NATIONAL Assessment Centre	Services.	IVIE	212010208	41	Done by	1
Date In: 18/1/20 - 11:03	Jeb description		Date & Time Complete	-	Done o.	
Res No: 441 4172612684 124	SAS e-filing		<u> </u>	+		
Veh No: 5K78717	E-mail (within Shr	s, AIC 2hrs)	1		315X-5-15	•
D.O.A: 17/11/20 - 17:30	i-Motor Claim	Form				
	i-Motor W/O (	Within: OD 2hrs,	TP 4hrs)			
OD TP Reporting Only	i-Photo Upload	led		_		
	Assessment/Surv	ey Report				
TP Insurer:	Ass't Report by	Fax / Hand to	Owner/Wksp	حل		
Preferred Wksp / INC Assign Wksp / QW: (			Tol:	Fax:		)
TP Particulars: Veh No: 504630	1913 -	, INC (	)/Non-INC( )			
Owner / Driver: (	Man San San San San San San San San San S		Tel:		)	
	od: (	)	Cover Type: (			
Confirmed by: (		Date:	Time:		)	
Insured/Driver Liability: ( %) [N	ote-Est. Status (W	O): N: 0-2	0%; P: 21-79%. P:	80-100%]		
	arranty: YES (	)/NO(	)			
Excess: (\$ ) Loading: \$1,00		)				
20110000	ta y so to	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		2000000		
General Remarks:-  ( ) Walk-In Customer: Customer's inform	mation strictly Conf	fidential & St				
	IRCENTLY.		*	20.00		
		O( ):T	owing Co: (		•	)
Drive-In ( )/ Towed-In ( ); Invoice:	IES( )/ III	0 ( ),				
TO STATE OF THE ST			- C. C.	20年できた。	Dank	11
Remarks: (INC hotline: 6788 6616) ::			Date& Time Comple	4	Done	y
	ourtesy Car ( )		Date&Time Comple	4	Done	y
1) Apply for Transport Allowance ( )/Co	ourtesy Car ( )		Date&Timi Cojuple	.d.	Done	y
Apply for Transport Allowance ( )/Co     QC Check / Post Repair Inspection	( )		Date&Time Comple	4	Done	y
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30]	( )		Date & Time Comple	54	Done	by
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:	( )		Date&Timit Complet	244533122	Done	у
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1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions	( )	1) AR : Accide 2) DA : Damag 3) TF : Towing	cparation Checklist.  Int Reporting (\$30);  In Assessment (\$100);  Fee	NC (\$80) \$40/\$45	Ant(S)	Amt(\$)
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Claimant's Particulars:	( )	1) AR : Accide 2) DA : Damag 3) TF : Towing 4) FT : Follow	cparation Checklist  nt Reporting (\$30);  to Assessment (\$100);  Fee Through Survey	NC (\$80)	Ant(S)	Amt(\$)
1) Apply for Transport Allowance ( )/Co 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30  Injury:  Date/Time Actions  Actions  Inimant's Particulars:	( )	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow 5) FT: Follow For claiming	cparation Checklist  Int Reporting (\$30);  In Assessment (\$100);  If Fee  Through Survey  Through Survey (Resurvey)  Lagoinst INC Only (wef 10 J	NC (\$80) \$40/\$45 \$120 \$30 \$1.20(\$5)	Ant(S)	Amt(\$)
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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
- 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.
- 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

<ol> <li>By the lodgement of this report to the insurers, you hereby conse foresaid.</li> </ol>	
A Charles of the Salah Constitution of the Charles	ACCIDENT STATEMENT
Date Of Report	18/11/2020 11:07
Date Of Accident	17/11/2020 17:30
Exact Location Of Accident	AMK AVE 5 BEFORE CTE
Country/State of Loss	SINGAPORE
or the control of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKT8711T
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-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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	SD20V13100/VPZ/R02
Cover Note Number	
Driver	
Name of Driver	HARRY BIN AMIR
NRIC No	SXXXX068B
Date Of Birth	01/01/1977
	AL ITEROOP

