

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MAN 005856

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 3/7/2012-12:16   | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/11/2006/939/24 | SAS e-filing                             |                       |         |
| Veh No: 56 2737           | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 17/12-08-06        | 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: SC48387A

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

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

for Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD:

\*N5: Courtesy Car / Tpt Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (N11): TP (N11) against INC \$20

9) N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:



## 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             | 03/07/2020 12:16                   |
| Date Of Accident           | 02/07/2020 08:00                   |
| Exact Location Of Accident | REDHILL CLOSE TWDS JLN BUKIT MERAH |
| Country/State of Loss      | SINGAPORE                          |

### DETAILS OF OWN VEHICLE

|                             |                                  |
|-----------------------------|----------------------------------|
| Vehicle Registration Number | SLS2073J                         |
| <b>Insured/Policyholder</b> |                                  |
| Name Of Registered Owner    | ROSET LIMOUSINE SERVICES PTE LTD |
| Co Reg No                   | 2XXXXX722Z                       |
| Email Address               | NOEMAIL                          |
| Mobile Phone No             |                                  |
| Alternative Phone No        | OFFICE-899999999                 |

### 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       | HARRIS CHUA WANG XUN |
| NRIC No              | SXXXX207F            |
| Date Of Birth        | 26/05/1998           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 26/10/2016           |
| Driving Experience   | 3 YEARS AND 8 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-88769381 |
| Fax Number           |                      |
| Contact Number       | OFFICE-88769381      |
| Email Address        | NOEMAIL              |

|   |                            |
|---|----------------------------|
| Address   | BLK 1 HAIG ROAD<br>#09-555 |
| Postcode  | 430001                     |
| Was driver an employee of the Insured's Company     | NO                         |
| If No, Relationship of the Driver with the Insured  | OTHER - HIRER              |
| Vehicle Registration Number of Driver's Own Vehicle | -                          |
|   | -                          |
|   | -                          |
| Insurance Company of Driver's Own Vehicle           | -                          |
|   | -                          |
|   | -                          |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR                         |
| Road Surface       | DRY                           |

#### Other Information

|   |     |
|---|-----|
| Was any foreign vehicle involved in this accident?  | NO  |
| Number of vehicles (including own vehicle) involved in the accident                         | 2   |
| Was any body injured in the Accident?   | NO  |
| Was any injured conveyed to hospital by ambulance?  |     |
| Was any other material or property damaged?   | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)   | 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  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |             |
|-------------------------------------|-------------|
| Vehicle Registration Number         | SKH8381A    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               |             |
| Vehicle Category                    | PRIVATE CAR |
| Name of Driver                      |             |
| NRIC/Passport Number                |             |
| Contact Number                      | 90020267    |
| Address                             |             |
| Postcode                            |             |
| Insurance Company Name              |             |
| Nature Of Damage                    |             |
| No. Of Passenger (Including Driver) |             |



## SKETCH PLAN

### IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder and/or the authorised driver.
- 3) Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4) The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5) Any false reporting may be referred to the police for investigation.
- 6) The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7) By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of :
  - (I) Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (II) Investigations the accident and/or my claims;
  - (III) Carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (IV) Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (V) Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "purposes")
- (b) All insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyer/law firms, may/are permitted to collect, use, disclose and/or process my personal information for one or more of the above purposes; and
- (c) My personal information may/can be disclosed by any of the insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above purposes.
- (d) My personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) The information so collected under (d) above may be shared / disclosed:
  - (I) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

