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Confirmed by : (· Dater	Timer)
Insured/Driver Liability: (%)	[Note-Est Status (WO): N: 0	-20%; P: 21-79%. P: 80-	100%]
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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.
- 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.

- 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	13/07/2019 13:16	
Date Of Accident	12/07/2019 07:35	
Exact Location Of Accident	KPE ENTRANCE TOWARDS TPE	
Country/State of Loss	SINGAPORE	

DETAILS OF OWN VEHICLE

EDNIGODED

venicle (vegialidadi) (venicle)	FBN0203F
Insured/Policyholder	
Name Of Registered Owner	KAMSANI BIN MOHAMED SALLEH
NRIC No	S7910692E
Email Address	SANIKRATING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81980774
Alternative Phone No	OTHERS-81980774
Vehicle Particulars	

venicie	Particulars			
Manufac	turne			

Trich surgicial Ci	DUCATI

Model	MULTISTRADA 1200S-1.2

Exact Purpose	for	which	vehicle	was	being	used	at
time of acciden	1				14355 h 54		

time of accident

GOING TO WORK

Are you claiming under your own insurance policy for repair to your vehicle?

ior repair to your vernois:

Vehicle Registration Number

NO

If No, Please state action to be taken Vehicle Category REPORTING ONLY MOTORCYCLE

Insurance Company

Name of Insurance Company

LIBERTY INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

SD18V13297/VMS/R00

Cover Note Number

Driver

Name of Driver KAMSANI BIN MOHAMED SALLEH

 NRIC No
 \$7910692E

 Date Of Birth
 02/04/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 08/04/2003

Driving Experience 16 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81980774

Fax Number

Contact Number OTHERS-81980774

EMail Address SANIKRATING@GMAIL.COM

Address

BLK 272C PUNGGOL WALK

#12-581

Postcode

823272

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

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)

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

PLEASE REFER TO SKETCH PLAN

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

TOYOTA HARRIER

Vehicle Registration Number

SLM5687A

Vehicle Make/Model/Colour

Vehicle Category

Details Of Properties

PRIVATE CAR

Name of Driver

WING TONG

NRIC/Passport Number

Contact Number

96891483

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLF9000S

Vehicle Make/Model/Colour

TOYOTA HARRIER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LINUS

NRIC/Passport Number

Contact Number

96737646

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

7

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.
- 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

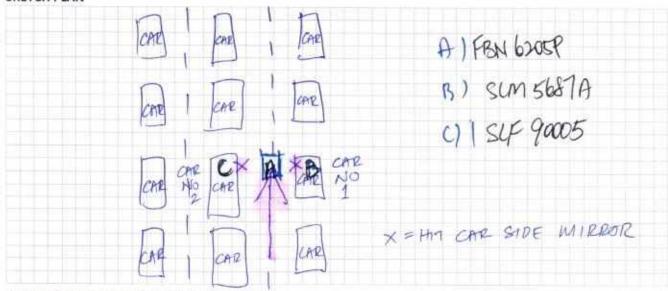
Date & Time: 120319

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Perso



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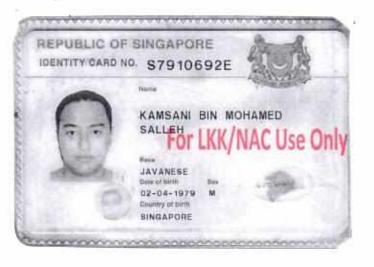
DECLARATION

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

Policyholder's Signature Date & Time: 120719

Driver's Signature (If driver is not the policyholder) Date & Time: 120719

Reporting Centre Personnel's Signature
Name:









