

NATIONAL Assessment Centre Services. [ver 1.1.2003]

NAAT 20079645

Date In: 14/09/2020 15:45	Job description	Date & Time Completed	Done by
Ref No: NBR/LP200098274	SAS e-filing		
Veh No: STR 82424	E-mail (by date time, AIG time)		
D.O.A. 12/09/2020 09:30	I-Motor Claims Form		
Q1: TP Reporting Only	I-Motor W/O (Withlet OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 8106420R	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 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of rapair.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$9000] ()		

Injury: _____

NA2004876	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (13)
Contact No:	3) TP: Towing Fee	\$125
Damaged Portion:	4) PT: Follow-Through Survey	\$125
QC Checked by (Engn-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim/repair only (NO Only) (ver 10 Jan 2015)	\$25
	6) TI: Re-inspection	\$160
	7) NI: (Use DA + EMRT Survey	
	8) NIUC Additional Services	
	9) NI: (Use DA + EMRT Survey	
	10) NI: (Use DA + EMRT Survey	
	11) NI: (Use DA + EMRT Survey	
	12) NI: (Use DA + EMRT Survey	
	13) NI: (Use DA + EMRT Survey	
	14) NI: (Use DA + EMRT Survey	
	15) NI: (Use DA + EMRT Survey	
	16) NI: (Use DA + EMRT Survey	
	17) NI: (Use DA + EMRT Survey	
	18) NI: (Use DA + EMRT Survey	
	19) NI: (Use DA + EMRT Survey	
	20) NI: (Use DA + EMRT Survey	
	21) NI: (Use DA + EMRT Survey	
	22) NI: (Use DA + EMRT Survey	
	23) NI: (Use DA + EMRT Survey	
	24) NI: (Use DA + EMRT Survey	
	25) NI: (Use DA + EMRT Survey	
	26) NI: (Use DA + EMRT Survey	
	27) NI: (Use DA + EMRT Survey	
	28) NI: (Use DA + EMRT Survey	
	29) NI: (Use DA + EMRT Survey	
	30) NI: (Use DA + EMRT Survey	
	31) NI: (Use DA + EMRT Survey	
	32) NI: (Use DA + EMRT Survey	
	33) NI: (Use DA + EMRT Survey	
	34) NI: (Use DA + EMRT Survey	
	35) NI: (Use DA + EMRT Survey	
	36) NI: (Use DA + EMRT Survey	
	37) NI: (Use DA + EMRT Survey	
	38) NI: (Use DA + EMRT Survey	
	39) NI: (Use DA + EMRT Survey	
	40) NI: (Use DA + EMRT Survey	
	41) NI: (Use DA + EMRT Survey	
	42) NI: (Use DA + EMRT Survey	
	43) NI: (Use DA + EMRT Survey	
	44) NI: (Use DA + EMRT Survey	
	45) NI: (Use DA + EMRT Survey	
	46) NI: (Use DA + EMRT Survey	
	47) NI: (Use DA + EMRT Survey	
	48) NI: (Use DA + EMRT Survey	
	49) NI: (Use DA + EMRT Survey	
	50) NI: (Use DA + EMRT Survey	
	51) NI: (Use DA + EMRT Survey	
	52) NI: (Use DA + EMRT Survey	
	53) NI: (Use DA + EMRT Survey	
	54) NI: (Use DA + EMRT Survey	
	55) NI: (Use DA + EMRT Survey	
	56) NI: (Use DA + EMRT Survey	
	57) NI: (Use DA + EMRT Survey	
	58) NI: (Use DA + EMRT Survey	
	59) NI: (Use DA + EMRT Survey	
	60) NI: (Use DA + EMRT Survey	
	61) NI: (Use DA + EMRT Survey	
	62) NI: (Use DA + EMRT Survey	
	63) NI: (Use DA + EMRT Survey	
	64) NI: (Use DA + EMRT Survey	
	65) NI: (Use DA + EMRT Survey	
	66) NI: (Use DA + EMRT Survey	
	67) NI: (Use DA + EMRT Survey	
	68) NI: (Use DA + EMRT Survey	
	69) NI: (Use DA + EMRT Survey	
	70) NI: (Use DA + EMRT Survey	
	71) NI: (Use DA + EMRT Survey	
	72) NI: (Use DA + EMRT Survey	
	73) NI: (Use DA + EMRT Survey	
	74) NI: (Use DA + EMRT Survey	
	75) NI: (Use DA + EMRT Survey	
	76) NI: (Use DA + EMRT Survey	
	77) NI: (Use DA + EMRT Survey	
	78) NI: (Use DA + EMRT Survey	
	79) NI: (Use DA + EMRT Survey	
	80) NI: (Use DA + EMRT Survey	
	81) NI: (Use DA + EMRT Survey	
	82) NI: (Use DA + EMRT Survey	
	83) NI: (Use DA + EMRT Survey	
	84) NI: (Use DA + EMRT Survey	
	85) NI: (Use DA + EMRT Survey	
	86) NI: (Use DA + EMRT Survey	
	87) NI: (Use DA + EMRT Survey	
	88) NI: (Use DA + EMRT Survey	
	89) NI: (Use DA + EMRT Survey	
	90) NI: (Use DA + EMRT Survey	
	91) NI: (Use DA + EMRT Survey	
	92) NI: (Use DA + EMRT Survey	
	93) NI: (Use DA + EMRT Survey	
	94) NI: (Use DA + EMRT Survey	
	95) NI: (Use DA + EMRT Survey	
	96) NI: (Use DA + EMRT Survey	
	97) NI: (Use DA + EMRT Survey	
	98) NI: (Use DA + EMRT Survey	
	99) NI: (Use DA + EMRT Survey	
	100) NI: (Use DA + EMRT Survey	