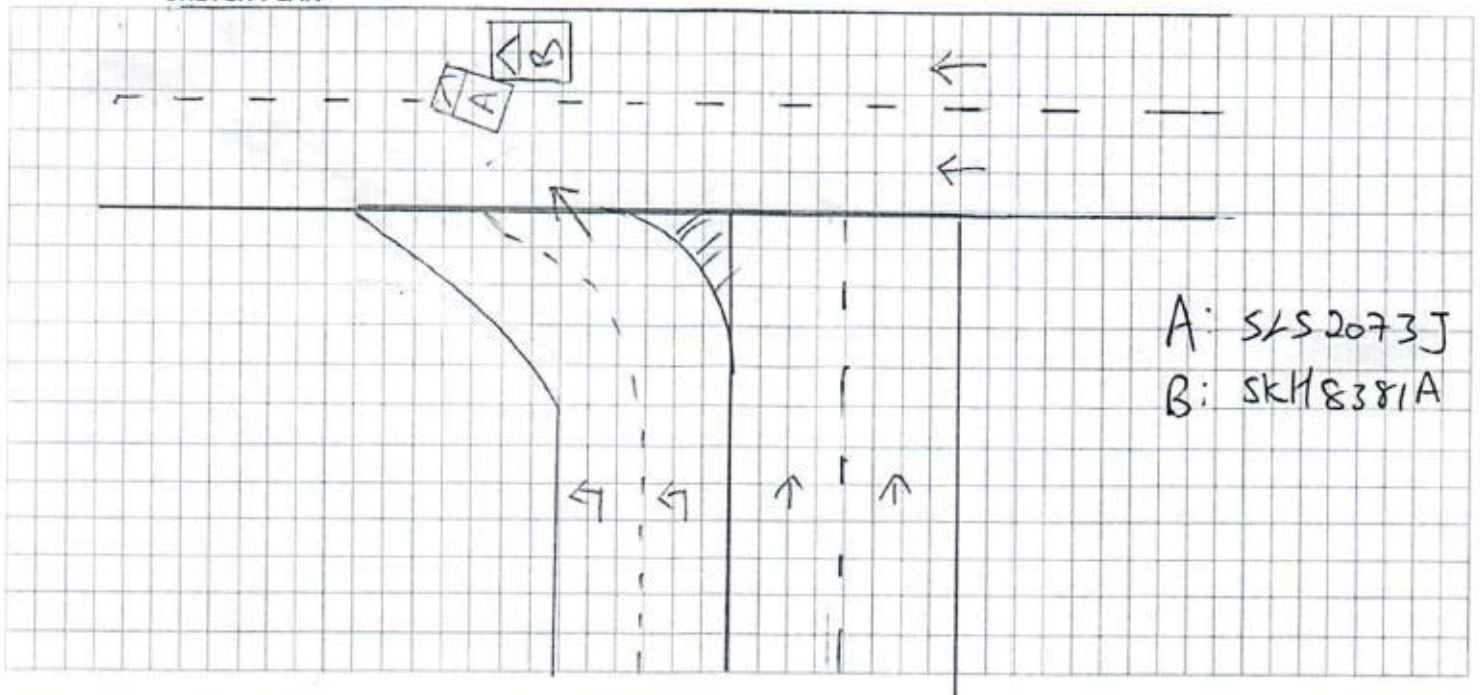


Policy holder's signature  
Date / time:

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

reporting centre personnel's Signature  
Date / time:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was along Red Hill close waiting to turn left towards Jalan Bukit Merah. After checking that the main road is clear I then proceed to turn left. whereby all of a sudden, vehicle B which is going straight came at a fast speed and collided onto my front left portion.

## DECLARATION

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



Policy holder's signature  
Date & time:

Ki

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

[Signature]

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           | 02/07/2020                               | (DD/MM/YY) |
| Time of accident           | 0800                                     | (HH:MM)    |
| Exact location of accident | Red Hill close towards Jalan Bukit Merah |            |

## DETAILS OF VEHICLE

|  |                                  |  |   |
|--|----------------------------------|--|---|
| Vehicle registration number                        | SL5 2073J                        |  |   |
| Vehicle make and model                             | Honda vczel                      |  |   |
| Type of vehicle                                    | Saloon <input type="checkbox"/>  | MPV <input checked="" 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:<br>Third part claim <input type="checkbox"/> Reporting only <input checked="" type="checkbox"/> |

