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Frynd Car

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Contact Number EMail Address

Fax Number

- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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	30/03/2020 16:05
Date Of Accident	29/03/2020 21:00
Exact Location Of Accident	SLE TWDS WOODLANDS NEAR LENTOR AVE
Country/State of Loss	SINGAPORE
The second secon	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKV8946Y
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	2XXXXX722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225
Vehicle Particulars	
Manufacturer	NISSAN
Model	ALMERA 1.5 4AT ABS AIRBAG 2WD 4DR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V13180/VPZ/R01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD IZZUDDIN BIN SHAIYADI
NRIC No	SXXXX801I
Date Of Birth	12/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	07/03/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
PARTICIPAL PROCESSOR	

(LOCAL) +65-92267245

OFFICE-92267245

NOEMAIL

BLK 785C WOODLANDS RISE Address

#10-64

733785 Postcode

NO 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

CHAIN COLLISION Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

4

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

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

NO

4

Number of Passengers (Including Driver)

Passenger 1

NAME:

: RUHILIANA BINTE RAIMIE

GENDER: : FEMALE

Passenger 2

NAME:

: RAINIA IRDINA BINTE MUHAMMAD IZZUDIN

GENDER: : FEMALE

Passenger 3

NAME:

: MUHAMMAD ISKANDAR BIN AB RAHIM

GENDER: : MALE

TEL NO: 65470000 - FAX NO:

Details of Police Action

Was the accident reported to the police?

YES

If Yes. Please state which Police Station

Police Station Name

Police Station Address

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200330/7015.

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

SGV4572R

Vehicle Make/Model/Colour

Page 2 of 21

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FBP6591M

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

GBG6348Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD IZZUDDIN BIN SHAIYADI

Approximate Age

Injuries Sustain BACK & SHOULDER

Injured person in which vehicle?

SKV8946Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address

Postcode DETAILS OF INJURED PERSON 2

Name

RUHILIANA BINTE RAIMIE

Approximate Age

Injuries Sustain

LEFT SHOULDER, NECK & LEG

Injured person in which vehicle?

SKV8946Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

RAINIA IRDINA BINTE MUHAMMAD IZZUDIN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKV8946Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name

MUHAMMAD ISKANDAR BIN AB RAHIM

Approximate Age

Injuries Sustain

FACE & ANKLE

Injured person in which vehicle?

SKV8946Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.
- 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 insurers) 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:
 - 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.

OWN L350 W

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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0.	WAS	drin	im	along 8	ile to	wards 1	woodkne	d alor	y Len	tov Av	ex on	the
526	nd lan	e.h	phile	driving	, the	tran-	vehi	ule s	slawed	down	and	1 slowed
clown	at	A	safe	distant	e. Sudo	enly	1 fel	t a	huze	impact	tuon	the
reav	portion	of	my	vehicle	Cansla	y me	to	colled	unto	The	front	vehicle.

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	
29/03/2020	(DD/MM/YY)
9 21:00	(HH:MM)
SLE towards woodlands G Lentor Ave	1 1700
	29/03/2020 9/21:00

		DETAILS OF	VEHICLE			
Vehicle registration number	SKU89467	1				
ehicle make and model	Nisson Almen					
Type of vehicle	Saloon Lorry	MPV 🗆 Bus 🗆		Van rcycle □	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	No 🗆	if no, plea Reportin	ase select: g only \square		

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

the second of the content of the second	INSURED / POLICY HOLDER		
Name	ROSET LIMOUSINE SERVICES PTE LTD	Male □	Female 🗆
NRIC / Fin / Passport number	200406722Z		
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	Muhammad Izzuddin Bin Shaiyadi Male	Female 🗆
NRIC / Fin / Passport number	892078011	
Contact	9226 7245	
Address	BIK 785C woodlands Rise #10-64 Singapore 733 785	
Email address	izzxlyana Germant. com	
Date of birth	12-83-1942	
Occupation	Indoor Outdoor	
Driving date pass	Of March 2011	

