

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA11905278v

Date In: 23/4/19 19:4v	Job description	Date & Time Completed	Done by
Ref No: NA11914207175/14	SAS e-filing		
Veh No: SX37074	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 16/4/19 - 14:20	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: PBE 2905B

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:-

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions

NA11902943

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2 / 3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
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



## 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	23/04/2019 19:42
Date Of Accident	16/04/2019 14:20
Exact Location Of Accident	EXIT CTE AT ROUNDABOUT TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3707G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E 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	TAN KIM CHOON, BERNARD (CHEN JINCHUN, BERNARD)
NRIC No	S7207273A
Date Of Birth	06/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2005
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98805866
Fax Number	
Contact Number	OFFICE-98805866
Email Address	NOEMAIL

Address	BLK 63 CIRCUIT ROAD #03-279
Postcode	370063
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20190417/2131.

#### 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	FBE2905B
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** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

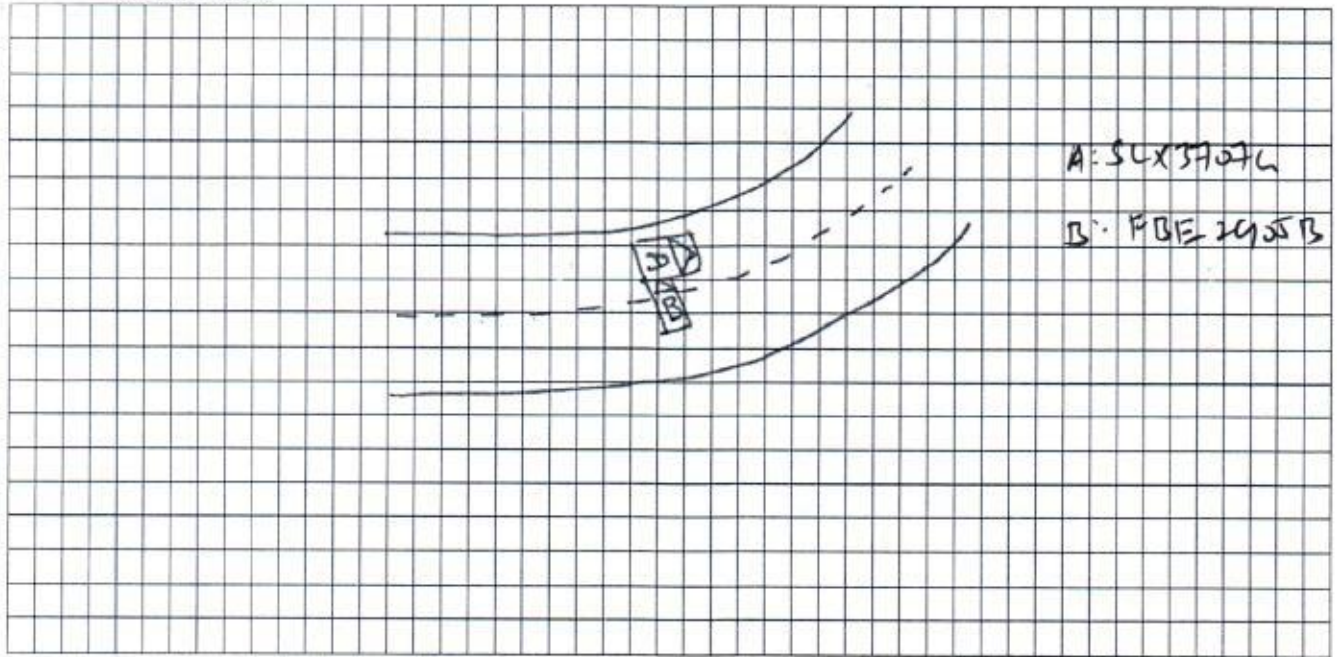


Policy holder's signature  
Date / time:

  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

## DECLARATION

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



Policy holder's signature  
Date & time:

Driver's signature  
(if driver is not policy holder)  
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	16/4/2019	(DD/MM/YY)
Time of accident	2:20 pm	(HH:MM)
Exact location of accident	EXIT CTE at the roundabout towards Moulmein Road	

## DETAILS OF VEHICLE

Vehicle registration number	SLX3707G		
Vehicle make and model	Toyota Vios		
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 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	Liberty		
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	Jacet Lim Jooi Services pre 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	ZAN LIM CHOO, BERNARD			Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7207273A				
Contact	98805866				
Address	Blk 63 Circuit Road #03-279 S(370063)				
Email address					
Date of birth	6/3/1972				
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>			
Driving date pass	26/4/2005				

GENERAL INFORMATION OF THE ACCIDENT	
Was 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>Hirev</u>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>2</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>passenger</u>
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 2	
Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3	
Name	
Gender	Male <input type="checkbox"/> Female <input 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 type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	



THIRD PARTY VEHICLE 1	
Vehicle registration number	FBE29058
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		
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 2		
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 3		
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 4		
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 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/20190417/2131

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20190417/2131

Police Station Of Origin  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

Date/Time Report Made 17/04/2019 17:39	Vide Report No.	Station Diary No. 84
Name Of Informant TAN KIM CHOON, BERNARD	Address APT BLK 63 CIRCUIT ROAD #03-279 SINGAPORE 370063	
ID Type / ID No. NRIC NO / S7207273A	Contact No. Home/Office Mobile 98805866	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SALES INSURANCE	Sex Male	Age 47
Institution/School Name	Date of Birth 06/03/1972	Race Chinese
	Language English	
Date/Time Of Incident 16/04/2019 14:20	Location Of Incident CENTRAL EXPRESSWAY SINGAPORE Exit of CTE, at the roundabout towards Moulmein Road	