## INSURANCE INFORMATION

|                   |  |   |                                  |
|-------------------|--|---|----------------------------------|
| Insurance company | Liberty                                |   |                                  |
| Policy number     | SD19V13180 / VP2 / R01                 |   |                                  |
| Type of policy    | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

## INSURED / POLICY HOLDER

|                              |                                 |  |  |
|------------------------------|---------------------------------|--|--|
| Name                         | Roset Limasing Services PTE LTD |  |  |
| NRIC / Fin / Passport number |                                 |  |  |
| Contact                      |                                 |  |  |
| Address                      |                                 |  |  |

## DRIVER

## SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

|                              |                                   |   |  |
|------------------------------|-----------------------------------|---|--|
| Name                         | Harris Chua Wang Xun              |   |  |
| NRIC / Fin / Passport number | S9817207F                         |   |  |
| Contact                      | 8876 9381                         |   |  |
| Address                      | Blk 1 Haly Road #09-555 S(430001) |   |  |
| Email address                |                                   |   |  |
| Date of birth                | 26/05/1998                        |   |  |
| Occupation                   | Indoor <input type="checkbox"/>   | Outdoor <input checked="" type="checkbox"/> |  |
| Driving date pass            | 26/10/2016                        |   |  |



| GENERAL INFORMATION OF THE ACCIDENT              |  |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>If no, relationship of the driver and insured: <u>Hiree</u> |
| Accident captured by camera?                     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| Weather condition                                | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____   |
| Road surface                                     | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>   |
| No of passenger                                  | <u>1</u> (Inclusive of driver)   |

| PASSENGER 1 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

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

| PASSENGER 3 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 |   |
|-------------|---|
| Name        |   |
| Gender      | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION          |   |
|----------------------------|---|
| Was anybody injured?       | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION |  |
|----------------------------------|--|
| Reported to police?              | Yes <input type="checkbox"/> No <input checked="" 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  | SKH 8381A |
| Vehicle make model           |           |
| Name                         |           |
| NRIC / Fin / Passport number |           |
| Contact                      | 9002 0267 |

| 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"/> |



## 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>   | SLS2073J   |            |  |              |                                  |         |   |                  |              |                |                                |
| <b>2.Chassis number of Vehicle:</b>  | RU31229727   |            |  |              |                                  |         |   |                  |              |                |                                |
| <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>   | <p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p> <p>And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.</p> |            |  |              |                                  |         |   |                  |              |                |                                |
| <b>7.Limitations as to use*:</b>   | <p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.</p>  |            |  |              |                                  |         |   |                  |              |                |                                |
| <b>8.Policy does not cover:</b>  | <p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>  |            |  |              |                                  |         |   |                  |              |                |                                |
| <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.</p>  |  |            |  |              |                                  |         |   |                  |              |                |                                |
| <p>I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>  |  |            |  |              |                                  |         |   |                  |              |                |                                |
| <p>For and on behalf of<br/><b>LIBERTY INSURANCE PTE LTD</b><br/>Approved Insurers</p>    |  |            |  |              |                                  |         |   |                  |              |                |                                |
| <p>_____<br/>Authorised Signature</p>  |  |            |  |              |                                  |         |   |                  |              |                |                                |
| <p><b>For Information only:</b></p> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum, PHV Extension</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Refer Memorandum - Section I S\$2000, Refer Memorandum - Section II S\$2000, Windscreen Excess S\$100</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>DBS BANK LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>NEWSTATE STENHOUSE (S) PTE LTD</td> </tr> </table> |  | 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: | DBS BANK LTD | PRODUCER NAME: | NEWSTATE STENHOUSE (S) PTE LTD |
| 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:   | DBS BANK LTD   |            |  |              |                                  |         |   |                  |              |                |                                |
| PRODUCER NAME:   | NEWSTATE STENHOUSE (S) PTE LTD   |            |  |              |                                  |         |   |                  |              |                |                                |

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