	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes No P
the insured's company?	If no, relationship of the driver and insured: Hiver
Accident captured by camera?	Yes D No Ø
Weather condition	Clear 🗷 Raining 🗆 Others:
Road surface	Dry 🗹 Wet 🗆
No of passenger	ОЦ (Inclusive of driver)
	PASSENGER 1
Name	Muhammad Izzudin Bin Shaiyadi
Gender	Male Female
No. 13 Action to Commission State	PASSENGER 2
Name	Ruhiliana Binte Rainie
Gender	Male □ Female Ø
Deliue:	Water Telliary
	PASSENGER 3
	Rainia Indina Biste Muhamad 1224din
Name	The state of the s
Gender	Male Female
PRINCIPLE AND ADDRESS OF THE PARTY OF THE PA	PASSENGER 4
Name	Muhammad Iskander Bin AB RAhim
Gender	Male Female
社会的发展的社会发展中央影响	PASSENGER 5
Name	
Gender	Male Female
经产品的 医神经炎 医抗菌素	PASSENGER 6
Name	
ender	Male Female
	OTHER INFORMATION
Was anybody injured?	Yes, No D
Was other vehicle damaged?	Yes 🗹 No 🗆
Tray out termine carriages.	1100/2
	DETAILS OF POLICE STATION ACTION
Percented to notice?	Yes No If yes, please state which police station.
Reported to police?	Tes 2 No 1 If yes, please state which police station.
Police station name	
	WITHIECE 4
THE RESERVE AND ADDRESS OF THE PARTY.	WITNESS 1
Name	
是2015年1月1日 日本	WITNESS 2
Name	

1			
州公司等[1], [2] 州北西等	THIRD PART	Y VEHICLE 1	
Vehicle registration number	PBP 6591M	(c)	117
Vehicle make model			
Name			
NRIC / Fin / Passport number			
Contact			
	THIRD PART	Y VEHICLE 2	else me
Vehicle registration number	GBG 63484	(7)	
Vehicle make model	004 17 (0)		
Name			
NRIC / Fin / Passport number			
Contact			
Contact			
	THIRD PART	A NEHICI E 3	a light to the same
ehicle registration number	SGV 4572 k.	(B)	Sealing Society
Vehicle make model	SOLV 45+FK.	(15)	
Name			
NRIC / Fin / Passport number			
Contact			
			ALC: UP NO. 1 P. O.
	THIRD PART	Y VEHICLE 4	
Vehicle registration number			
Vehicle make model			
Name			
NRIC / Fin / Passport number			
Contact			
5745至4385 从 长线运用	THIRD PART	Y VEHICLE 5	"
Vehicle registration number			
ehicle make model			
Name			
NRIC / Fin / Passport number			
Contact			
SALES SERVICE SERVICES	THIRD PART	Y VEHICLE 6	No.
Vehicle registration number			
Vehicle make model			
Name			
NRIC / Fin / Passport number			
Contact			
	THIRD PART	Y VEHICLE 7	257 837 33
Vehicle registration number	THIND TAKE	THE PARTY OF THE P	
Vehicle make model			
Name			
NRIC / Fin / Passnort number			

Contact

Name	Muhammad Izzuddin Bin Shaiyadi
Injuries sustained	Back and Shoulder
Which vehicle person in?	SAW SKU 8946 Y
Were seat belts worn?	Yes, O No D
Was injured conveyed to hospital by ambulance?	Yes D No Ø

INJURED PERSON 2				
Name	Ruhiliana Binte Rainne			
Injuries sustained	Left Shondar, neck and leg			
Which vehicle person in?	SEV 8A464			
Were seat belts worn?	Yes 🗷 No 🗆			
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗹			

INJURED PERSON 3				
lame	Muhammad Skander Bin AB Rahim			
Injuries sustained	Face and Ankle			
Which vehicle person in?	SKV 87464			
Were seat belts worn?	Yes Ø No 🗆			
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗹			

INJURED PERSON 4				
Name	Painia Irdian Bate Mahammud 1224da			
Injuries sustained	Training Neck & Back			
Which vehicle person in?	SKV8946Y			
Were seat belts worn?	Yes Ø No □			
Was injured conveyed to hospital by ambulance?	Yes D No p			

INJURED PERSON 5					
Name					
Injuries sustained					
Which vehicle person in?					
Were seat belts worn?	Yes 🗆	No 🗆			
Was injured conveyed to hospital by ambulance?	Yes 🗆	No □			

INJURED PERSON 6				
Name				
Injuries sustained				
Which vehicle person in?				
Were seat belts worn?	Yes 🗆	No 🗆		
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆		





