

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MAH 914678

Date In: 4/1/19-19:04	Job description	Date & Time Completed	Done by
Ref No: NA/1019219492/14	SAS e-filing		
Veh No: 2P9942X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/1/19-21:25	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:

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

NA1908203

## Invoice Preparation Checklist

Ant (\$)

Ant (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Lat. 1:

Lat. 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:-

QD\*

\*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	04/11/2019 19:09
Date Of Accident	02/11/2019 21:25
Exact Location Of Accident	JURONG LAKE LINK NEAR L/P: 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP9942X
<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-89999999

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5X 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	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	SD19V13180/VPZ/R01
Cover Note Number	

### Driver

Name of Driver	TAN YONG HONG, JONATHAN (CHEN YANFENG)
NRIC No	S8902904Z
Date Of Birth	29/01/1989
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2010
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88110129
Fax Number	
Contact Number	OFFICE-88110129
Email Address	NOEMAIL

Address	BLK 295B COMPASSVALE CRESCENT #08-227
Postcode	542295
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	COLLIDED INTO BICYCLIST
Weather Conditions	CLEAR
Road Surface	WET

#### 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)	3
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	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	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191103/2000.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
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.
- 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.

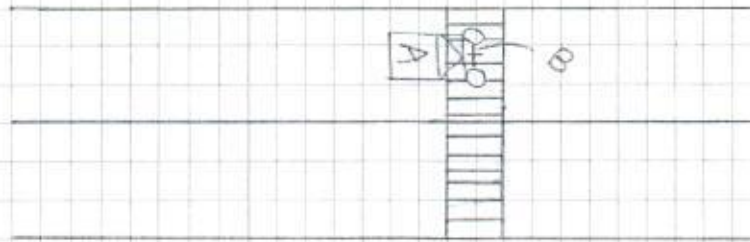


Policy holder's signature  
Date / time:

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

reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN



A: SLP9942X

B: PMD

## 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  
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	02/11/2019	(DD/MM/YY)
Time of accident	2125	(HH:MM)
Exact location of accident	Along Jurong Lake Link (zebra crossing) Lamp Post Number :5	

## DETAILS OF VEHICLE

Vehicle registration number	SLP 9942X		
Vehicle make and model	Honda Vezel		
Type of vehicle	Saloon <input 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 checked="" 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 type="checkbox"/>	Reporting only <input checked="" 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	Roset Limousine Services Pte 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	Tan Yan Hong Jonathan	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S89029042		
Contact	8811 0129		
Address	Blk 295B Compassvale Crescent #08-227 S(542295)		
Email address			
Date of birth	29/01/1989		
Occupation	Indoor <input type="checkbox"/>	Outdoor <input checked="" type="checkbox"/>	
Driving date pass	13/07/2010		



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>Hirer</u>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input type="checkbox"/> Wet <input checked="" type="checkbox"/>
No of passenger	<u>03</u> (Inclusive of driver)

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

PASSENGER 2	
Name	<u>Grab passenger</u>
Gender	Male <input type="checkbox"/> Female <input checked="" 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	PMD
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



T/20191103/2000

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

1 of 3

Report No. T/20191103/2000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2019 00:16	Vide Report No.: J/20191102/0126	Station Diary No.: 1
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### Informant's Particulars

Name of Informant: TAN YAN HONG, JONATHAN			Address: APT BLK 295B COMPASSVALE CRESCENT #08-227 SINGAPORE 542295	
ID Type / ID No.: NRIC NO / S8902904Z			Contact No.: Home/Office: Mobile: 88110129	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 30	Date of Birth: 29/01/1989	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/11/2019 21:25	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST STREET 41  Along Jurong Lake Link (zebra crossing) Lamp Post Number: 5				
Weather: Clear	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Pedestrian Crossing		Traffic Volume: Light	
Type of Collision: Moving vehicle against PMD (head to side)				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP9942X	Car	HONDA	Vezel	Black	Slightly Damaged	2
	Power-assisted Bicycle			Black	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20191103/2000

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

2 of 3

Report No. T/20191103/2000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	TAN YAN HONG, JONATHAN	ID No.	S8902904Z
Related Vehicle	NIL	Contact No.	88110129
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 2nd Nov at about 2125hrs, I was driving my car black Honda Vezel bearing number plate SLP9942X along Jurong Lake Link towards Jurong West St 41. As I was approaching the zebra crossing, there was a vehicle in front of me. As I was about to pass the zebra crossing, a black PMD appeared from the front right of my vehicle. As I could not stop on time, resulted my right front portion hit onto the PMD left portion. I stopped my vehicle immediately to render assistance for the rider. There are some damages to the PMD and my vehicle suffered damages on the right fender. Shortly, Traffic Police and Ambulance came to scene. We exchange particulars and was advised by Traffic Police to lodge a traffic accident report with regards to this accident.



**SINGAPORE  
POLICE FORCE**



T/20191103/2000

3 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20191103/2000

**CONTINUATION OF REPORT**

**Sketch Plan**

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:

F /

Sr Staff Sgt ANG THIAM HEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/11/2019 00:16

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Classification Of Case:

SN 154

Authentication Stamp

NP168




Signature: 

Singapore Police Force



## 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>	SD19V13180 /VPZ /R01										
<b>Form</b>	MZ406C										
<b>Date Of Issue</b>	24-OCT-2019										
<b>1.Index Mark and Registration No. of Vehicle:</b>	SLP9942X										
<b>2.Chassis number of Vehicle:</b>	RU31218378										
<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-2019 00:00 AM										
<b>5.Date of Expiry of Insurance:</b>	31-OCT-2020 23:59 PM										
<b>6.Persons or Classes of Persons entitled to drive*:</b> 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.											
<b>7.Limitations as to use*:</b> 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 Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.											
<b>8.Policy does not cover:</b> 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature											
<b>For Information only:</b> <table style="width: 100%;"> <tr> <td style="width: 30%;"><b>COVERAGE :</b></td> <td>Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, PHV 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 I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen Excess S\$100</td> </tr> <tr> <td><b>FINANCE COMPANY:</b></td> <td>DBS BANK LTD</td> </tr> <tr> <td><b>PRODUCER NAME:</b></td> <td>NEWSTATE STENHOUSE (S) PTE LTD</td> </tr> </table>		<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, PHV Extension	<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS	<b>EXCESS:</b>	Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen Excess S\$100	<b>FINANCE COMPANY:</b>	DBS BANK LTD	<b>PRODUCER NAME:</b>	NEWSTATE STENHOUSE (S) PTE LTD
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, PHV Extension										
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS										
<b>EXCESS:</b>	Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen Excess S\$100										
<b>FINANCE COMPANY:</b>	DBS BANK LTD										
<b>PRODUCER NAME:</b>	NEWSTATE STENHOUSE (S) PTE LTD										

PLSL/-25-OCT-19

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25-OCT-19