2/2

Invoice dated

Invoice dated

Fee Charged

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	14/09/2020 15:45
Date Of Accident	12/09/2020 09:30
Exact Location Of Accident	ALONG CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8342Y
Insured/Policyholder	
Name Of Registered Owner	VIMBOX SREVICES PTE LTD
Co Reg No	2XXXXX626W
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-93226805
Alternative Phone No	OFFICE-63394339

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI20V09230/VPE/R00
Cover Note Number	

Driver

Name of Driver	ANG JUN WEI, SEBASTIAN
NRIC No	SXXXX131H
Date Of Birth	15/10/1990
Occupation	INDOOR
Date Of Driving Pass	14/09/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93226805
Fax Number	
Contact Number	OFFICE-63394339
Email Address	INFO@CARSMITH.BIZ

Address	BLK 115 TECK WHYE LANE #12-706
Postcode	68115
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200912/7005

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	SHD6420R
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM TONG LEE
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	SKG1208U
Vehicle Make/Model/Colour	BMW 218I
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG BAK SIEW
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG JUN WEI, SEBASTIAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJR8342Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



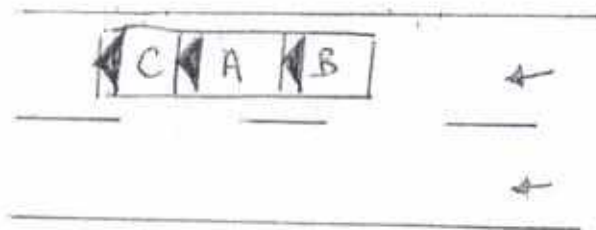
Policyholder's Signature
Date & Time: *

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

Reporting Centre Personnel's Signature
Name: Best Lim
NRIC/FIN No.: 141098000

SKETCH PLAN

Choa Chu Kang Road



Vehicle A = SJR 8342Y
 Vehicle B = SHD 6420R
 Vehicle C = SKG 12084

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20200912/7005

DECLARATION

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



Policyholder's Signature
 Date & Time:

[Signature]

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

14/09/2020
[Signature]

Date of Accident : 12/9/2020 Accident Time: 0930 (24-HR-Format)
Accident Place : Cheong Chu Kang Road
Vehicle No. (Car Plate No.) : SJR 8342Y Make/Model: Toyota Vios
Insurance Company : Liberty Policy No: S120V09230/VPE/R00
Owner or Company Name IC No. : Vimbox Services Pte Ltd
Owner or Company Contact No. : 63394439 Owner's Hp _____ Company Tel _____
DRIVER'S Name IC No. : Ang Jun Wei Sebastian S90381314
DRIVER'S Date Of Birth : 15/10/1990 DRIVER'S License Pass Date 14/9/2017
Relationship of Owner & Driver : Spouse Parents Children Sibling Employee Others: _____
DRIVER'S Address : 115 Teck Whye Lane #12-706 S(680115)
DRIVER'S Contact No./ Alt No. : 1) 93226805 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : info@carsmith.biz
Weather & Road Surface : CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type : Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (Including Driver): 1
Was there any video Captured by car camera: YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SHD 6420R</u> (B)	Vehicle No: <u>SKG 1208U</u> (C)
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