ACCIDENT STATEMENT

LOCATION: KBE ENTRANCE FROM TPE 1. DETAILS OF VEHICLE OLVEHICLE NUMBER: FRM 6205 P DINSURANCE COMPANY: LIEETTI INCUENCE CIPOLICY NUMBER: SDIEVI 324 TV MS/ROO DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE ETHEFT) e)MAKE & MODEI: DICAH MULTISTARM, 1200 ENDURA (I)YEP: (SALOON / COUPE / MPV / VAN / LORRY MMOTORCYCLE) OTHERS) e)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE) I) PROPRISE OF USING AT ACCIDENT TIME: BOWN TO WORK I) PROPRESS STATE ITHIRD PARTY CALLS / REPORTING ONLY) 2. INSURED / POLICY HOLDER A)NAME: EMPLOYED BIN MOHAMED SALLEH MALE! FEMALE! D)NRIC/FINIPASSPORT: STOLEMAN ARE CONTACT: 2/1/20774 CIADURESS: BLK 272 C PULLEGOT WALL #12-1/31 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CINCINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER DINGROFTEN/PASSPORT: CIADURESS: CIADURESS: CONTACT: CONTACT: DINGROFTEN/PASSPORT: CONTACT: ON COMPANY (YES / WO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CIEDAT DIRECTION (REDORD NO UDO OR OUT OF THE DRIVER WITH INSURED: CIEDAT DIRECTION (REDORD NO UDO OR OUT OF THE DRIVER WITH INSURED: CIEDAT SOME OF THE MALE! DISTOLUTION (REDORD NO UDO OR OUT OF THE DRIVER WITH INSURED: CIEDAT SOME OF THE MALE! DISTOLUTION (REDORD NO UDO OR OUT OF THE DRIVER WITH INSURED: CIEDAT SOME OF THE MALE! DISTOLUTION (REDORD NO UDO OR OUT OF THE DRIVER WITH INSURED: CIEDAT SOME OF THE MALE! DISTOLUTION (REDORD NO UDO OR OUT OF THE DRIVER WITH INSURED: CIEDAT SOME OF THE MALE! DISTOLUTION (REDORD NO UDO OR OUT OF THE MALE! DISTOLUTION (REDORD NO UDO OR OUT OF THE DRIVER WITH INSURED: CIEDAT SOME OF THE MALE! DISTOLUTION (REPORD NO UDO OR OUT OF THE MALE! DISTOLUTION (REPORD NO UDO OR OUT OF THE MALE! DISTOLUTION (REPORD NO UDO OR OUT OF THE MALE! DISTOLUTION (REPORD NO UDO OR OUT OF THE MALE! DISTOLUTION (REPORD NO UDO OR OUT OF THE MALE! DISTOLUTION (REPORD NO UDO OR OUT OF THE MALE! DISTOLUTION (REPORD NO UDO OR OUT OF THE MALE! DISTOLUTION (REPORD NO UDO OR OUT OF THE MALE! DISTOLUTION	AC	CIDENT DATE: 12/07/2019 (DD/MM/YYY), TIME: 07. 35 (HH:MM)
1. DETAILS OF VEHICLE OJVENICLE NUMBER: FRM 6207 DINSURANCE COMPANY: LIEEPT INCUPANCE OJPOLICY NUMBER: SDIEVI 3297/VMS/ROO DIPOLICY NUMBER: SDIEVI 3297/VMS/ROO DIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY FIRE ETHEFT) OJMAKE & MODEI: DILAMI MULTISTRADA 1200 ENDURO DITYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE) OTHERS) OJVENICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE) OTHERS) OJVENICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE) DIPURPOSE OF USING AT ACCIDENT TIME. GOINT TO WOPE IF NO, PLEASE STATE THIRD PARTY CHAMING ONLY) 1. INSURED / POLICY HOLDER ANAME: PRIVATOR DE PARTY CHAMING ONLY) 2. INSURED / POLICY HOLDER ANAME: PRIVATOR DE PARTY CHAMING ONLY) CONTINUE TO 3.0 IF DRIVER ALSO POLICY HOLDER DINRIC/FIN/PASSPORT: CONTACT: 2/120774 OJONISHUE TO 3.0 IF DRIVER ALSO POLICY HOLDER DRIVER OJNAME: DINRIC/FIN/PASSPORT: CONTACT: (MALE / FEMALE) DINRIC/FIN/PASSPORT: CONTACT: CONTACT: CONTACT: OJONISH OF DIRTH: (22/04/1979) (DOMMYYYY) OJOCCUPATION: (MDDOOR) OUTDOOR OF THE INSURED'S COMPANY? (YES / 100) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: CIVENT DIROAD SURFACE: (DRY / WET / OTHERS OJ WEATHER CONDITION (CLEAR / RAINING / OTHERS) DIROAD SURFACE: (DRY / WET / OTHERS OJ WEATHER CONDITION (CLEAR / RAINING / OTHERS) OJ REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: HIRD PARTY VEHICLE OD RIVER'S NAME: LIVUS ON CONTACT: 9693764 b ORIVER'S NAME: LIVUS ON CONTACT: 9693764 b ON CONTACT: 9693764 b ORIVER'S NAME: LIVUS ON CONTACT: 9693764 b	Loc	CATION: KEE ENTRANCE FROM THE