**Brief details.**

On 16/04/2019 at about 2.20pm, I was driving my car (SLX3707G) and had just exited CTE. It was at the roundabout which is towards Moulmein Road and the traffic was heavy. Traffic was slow moving and out of a sudden, I heard honking sound and shouting and I saw that a male indian motorcyclist who was riding a motorcycle (FBE2905B) shouting at me and telling me that I had bang onto him. I was puzzled and continued to drive on. The traffic was then at stand still. He then jumped out of his motorcycle and went in front of my car. As traffic was slightly moving, I wanted to move and ~~move away~~ from him.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt MAZLAN BIN MIAT

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Changi N.P.C / Best Division  
Insp LIM JIAN YANG  
Contact No.: 62447200

Signature Of Informant:

Date/Time:  
17/04/2019 17:39

Classification Of Case:

**Authentication Stamp**





SINGAPORE  
POLICE FORCE



G/20190417/2131

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190417/2131

However, he blocked your path and he was still shouting. I wind down my window and told him to move away or I will call for police.

He then went to his motorcycle which was left on the right side of my car. He then held his motorcycle and pushed it towards the rear right door of my car. I then stepped out of my car and asked him for his particulars as I lodged a report against him. He told me that I am not a Police and he will make the report instead as he claimed that I had bang him instead. I told him if I had bang him, he should lodge an accident report and to seek medical treatment if he has any injuries. He shouted me and said he will call the Police. At that point of time, he was shouting and gesturing aggressive. Thus I decided to move off and not engage him. He did not follow me afterwards.

The car is a rental car. Due to his action, there is a dent on my right rear door. I do not know the cost of damage. I do not have any in car camera.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt MAZLAN BIN MIAT

Signature Of Interpreter:  
Not applicable

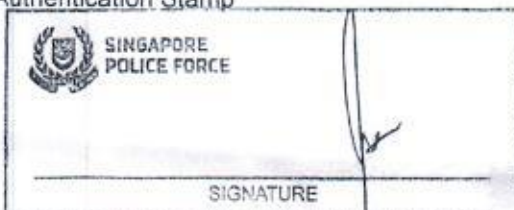
Officer In-Charge Of Case:  
G / Changi N.P.C /  
Insp LIM JIAN YANG  
Contact No.: 62447200

Signature Of Informant:

Date/Time:  
17/04/2019 17:39

Classification Of Case:

Authentication Stamp





**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Portrait of a man

Licence Number: **S7207273A**

Name: **TAN KIM CHOON, BERNARD**  
**(CHEN JINCHUN, BERNARD)**

Birth Date: **06 Mar 1972**

Issue Date: **22 Mar 2019**

Barcode: 0029154990

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

	<b>EFFECTIVE DATE</b>
<b>Class 3</b> Motor cars with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	<b>26 Apr 2005</b>

NP 428A

Licence No: S7207273A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7207273A



Name

TAN KIM CHOON, BERNARD  
(CHEN JINCHUN, BERNARD)

陳金春

Race

CHINESE

Date of birth

06-03-1972

Sex

M

Country of birth

SINGAPORE





4906261



NRIC No. S7207273A

Date of Issue  
31-10-2012

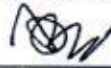
AFT ELK 63 CIRCUIT ROAD #03-279  
SINGAPORE 370063

NRIC No. S7207273A

Date: 03/12/2014

## 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)

<b>Certificate No</b>	SD18V12323 /VPZ /R00										
<b>Form</b>	MZ406C										
<b>Date Of Issue</b>	30-OCT-2018										
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLX3707G										
<b>2.Chassis number of Vehicle:</b>	MR053HY9305135083										
<b>3.Name of Policyholder:</b>	ROSET LIMOUSINE SERVICES PTE LTD										
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	01-NOV-2018 00:00 AM										
<b>5.Date of Expiry of Insurance:</b>	31-OCT-2019 23:59 PM										
<b>6.Persons or Classes of Persons entitled to drive*:</b>	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p>										
<b>7.Limitations as to use*:</b>	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.</p>										
<b>8.Policy does not cover:</b>	<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>										
<p>*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.</p>											
<p>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).</p>											
<p>For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers</p>  <hr style="width: 150px; margin-left: auto;"/> <p>Authorised Signature</p>											
<p><b>For Information only:</b></p> <table style="width: 100%;"> <tr> <td style="width: 30%;"><b>COVERAGE :</b></td> <td>Third Party Fire &amp; Theft, Geographical Area: Singapore only, Grabcar Extension</td> </tr> <tr> <td><b>SUM INSURED:</b></td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td><b>EXCESS:</b></td> <td>Refer Memorandum - Section II S\$2000, Refer Memorandum - Fire &amp; Theft S\$2000</td> </tr> <tr> <td><b>FINANCE COMPANY:</b></td> <td></td> </tr> <tr> <td><b>PRODUCER NAME:</b></td> <td>NEWSTATE STENHOUSE (S) PTE LTD</td> </tr> </table>		<b>COVERAGE :</b>	Third Party Fire & Theft, Geographical Area: Singapore only, Grabcar Extension	<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS	<b>EXCESS:</b>	Refer Memorandum - Section II S\$2000, Refer Memorandum - Fire & Theft S\$2000	<b>FINANCE COMPANY:</b>		<b>PRODUCER NAME:</b>	NEWSTATE STENHOUSE (S) PTE LTD
<b>COVERAGE :</b>	Third Party Fire & Theft, Geographical Area: Singapore only, Grabcar Extension										
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS										
<b>EXCESS:</b>	Refer Memorandum - Section II S\$2000, Refer Memorandum - Fire & Theft S\$2000										
<b>FINANCE COMPANY:</b>											
<b>PRODUCER NAME:</b>	NEWSTATE STENHOUSE (S) PTE LTD										