

NATIONAL Assessment Centre Services (wef 1 Jan'05) **MHANUV 97571**

Date In: 6/1/05 - 12:00	Job description	Date & Time Completed	Done by
Ref No: NA/1172012/55/24	SAS e-filing		
Veh No: 8J 172R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 9/1/05 - 01:10	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **FB04754D** INC () / Non-INC () Tel: ()

Owner / Driver: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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:	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 (\$) Est Bill	Am't (\$) Add Bill
NA206140			
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 1:	6) TR : Re-inspection \$75		
Pat. 2 / 3:	7) N1 : idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl 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: Idao Mobile \$0		
	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	06/11/2020 10:03
Date Of Accident	06/11/2020 01:10
Exact Location Of Accident	NEW UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1725R
Insured/Policyholder	
Name Of Registered Owner	MAK CHEE KHEONG
NRIC No	SXXXX286C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96531234
Alternative Phone No	OFFICE-96531234

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V00460/VPE/R00
Cover Note Number	

Driver

Name of Driver	MAK MING FEI
NRIC No	SXXXX476A
Date Of Birth	11/04/1997
Occupation	INDOOR
Date Of Driving Pass	12/05/2018
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97882220
Fax Number	
Contact Number	OFFICE-97882220
EEmail Address	NOEMAIL

Address	BLK 745 PASIR RIS STREET 71 #08-67
Postcode	510745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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)	2
Passenger 1	NAME: : CHOO JING HOE GENDER: : MALE

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

REFER TO POLICE REPORT - T/20201106/7000.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ4294D
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 INJURED PERSON 1

Name CHOO JING HOE

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SLJ1725R

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.**
- 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:

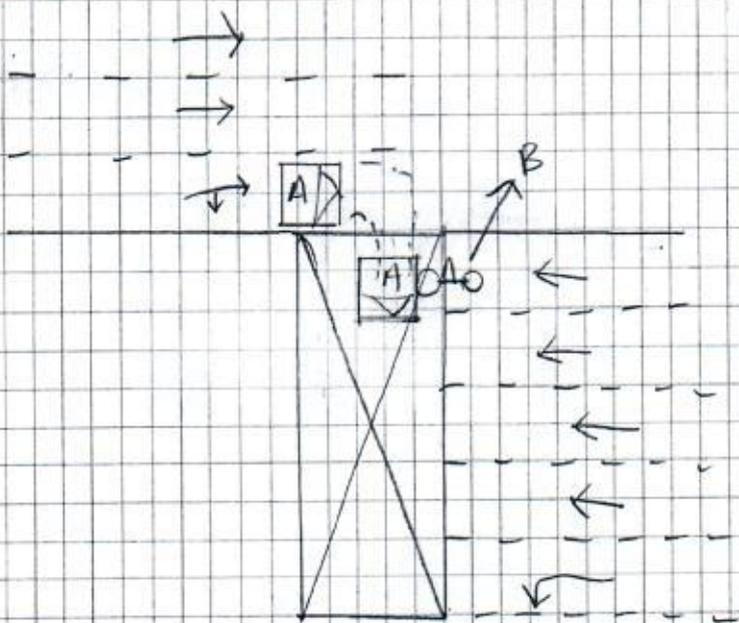


Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN



A: SLJ1725R

B: FBQ4294D

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	06-11-2020	(DD/MM/YY)
Time of accident	0110 HRS	(HH:MM)
Exact location of accident	New Upper Changi Road	

DETAILS OF VEHICLE

Vehicle registration number	SLJ 172SR		
Vehicle make and model	Toyota AHis		
Type of vehicle	Saloon <input checked="" 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 checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time	Travelling Home		
Are you claiming under your own insurance company?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	if no, please select:
	Third part claim <input type="checkbox"/>	Reporting only <input type="checkbox"/>	

INSURANCE INFORMATION

Insurance company	Liberty Insurance		
Policy number	SI20V00460		
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Mak Chee Kheong	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S1797286C		
Contact	96531234		
Address	Blk 745 Pasir Ris Street 71 #08-67(S) 510745		