ONVERTICLE NUMBER: FEM 6205 P BINSURANCE COMPANY: LIBERT INJURANCE CIPOLICY NUMBER: SPIRY 3297 / VM5/R00 dIPOLICY TYPE: COMPREHENSIVE/ THIRD PARTY / THIRD PARTY FIRE &THEFTI BIMAKE & MODEL: DUCATI MULTISTRADA 200 ENDURO (ITYPE: (SALOON) COUPE / MRY / VAN / LORRY MOTORCYCLE/ OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE/ OTHERS) GIVEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE/ OTHERS) GIVENCE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE/ OTHERS) IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/AO) IF NO, PLEASE STATE THIRD PARMY CHAIM (AETORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: (PRIVATE) A) NAME: (PRIVATE) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER A) NAME: (PRIVATE) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CONTACT: CONTA		I. DETAILS CENTURE.
SINSURANCE COMPANY: LIBERTI INCUMINE CIPOLICY NUMBER: SDIEVISOA T/V MS/ROO dIPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE & THEFTI e)MAKE & MODE: DICATI MULTISTRADA, 1200 ENDURY B)MAKE & MODE: DICATI MULTISTRADA, 1200 ENDURY G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE) OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE) OTHERS) G)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE) OTHERS) I)ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/AO) IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY) IISURED / FOLICY HOLDER A)NAME: (PRIVATE) BIN MOHAMED SALLEH MALE! FEMALE D)NRIC/FIN/PASSPORT: STATIONATE MALE! (MALE / FEMALE) D)NRIC/FIN/PASSPORT: CONTACT: 2/1920774 CONTINUE TO 3 d IF DRIVER ALSO POLICY HOLDER CINCLUDING COMPANY (YES/AO) E) OCCUPATION: (INDOOR) OUTDOOR (IDDITE) OF DRIVING PASS CIMENTER CONDITION (CLEAR / RAINING / OTHERS) D)ROAD SURFACE: (DRY) WET / OTHERS COMPANY (YES/AD) IF YES, PLEASE STATE WHICH POLICE STATION: HIRD PARTY VEHICLE O) PROSPAGET CONTACT: 969376H CONTACT: 969376H DEVER'S NAME: WILLS TOUGH O) PICKING PARTY VEHICLE O) VEHICLE NUMBER: LIMUS CONTACT: 969376H DRIVER'S NAME: WILLS TOUGH O) VEHICLE NUMBER: SLF 900S (C) NRIC/FIN/PASSPORT: CONTACT: 969376H DRIVER'S NAME: LIMUS CONTACT: 969376H O) VEHICLE NUMBER: SLF 900S (C) NRIC/FIN/PASSPORT: CONTACT: 969376H DRIVER'S NAME: LIMUS CONTACT: 969376H O) VEHICLE NUMBER: SLF 900S (C) NRIC/FIN/PASSPORT: CONTACT: 969376H O) VEHICLE NUMBER: SLF 900S (D) NRIC/FIN/PASSPORT: CONTACT: 969376H O) VEHICLE NUMBER: SLF 900S (D) NRIC/FIN/PASSPORT: CONTACT: 969376H O) VEHICLE NUMBER: SLF 900S (D) NRIC/FIN/PASSPORT: CONTACT: 969376H O) VEHICLE NUMBER: SLF 900S (D) NRIC/FIN/PASSPORT: CONTACT: 969376H O) NRIC		OLIVERIOR AND CONTRACTOR
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DIPOLICY TYPE: COMPREHENSIVE) THIRD PARTY THIRD PARTY FIRE ATHEFT OF MODE: DICATI MULTISTRADA, 1200 GNOUDE OF MODE OF		STINSURANCE COMPANY: LIBERTY INCUENICE
OJPOLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT) 9 MAKE & MODEL: DUCATI MULTISTEADA, 1200 BNDURA () TYPE: (SALDON / COUPE / MPV / VAN / LORRY (MOTORCYCLE) OTHERS) 9 VEHICLE CATEGORY: (PRIVATE / COMMERCIAL MOTORCYCLE) 1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE LYES/AO) IF NO, PLEASE STATE THIRD PARTY CHAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: MALEY FEMALE D) NRIC/FIN/PASSPORT: STATOMATE CONTACT: 21/180774 C) ADDRESS: BLK 272 C PUNAGOT WALL #12-531 CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER C) NAME: SC232272 C) ONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER C) NAME: SC232272 C) ONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER C) NAME: SC232272 C) ONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER C) NAME: SC232272 C) ONTACT: 21/180774 C) ONTACT: CONTACT: C) ONTACT: CONTACT: CONTACT: CONTACT: C) ONTACT: CONTACT: CON		ON OLICI NUMBER: SDIEVISZA 7 MARIE
JITPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) g VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE THERD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: (PRIVATE IN MOHAMED SALLEH (MALEY FEMALE) D NRIC/FIN/PASSPORT: SPANOGOL WALL #12-121 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CINCLUDING driver) CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER CINCLUDING (INDOOR) OUTDOOR (INDOOR) GIDATE OF BIRTH: (02/04/1474) [IDD/MM/YYY] e) OCCUPATION: (INDOOR) OUTDOOR (INDOOR) JIF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES/NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (INCUMATE) DIROAD SURFACE: (DRY) WET / OTHERS AWAS ANYBODY INJURED (YES NO) IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: (LIF GROS) O) PROSPONGET O) VEHICLE NUMBER: (LIF GROS) O) PROSPONGET O) VEHICLE NUMBER: (LIF GROS) O) RIC/FIN/PASSPORT: (CONTACT: 967376H b) ORIC/FIN/PASSPORT: (CONTACT: 967376H b) ORIC/FIN/PASSPORT: (CONTACT: 967376H b) O) RIC/FIN/PASSPORT: (CONTACT: 967376H b)	100	DIPOLICY TYPE: (COMPREHENEIVE) THESE DIPOLICY
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IJARE YOU CLAIMING UNDER YOUR OWN INSURANCE IYES/AD IF NO, PLEASE STATE ITHER PARTY CLAIM, AEFORTING ONLY) 2. INSURED / POLICY HOLDER A) NAME: PRIVATOR BIN MOHANED SALLEH MALEY FEMALED D) NRIC/FIN/PASSPORT: STATIONALE CONTACT: 21980774 C) ADDRESS: BLK 272 C PUALGOT WALL #12-131 **CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ON THE CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ON THE CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ON THE CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER ON THE CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER ON THE CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER ON THE CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER ON THE CONTINUE TO 3.D IF DRIVER ALSO POLICY HOLDER ON THE CONTINUE TO 3.D IF DRIVER WITH INSURED: CONTACT: ON THE CONTINUE TO THE DRIVER WITH INSURED: CIEDAT ON THE CONTINUE TO THE DRIVER WITH INSURED: CIEDAT ON THE CONTINUE TO THE DRIVER WITH INSURED: CIEDAT ON THE CONTINUE TO THE DRIVER WITH INSURED: CIEDAT ON THE CONTINUE TO THE DRIVER WITH INSURED: CIEDAT ON THE CONTINUE TO THE DRIVER WITH INSURED: CIEDAT ON THE CONTINUE TO THE CONTACT: TO THE TO T		h)PURPOSE OF USING AT A COLD TO THE MOTORCYCLES
