Date In: Int - 116 - 11 100	1111	10 000 00	Done by
Date In: 19 19 - (6 100	Jeb description	Date &Time Completed	Done by
Rei No: Haj LIP140 18476/2	SAS e-filing	İ	
Veh No: 16 28972	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 19/19/19-09:37	i-Motor Claim Form	L I	
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)	
OD / TP / Reporting Only	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fa	x:
TP Particulars: Veh No:	INC ()/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 80-10	0%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$			
General Remarks:-		AMPAGAMA AND AND AND AND AND AND AND AND AND AN	24 8
() Walk-In Customer's			
() Total Loss Case : to e-mail Ins	surer URGENTLY.		
Drive-In ()/ Towed-In (); Inve	oice: YES () / NO ();	Towing Co: ()
Remarks:- (INC hotline: 6788 6616	300	Date& Time Completed	Doneby
) / Courtesy Car ()		331.4
2) QC Check / Post Repair Inspection	()	T	
opioau resulvey rhoto [Repair Cost 2	> \$3000] ()		
	> \$3000] ()		
Injury:	> \$3000] ()		
Injury:	> \$3000] ()		
Injury:	> \$3000] ()		tagina ang ang ang ang ang ang ang ang ang a
Injury:	> \$3000] ()		
Injury:	> \$3000] ()	The second secon	
	> \$3000] ()		
Injury:			
Injury: Date/Time Actions		paration Checklist	Anit (S) Aimt (S)
Injury: Date/Time Actions NAIGORON	Invoice Pro	paration Checklist tReporting (530);	Anit (S) Aint (S)
Injury: Date/Pime Actions NA(90790*. Aimant's Particulars:-	Invoice Pre	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80)	Ani((S)) Aint(S)
Injury: Date/Time Actions NA(りつうり) Aimant's Particulars:-	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1	Anit (\$) Aim (\$) 1st Bill Add Bill 45
Injury: Date/Cime Actions NA(90790*. Aimant's Particulars:- iver/Owner:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1: Through Survey (Resurvey) \$ against INC Only (wef 10 Jan 2005)	Anit (5) Aint (5) 18t Bill Add Bill 45 20 30
Injury: Date/Time Actions NAIGO290~ aimant's Particulars: iver/Owner: ntact No:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ against INC Only (wef 10 Jan 2005) section \$	Anit (\$) Aim (\$) 1st Bill Add Bill 45 20 30
Injury: Date/Time Actions NAIGO290 Aimant's Particulars: iver/Owner: ntact No:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idao DA 8) NTUC Additi	paration Checklist. t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ against INC Only (wef 10 Jan 2005) action \$ + SMRT Survey \$1	Anit (\$) Aim (\$) 1st Bill Add Bill 45 20 30
NAIGO Portion: NAIGO Portion: NAIGO Portion:	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD*	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Chrough Survey (Resurvey) \$320inst INC Only (wef 10 Jan 2005) Section \$320inst INC Only (wef 10 Jan 2005)	Anit (5) Aint (5) Anit (5) Aint (5) Add Bill 45 20 30 75 60
Injury: Date/Time Actions NAIGO 90 aimant's Particulars: iver/Owner: intact No: maged Portion:	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey \$1 Through Survey (Resurvey) \$ against INC Only (wef 10 Jan 2005) action \$ + SMRT Survey \$1 tonal Services: y Car / Tpt Allowance Co-ordination \$	Anit (\$) Aint (\$) Anit (\$)
Injury: Date/Time Actions NAIGO790* Aimant's Particulars: iver/Owner: maged Portion: Checked by (Engr-In-Charge):	Invoice Pro 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Re-	paration Checklist t Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Through Survey (Resurvey) \$ against INC Only (wef 10 Jan 2005) setion \$ + SMRT Survey \$1 conal Services:- y Car/Tpt Allowance Co-ordination \$ pair Inspection \$	Anit (\$) Aim (\$) Fit Bill Add Bill 45 20 30 75 60
Injury: Date/Time Actions NAIGO790* Aimant's Particulars: iver/Owner: ntact No: maged Portion: Checked by (Engr-In-Charge): iditors' Comments::	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair (*N7: Fost Re *N8: DV / Co TP (N11): T	paration Checklist t Reporting (530); Assessment (5100); INC (580) Fee S40/5 Through Survey (Resurvey) 5 against INC Only (wef 10 Jan 2005) action 5 + SMRT Survey 51 conal Services: y Car / Tpt Allowance Co-ordination 5 air Inspection 5 ellect Excess Coordination P (N-10 INC) against INC 5	Anit (\$) Aim (\$) Anit (\$) Anit (\$) Anit (\$) Anit (\$) Anit (\$) Add Bill 45 20 30 75 60 25 10 25 20 30
Injury: Date/Time: Actions	Invoice Pre 1) AR: Acciden 2) DA: Damage 3) TF: Towing 4) FT: Follow-1 5) FT: Follow-1 For claiming 6) TR: Re-inspe 7) N1: Idae DA 8) NTUC Additi OD* *N5: Courtes *N6: Repair C *N7: Fost Re- *N8: DV / Co	paration Checklist t Reporting (530); Assessment (5100); INC (580) Fee S40/5 Through Survey (Resurvey) 5 against INC Only (wef 10 Jan 2005) action 5 + SMRT Survey 51 conal Services: y Car / Tpt Allowance Co-ordination 5 air Inspection 5 ellect Excess Coordination P (N-10 INC) against INC 5	Anit (\$) Aim (\$) Anit (\$)

