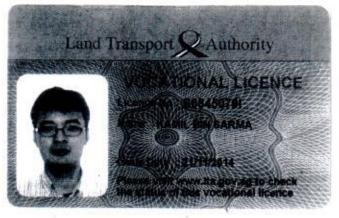


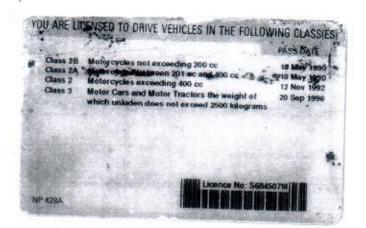




JAVANESE 01-12-1968 Country of Birth SINGAPORE









This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 675701.

Description TAXI VL

Issue Date 08/12/1999







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.sq

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	SD18V07071 /VPZ /R01	SAPIS
Form	MZ406C	
Date Of Issue	10-JUL-2018	
1.Index Mark and Registration No. of Vehicle:	SLR9427G	
2.Chassis number of Vehicle:	ZVW400025975	
3.Name of Policyholder:	DARWIN-51 CAR RENTAL PTE LTD	
4.Effective date of Commencement of Insurance for the purpose of the Act:	28-JUL-2018 00:00 AM	
5.Date of Expiry of Insurance:	27-JUL-2019 23:59 PM	
6 Persons or Classes of Persons		

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.

imitations 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:

Comprehensive Unlimited Windscreen Uber/Grabcar Extension

SUM INSURED: EXCESS:

MARKET VALUE AT THE TIME OF LOSS

Section I - Singapore S\$2000 / Outside Singapore S\$4000 Section II - Singapore S\$1500 / Outside

Singapore S\$3000.Windscreen Excess S\$100

FINANCE COMPANY:

MAYBANK

PRODUCER NAME:

INSURE HOUSE

PLYW/PLYW/10-JUL-18

10-JUL-18



Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:

SLR9427G

Z11 - Private Hire

/Jeep/Land Rover

Vehicle Type:

(Chauffeur) Station Wagon

Vehicle Scheme:

Normal

Vehicle

Attachment 1:

No Attachment

Vehicle

Attachment 2:

TOYOTA

Attachment 3: Vehicle Model:

Vehicle

PRIUS ALPHA 1.8S CVT

Vehicle Make: Chassis No.:

ZVW400025975

Engine No.:

Motor No.:

317F00466

Trailer Chassis No .: -

2ZR1983915

Propellant:

Petrol-Electric

Passenger Capacity: 6

Engine Capacity:

1797 cc

Power Rating:

60.0 kW

Maximum Power

Output:

100.0 kW (134 bhp)

Maximum Laden

1845 kg

Unladen Weight:

1460 kg

Weight:

Secondary Colour: -

Primary Colour:

First Registration

Black

Original

31 Aug 2017

Date:

31 Aug 2017

Registration Date:

Manufacturing

Year:

2017

Open Market Value: \$29,656.00

PARF Eligibility: Yes

0

Minimum PARF Benefit:

\$9,259.00

\$9,656.00 (140%)

Additional

Registration Fee

First \$20,000.00 (100%), next

Rate:

Actual ARF Paid:

No. of Transfers:

\$18,519.00

Owner Particulars

Owner Name:

DARWIN-51 CAR RENTAL

PTE LTD

Owner ID Type:

Company

Owner ID:

201407909C

Registered Address

Private Residential (Condo Apt or House) / Shopping /

Type:

Office Complexes

Registered Block

/House No.:

Registered Street

Name:

KAKI BUKIT ROAD 1

Registered Unit

No.:

01 - 09

Registered Building Name:

ENTERPRICE ONE

Registered Postal

Code:

415934

COE No. / Expiry

2017050103002600Z / 30

Date:

Aug 2027

COE Bid Category:

B - Car above 1600cc or

97kW (130bhp)

QP Paid:

\$54,406.00

Transaction Details

Business

Transaction Ref.

20170831092823890490

No.:

Business

31 Aug 2017

Transaction Date:

Business Transaction Time:

09:28:23

Message

The above vehicle has been successfully registered.

Please note that \$63,552.00 will be deducted from your GIRO account.