DRIVER

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

Name	Mak Ming Fei	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
NRIC / Fin / Passport number	S97H4476A		
Contact	97682220		
Address	Blk 745 Pasir Ris Street 71 #08-67(S) 510745		
Email address	Mingfei745@gmail.com		
Date of birth	11-04-1997		
Occupation	Indoor <input checked="" type="checkbox"/>	Outdoor <input type="checkbox"/>	
Driving date pass	12-05-2018		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, relationship of the driver and insured: <u>Father And Son</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 checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	<u>02</u> (Inclusive of driver)

PASSENGER 1	
Name	<u>Choo Jing Hoe</u>
Gender	Male <input checked="" 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 type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes <input 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	FBQ 4294 D
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	Choo Sing Hoe
Injuries sustained	Neck And back
Which vehicle person in?	SLS 1725R
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" 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/20201106/7000

1 of 4

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

Report No. T/20201106/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 04:06	Vide Report No.: G/20201106/0026	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars			
Name of Informant: MAK MING FEI		Address: 745 PASIR RIS STREET 71 #08-67 SINGAPORE 510745	
ID Type / ID No.: NRIC NO / S9714476A		Contact No.:	Mobile: 97882220
Nationality: SINGAPORE CITIZEN		Email: MINGFEI745@GMAIL.COM	
Sex: Male	Age: 23	Date of Birth: 11/04/1997	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Assistant electronics engineer		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/11/2020 01:10	Type of Location: T-Junction
Location: NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBQ4294D	Motorcycle					1
SLJ1725R	Car					1

Details of Person Involved
Any Pedestrian Involved: No



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

CONTINUATION OF REPORT

Driver			
Name	MAK MING FEI	ID No.	S9714476A
Related Vehicle	SLJ1725R (Car)	Contact No.	97882220
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	CHOO JING HOE	ID No.	S9716395B
Related Vehicle	NIL	Contact No.	97216379
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

I was driving along New upper changi road then I was about to make a right turn towards Chai chee road, due to the vision obstruction of the MRT's pillar and metal fencing along the road, I was unable to notice the on coming motorcycle whom was travelling straight and then suddenly the motorcycle collided on to the front left side of my vehicle. Upon the collision, I immediately shifted my vehicle on to the side of the road along Chai Chee Road to prevent obstructing the traffic flow.

Me and my cousin immediately came down the vehicle to check on the rider and pillion of the motorcycle, my cousin then immediately called the Ambulance.

The ambulance arrived 15 minutes later and subsequently the rider and pillion was conveyed by the ambulance while conscious.

A traffic police officer named SGT Ameer (T170218) then approached me to confirm if i was the driver of the vehicle involved in the accident, I then confirmed with him, then the Traffic Police officer then requested for my NRIC and Driving License.

The said Traffic Police officer then asked me if I had any in car camera recorder, I confirm that I had a in car recorder and he proceeded to take my SD card, upon retrieving my SD card, he then said to me that I needed to file a police report within 24 hours from the time of the accident. I then asked him if I needed to write any statement now at the accident scene immediately, he then instructed me to write a statement according to his instructions and made me sign the statement.



**SINGAPORE
POLICE FORCE**



T/20201106/7000

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

3 of 4

Report No. T/20201106/7000

CONTINUATION OF REPORT

I would like to state that I do not understand the content of the statement that I've written and signed as I was made to write what he said to me.

I am making this police report for investigation and insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20201106/7000

4 of 4

Report No. T/20201106/7000

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

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476201

Authentication Stamp

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

Date/Time:
06/11/2020 04:06

Classification Of Case:



Certificate of Insurance

www.libertyinsurance.com.sg

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder: MAK CHEE KHEONG		Certificate No.: SI20V00460/ VPE / R00
Date of Issue: 07 Jan 2020	Effective Date of Commencement: 07 Jan 2020 15:40	Date of Expiry: 06 Jan 2021 23:59
Registration No.: SLJ1725R	Chassis No.: MR053REH104554817	Type of Certificate: MX1

Persons or Classes of Persons entitled to drive*:

- A) The Policyholder.
- B) Any other person who is driving on the Policyholder's order or with his 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):	Comprehensive, Unlimited Windscreen, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	TOKYO CENTURY LEASING (S) PTE LTD
Name of Producer:	CAR TIMES INSURANCE AGENCY PTE LTD (A1200-4)

A1200-4/B23A/AMT/SI20V00460/07-Jan-2020/MotorCIW1.0