Figure 1 1 cm

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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.

 by the longement of this report to the insurers, you nereby consaforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
A September 1991 Annal September 1991	ACCIDENT STATEMENT
Date Of Report	19/10/2019 16:00
Date Of Accident	19/10/2019 09:30
Exact Location Of Accident	CHANGI GENERAL HOSPITAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS2897Z
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH 1.8 CVT
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	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	SD18V12322/VPZ/R00
Cover Note Number	
Driver	
Name of Driver	MOHD RAZZALI BIN AZIZ
NRIC No	S6940038H
Date Of Birth	17/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	05/11/1997
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97734278
Fax Number	

OFFICE-97734278

NOEMAIL

BLK 406 FAJAR ROAD Address

#03-305

Postcode 670406

Was driver an employee of the Insured's Company

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 COLLIDED INTO PROPERTY

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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>.
- 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.
- 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:

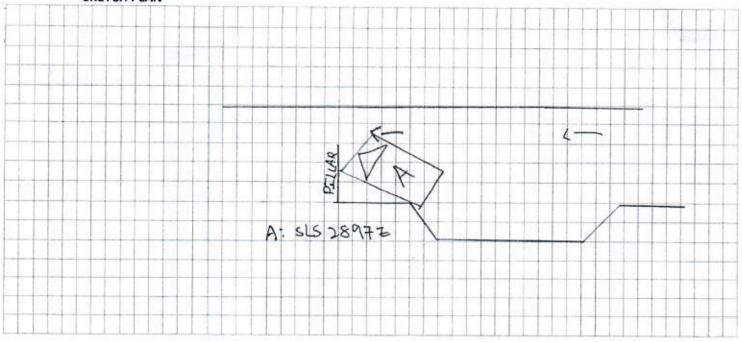
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 :
 - 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 envelops/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.

THE SERVICES OF THE SERVICES

Policy holder's signature Date / time:

Oriver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

SKETCH PLAN



	15.43	CUMSTANC						
ON	JHT 1	STATER	DATE	IT QUA	ME. AS	I WAS	MONIN	4 off
FR	T MO	HE LO	BBY C	MHU 7C	GI GE	NERAL H	OSPITAL,	I ACITE
								(51528972
				-		= = =		
							5.H	

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 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	19/10/19	(DD/MM/YY)		
Time of accident	0930	(HH:MM)		
Exact location of accident	CHANGE GENERAL HUSPITAL	•		

ELECTRIC SECTION OF THE SECTION OF T	D	ETAILS OF	VEHICLE	在15年10日	AND SHOWN	# ****
Vehicle registration number	SLS:	28972				
Vehicle make and model	Togote	wish.				
ype of vehicle	Saloon 🗹	MPV =		□ Van	Others:	
Vehicle category	Private 🗆	Comm	ercial 🗷	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes Third part c	No 🗆	A SHARMAN A COLOR	ease select:		

	INSURANCE IN	FORMATION	and a series
Insurance company	LIBERTY		
Policy number			
Type of policy	Comprehensive	Third party fire & theft \square	TP only 🗆

是中心的。中的一种《阿拉克》的主义。	INSURED / POLICY HOLDER	Service Company	PREPARE TO SERVICE
Name	ROSET LIMOUSINE SERVICES PTE LTD	Male 🗆	Female
NRIC / Fin / Passport number	200406722Z	53,40,002,000	
Contact	6844 5225		
Address	53 UBI AVENUE 1 #03-47 PAYA UBI INC	OUSTRIAL PARK	S(408934)

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)				
Name	MOHO PATTALIBIN ATIZ Male & Fen	ale 🗆			
NRIC / Fin / Passport number	569400384				
Contact	9773 4278				
Address	BLIL 406 FATAR RUAD, #03-305, S(6+10406)				
Email address					
Date of birth	17/11/1969				
Occupation	Indoor Outdoor				
Driving date pass	05/NOV >1997				