**SINGAPORE
POLICE FORCE**



T/20200912/7005

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

1 of 3

Report No. T/20200912/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2020 13:34	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: ANG JUN WEI, SEBASTIAN			Address: 115 TECK WHYE LANE #12-706 SINGAPORE 680115		
ID Type / ID No.: NRIC NO / S9038131H			Contact No.: Home/Office: Mobile: 93226805		
Nationality: SINGAPORE CITIZEN			Email: findsebast@gmail.com		
Sex: Male	Age: 29	Date of Birth: 15/10/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2020 09:30	Type of Location: Straight Road
Location: CHOA CHU KANG ROAD				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving vehicle and stationary vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD6420R	Car		Prius	Brown	Slightly Damaged	0
SJR8342Y	Car		vios	Black	Seriously Damaged	0
SKG1208U	Car	BMW	218i	Blue	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200912/7005

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

2 of 3

Report No. T/20200912/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR8342Y	Liberty Insurance	SI20V09230/VPE/R 00/E00	17/07/2020	16/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG JUN WEI, SEBASTIAN		ID No. S9038131H
Related Vehicle	SJR8342Y (Car)		Contact No. 93226805
Hospital/Clinic	DOCTORS INC MEDICAL GROUP		Class of Driving Licence & Expiry Class: 2B,3,4 Date of Expiry: NIL
Date	12/09/2020		Date 12/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

on 15/09/20, I was stationary waiting for the traffic light at the above mentioned location when I felt a hit on my car SJR8342Y by another car SHD6420R, this led to my car moving forward and hitting the rear of another vehicle, SKG1208U. I alighted to check my vehicle and realized that my back bumper came off and my front bumper was slightly damaged. I managed to exchange particulars with both drivers. The driver of SHD6420R is Lim Tong Lee, the other driver of SKG1208U is Wong Bak Siew. After the accident, I went to see a doctor and was given 3 days MC as I was feeling discomfort on my neck. I am lodging this report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20200912/7005

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

3 of 3

Report No. T/20200912/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
12/09/2020 13:34

Classification Of Case:

DOCTORS INC. MEDICAL GROUP
BLK 178 #01-206 TOA PAYOH CENTRAL
SINGAPORE 310178 TEL 63563633

Co Rec No : 2005022342

INVOICE

ANG JUN WEI, SEBASTIAN
115 TECK WHYE LANE
#12-206
S6680115)

Invoice No. 179156
Our Reference 93591
Date 12 Sep 2020

Patient : ANG JUN WEI, SEBASTIAN (S9038131H)
Doctor : DR KEVIN LOY HENG JIEN

DESCRIPTION	QTY	FEE (S\$)
ANAREX	30.00 tbs	12.00
ROSIDEN GEL	1.00 tube	8.00
KEFENTECH PLASTER	1.00 pkts	9.00
CONSULTATION		25.00
Total Amount Payable		54.00
Receipt No. 208281 - AMEX Payment Received		54.00
Outstanding Balance		0.00

All cheques should be crossed and made payable to:
DOCTORS INC MEDICAL GROUP PTE LTD

This is a computer generated invoice which does not require a signature.
E A O E

DOCTORS INC. MEDICAL GROUP
BLK 178 #01-206 TOA PAYOH CENTRAL
SINGAPORE 310178 TEL 63563633

Medical Certificate

Date : 12 Sep 2020
MC No. : 0000165038

This is to certify that:
Name : ANG JUN WEI, SEBASTIAN
NRIC : S9038131H

is Unfit for Duty for 3 days

From 12/09/2020 to 14/09/2020 inclusive.

DR LOY HENG JIEN KEVIN
MB/BSc (Singapore)
Family Physician
MCR No.: 96513G

DR KEVIN LOY HENG JIEN

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.



Certificate of Insurance

Name of Policyholder:

Date of Issue:

17 Jul 2020

Registration No.:

SJR8342Y

Effective Date of Commencement:

17 Jul 2020 14:39

Chassis No.:

MR053HY9305121630

Certificate No.:

SI20V09230/ VPE / R00

Date of Expiry:

16 Jul 2021 23:59

Type of Certificate:

MX4

Persons or Classes of Persons entitled to drive*:

Any person who is driving on the Policyholder's order or with their permission.

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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for hire or reward.
B) Use for racing, pace-making, reliability trials or speed-testing.
C) Use for the carriage of goods (other than samples) in connection with any trade or business.
D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 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.



For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverage(s):

Sum Insured:

Excess:

Name of Finance Company:

Name of Producer:

Third Party Fire & Theft

MARKET VALUE AT THE TIME OF LOSS

INDEX CREDIT PTE LTD

PROFESSIONAL INVESTMENT ADVISORY SERVICES PTE LTD (B9115-201)