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C)ADDRESS: "d)DATE OF BIRTH: () 2/04/1979 1(DD/MM/YYYY) e)OCCUPATION: (NDOOB/OUTDOOR) 1)DATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYER OF THE INSURED'S COMPANY? (YES /NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Clear 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS b)ROAD SURFACE: (DRY / WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. a)REPORTED TO POUCE (YES NO) 1F YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE a) VEHICLE NUMBER: LM 5624 A (L) MODEL: Toyota Havvier (D) C) NRIC/FIN/PASSPORT: CONTACT: 9629 1463 (D) YEHICLE NUMBER: SLF 9000S (C) MODEL: Toyota Havvier (D) VEHICLE NUMBER: SLF 9000S (C) MODEL: Toyota Havvier (D) VEHICLE NUMBER: SLF 9000S (C) MODEL: Toyota Havvier (D) VEHICLE NUMBER: SLF 9000S (C) MODEL: Toyota Havvier (D) NRIC/FIN/PASSPORT: CONTACT: 9633 7646 b	() ariver)	DINRIC/FIN/PASSPORT
d) DATE OF BIRTH: (02/04/1979)(DD/MM/YYYY) e) OCCUPATION: (INDOOR) OUTDOOR f) DATE OF DRIVING PASC 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES /NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Clear b) ROAD SURFACE: (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES (NO) 7. O) REPORTED TO POUCE (YES (NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE c) VEHICLE NUMBER: LIMS TONG (D) 9. THIRD PARTY VEHICLE C) NRIC/FIN/PASSPORT: CONTACT: 9630 1483 e) DRIVER'S NAME: LIMS (D) NRIC/FIN/PASSPORT: CONTACT: 9637 1483 (D) NRIC/FIN/PASSPORT: CONTACT: 967376H b	(T)	
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IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: (1944) S. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR / RAINING		DOME OF DRIVING DAGE COLOURS
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(D) VEHICLE NUMBER: SLM 5677A (L) MODEL: Toyota Harrier (D) PRIVER'S NAME: Wing Tong (D) PARTY VEHICLE (D) VEHICLE NUMBER: SLF 9000S (C) MODEL: Toyota Harrier (D) VEHICLE NUMBER: SLF 9000S (C) MODEL: Toyota Harrier (D) NRIC/FIN/PASSPORT: (D) NRIC/FIN/PASSPORT: (D) NRIC/FIN/PASSPORT: (D) CONTACT: 96737646		IF YES, PLEASE STATE WHICH BOLL
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of passanger of VEHICLE NUMBER: SLF900S (C) MODEL: Toyota Harrier, adulting driver) of DRIVER'S NAME: Linus (0) NRIC/FIN/PASSPORT: CONTACT: 96737646	9. TH	IRO PARTY VEHICLE CONTACT: 9689 1483
(0) ORIVER'S NAME: LINUS NRIC/FIN/PASSPORT:	to all nacouras d	
(O) NRIC/FIN/PASSPORT:CONTACT: 96737646	- 1 Lissander	DRIVER'S NAME LIGHT
(O) CONTACT: 96737646	neturing driver) 11	NOIC /CINI/O A COD COD
	(0)	CONTACT: 96737646
		We go

email = sanikrating@gmail com





Liberty Insurance Pte Ltd

Registration no. 199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertyinsurance.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD18V13297 /VMS /R00
Form	MY1
Date Of Issue	20-NOV-2018
1.Index Mark and Registration No. of Vehicle:	FBN6205P

2.Chassis number of Vehicle:

ZDMAA03AAHB016643

3.Name of Policyholder:

KAMSANI BIN MOHAMED SALLEH

4.Effective date of Commencement of Insurance

09-NOV-2018 00:00 AM

for the purposes of the Act:

5.Date of Expiry of insurance:

08-NOV-2019 23:59 PM

6. Persons or Classes of Persons

entitled to drive*:

The Policyholder only.

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*:

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.

8. 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.

D) 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

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Flood and Special Perils

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$700, Theft (Outside Singapore) S\$2500

FINANCE COMPANY:

HONG LEONG FINANCE LTD

PRODUCER NAME:

WEARNES AUTOMOTIVE SERVICES PTE LTD.

PLMJ/PLMJ/20-NOV-18

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20-NOV-18