建设 和特殊的基本的。	GENERAL	INFORMATION	OF THE ACCIDENT		94-24-54-04-04-04-04-04-04-04-04-04-04-04-04-04
Was driver an employee of	Yes 🗆	No⊠	OF THE ACCIDENT		
the insured's company?	The state of the s		driver and insured	: Hirer	
Accident captured by camera?	Yes 🗆	Noæ			
Weather condition	Clear 2	Raining 🗆	Others:		
Road surface	Drye	Wet 🗆			
No of passenger	01			(Inc	lusive of driver
				(addive of driver
Zeriki Evron auszaszt a	A House the for	PASSENG	ER1	A DESCRIPTION	
Name					
Gender	Male 🗆	Female			
BEST STATE OF THE		PASSENG	R2		STEED TO STEED STEED
Name				/	
Gender	Male 🗆	Female 🗆			
			/		
国际企业共产业工业共享	Between Art	PASSENG	R 3		Walter State of the Parket
Name					
Gender	Male 🗆	Female 🗆			
A STATE OF S		PASSENGE	R4	BENEFIT CHIEF	TO THE PERSON
Name					
Gender	Male 🗆	Female			
Ment of Continues of the State of		PASSENGE	R5	MEN AND AND SECTION	Sales Internal
Name			A CONTRACTOR OF THE PARTY OF TH	STATE OF STREET	
Gender	Male 🗆	Female			
	/				
TO MAKE THE PROPERTY OF THE PARTY OF THE PAR	STATE OF	PASSENGE	R6	tions busy average	N Bollen Carolina
Name	NAME OF TAXABLE PARTY.				
Gender	Male 🗆	Female			
But the second	多以南海2 00	OTHER INFORM	MATION	u-Malabanik S	SUNDEN SEED
Was anybody injured?	Yes 🗆	No 🗆		NAME OF TAXABLE PARTY.	
Was other vehicle damaged?	Yes 🗆	No 🗆			
A STATE OF THE STA	DETAIL	S OF POLICE ST	ATION ACTION	Victoria de la compansión	Marie Salika Tale
Reported to police?	Yes 🗆		es, please state whi	ch police station	
Police station name			, paceto 11111	on ponce station	•
	State State	WITNESS	1	and the second	Selection with
Name	And the Control of th				
	make the state of	WITNESS	2	Market Market A	ricani sa canonido
Name	The second second second	,	A STATE OF THE PARTY OF THE PAR		

	THIRD PARTY VEHICLE 1
Vahisla registration number	THIRD PARTY VEHICLE 1
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
WERE DAYS IN SERVICE STATES	TURN NATIVE CO.
Valida estado de la compansión de la compa	THIRD PARTY VEHICLE 2
Vehicle registration number Vehicle make model	
Name	
0.53(4).5.1(30).	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
NDIC / Fin / Personant number	
NRIC / Fin / Passport number	
Contact	
MANUAL TO THE PARTY OF THE PART	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number Contact	y
Contact	
NOW AND THE PARTY OF THE PARTY	
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
ame	
NRIC / Fin / Passport number	
Contact	
In the second se	THE PARTY VEHICLE C
Valida registration accurbes	THIRD PARTY VEHICLE 6
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THE PARTY VEHICLE T
	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Louise	

Assessment of the control of the con	A CONTRACTOR OF THE PARTY OF TH	
Name	INCHES AND N	INJURED PERSON 1
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	1es 🗆	NO L
nospital by ambalance:		
The second section of the second section	or the state of th	
Name		INJURED PERSON 2
Injuries sustained	-	
Which vehicle person in?		<i>f</i>
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No D
hospital by ambulance?	163 [100
nospital by ambalance:		
STREET, N. S.	- THE WHITE THE PARTY OF	INJURED PERSON 3
Name	Committee of the commit	INJURED PERSON 3
ijuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No p
Was injured conveyed to	Yes 🗆	No p
hospital by ambulance?	Tes L	NO L
nospital by ambulance:		
	(North-Well)	INJURED PERSON 4
Name	N DESTACE BY WHICH	INJUNED PERSON 4
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆 /	No 🗆
Was injured conveyed to	Yes	No 🗆
hospital by ambulance?	163 9	NO L
nospital by ambalance.	-/-	
		INJURED PERSON 5
wame	7	
Injuries sustained	/	
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
Medicare particular and a	Ol) de de la company	INJURED PERSON 6
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?	1,00,000	M.175.75.1





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	SD18V12322 /VPZ /R00
Form	MZ406C
Date Of Issue	30-OCT-2018
1.Index Mark and Registration No. of Vehicle:	SLS2897Z
2.Chassis number of Vehicle:	JTDGG20W50J007613
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2018 00:00 AM
5.Date of Expiry of Insurance:	31-OCT-2019 23:59 PM
6 Pareone or Classes of Pareons	

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.

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, Geographical Area - refer memorandum, Grabcar Extension

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

FXCESS:

Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen

Excess S\$100

FINANCE COMPANY:

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/-/31-OCT-18

S1_CI_T1_T3_OE_Template2-Ver1.

31-OCT-18