Report No. T/20200330/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT	OF A	TRAFFIC	ACCIDENT
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Date/Time Report Made: 30/03/2020 14:18		fade:	Vide Report No.:	Station Diary No.:
Informa	nt's Particu	ulars		100世紀等第5世紀至皇帝自然在京都是
MUHAM			733785	NDS RISE #10-64 SINGAPORE
ID Type / ID No.: NRIC NO / S9207801I		011	Contact No.: Home/Office:	Mobile: 92267245
National SINGAP	ity: ORE CITIZ	EN	Email: izzxlyana@gmail.com	
Sex: Age: Date of Birth: 12/03/1992			Type of Informant: Driver	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: ESTATE EXECUTIVE		VE	Driving Licence Information Class:	Date of Expiry:

General Infor	mation of the Acci	dent	Party average	Service Sections
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/03/2020 21:00	Type of Location Flyover
Location: SELETAR EX Weather:	(PRESSWAY	Road Surface:	F	Road Speed Limit:
Clear		Dry		- # 1/ 1
Traffic Flow:		Traffic Control:	133	Traffic Volume:
Type of Collis	sion:	1	8	Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6591M	Motorcycle					0
GBG6348Y	Lorry					0
SGV4572R	Car					0
SKV8946Y	Car					0





Report No. T/20200330/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian II	nvolved: No				
No. of Pedestrian	s Injured: NIL	Use of Pe	edestriar	Cross	sing: NA
Driver		Letter de la company		Label N	
Name	MUHAMMAD IZZUDDIN BIN SHAIYADI				S9207801I
Related Vehicle	SKV8946Y (Car)		Conta	ct No.	92267245
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL	
HENDOCKER CIRCLESTALL CHARLES	ted Medical Leave NIL	Degree o			ť
Passenger		(Mariera Confession)	III STATE OF	17 (22 miles	g to a limite to come of the
Name	MUHAMMAD ISKANDAR BIN	ID No		S9320991E	
Related Vehicle	SKV8946Y (Car)			ct No.	90218751
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL	
	ted Medical Leave NIL		of Injury Slight		
Passenger	CONTRACTOR OF THE PARTY OF THE		AUCKS (HE)	TANKS.	
Name	RANIA IRDINA BINTE MUHA IZZUDDIN	ID No.		T1911738Z	
Related Vehicle	SKV8946Y (Car)			ct No.	NIL
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Dis	charge	NIL	
	ed Medical Leave NIL		of Injury	10000	ej





Report No. T/20200330/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Name	RUHILIANA BINTE RAIMIE			ID No	• 12	S9342043H
Related Vehicle	SKV8946Y (Car)			Conta	ct No.	98324198
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL		
No. of Days granted Medical Leave NIL			Degree o	f Injury	Sligh	

Brief Details.

I was driving along SLE towards woodland along Lentor Avenue on the second lane. While driving, the front vehicle(GBG6348Y) slowed down and i slowed down at a safe distance. Suddenly i felt a huge impact from the rear portion of my vehicle(SKV8946Y) causing me to collide onto the front vehicle. After alighting, i realised i was involved in a chain collusion with a total of 4 vehicles.





Report No. T/20200330/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch	Plan
Cholon	1 ICH

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/03/2020 14:18
Officer In Charge Of Case: TP / TPHQ / ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp

NP168





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	SD19V13180 /VPZ /R01
Form	MZ406C
Date Of Issue	24-OCT-2019
1.Index Mark and Registration No. of Vehicle:	SKV8946Y
2.Chassis number of Vehicle:	MNTBBAN17Z0004035
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance	01-NOV-2019 00:00 AM
for the purpose of the Act:	
5.Date of Expiry of Insurance:	31-OCT-2020 23:59 PM
C Devenue or Classes of Devenue	

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.

7.Limitations as to use*:

A) Use for carriage of passengers or goods in connection with the Policyholder's business.

B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.

C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.

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, PHV Extension

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

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

Excess S\$100

FINANCE COMPANY:

DRS BANK LTD

PRODUCER NAME:

NEWSTATE STENHOUSE (S) PTE LTD

PLSL/-/25-OCT-19

S1 CI T1 T3 OE Template2-Ver1.

25-OCT-19