OUTDOOR

16/02/2017

3 YEARS AND 9 MONTHS

**Driving Experience** MALE Gender

(LOCAL) +65-87484849 Mobile Number

Fax Number

Occupation

**Date Of Driving Pass** 

OFFICE-87484849 Contact Number

NOEMAIL **EMail Address** 

BLK 553 SERANGOON NORTH AVENUE 3 Address

#02-73

550553 Postcode

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

2

YES

NO

4

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

: NAZIA BTE JUMAAT NAME: Passenger 1

> : FEMALE GENDER:

Passenger 2

NAME:

: RIKKI ANDIKA

: MALE GENDER:

: RIFQI ARJURA Passenger 3 NAME:

> : MALE GENDER:

**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?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLH6399B Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Page 2 of 21

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name HARRY BIN AMIR

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SKT8711T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

## **DETAILS OF INJURED PERSON 2**

Name NAZIA BTE JUMAAT

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SKT8711T

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly on the details of the accident to speed up the claims process. 1)
- This form must be completed by the policy holder and/or the authorised driver. 2)
- 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.
- 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)

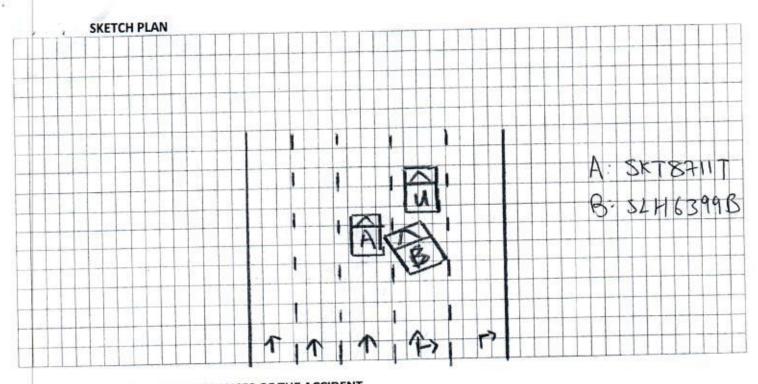
I understand, acknowledge, agree and consent that:

- (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 :
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary (1) investigations relating to the claims;
  - Investigations the accident and/or my claims; (11)
  - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (111)
  - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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
  - Complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively (V) 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 (1) fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - For complying with requirements under my regulations, laws or court orders. (II)

Policy holder's signature Date / time:

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

reporting centre personnel's Signature Date / time:



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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.

the South Control		ACCIDENT D	ETAILS		出版排稿库取		1000		
Date of accident		17/11/2020					(DD/MM/YY) (HH:MM)		
Time of accident		1730						HH:IVIIVI)	
Exact location of accident	Along	Ang Mo kio	Ave	S	before	Tuning	tuds	CTE	

Manager (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	DETAILS OF VEHICLE
Vehicle registration number Vehicle make and model	SKT 8711 T Toyota Wish
Type of vehicle	Saloon ₹ MPV ☑ CRV □ Van □  Lorry □ Bus □ Motorcycle □ Others:
Vehicle category	Private   Commercial   Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No ≠ if no, please select: Third part claim ≠ Reporting only □

Market State of the State of th	INSURANCE INF	ORMATION	2000年1月1日 1日 1
Insurance company	Libest	1	
Policy number			TD only D
Type of policy	Comprehensive	Third party fire & theft	TP only

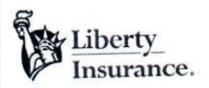
Committee and the second secon	INS	URED / POLIC	Y HOLDER				A CONTRACTOR
Name NRIC / Fin / Passport number	Roset	Emasine	zervius	PTE	MD	Male	Female
Contact							
Address							

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)						
	Harry Bin Amir	Male □	Female				
Name NRIC / Fin / Passport number	2890006813						
Contact	87484849 alk 553 Seranom North Bue	3 40	2-73				
Address	S(\$5~553)	3 40					
Email address	Harrydbloo77@ gmail. com						
Date of birth							
Occupation	Indoor   Outdoor   Outdoor						
Driving date pass	16/02/2017						

<b>国教员</b> 1800年1900年1900年	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No D
he insured's company?	If no, relationship of the driver and insured:
Accident captured by camera?	Yes 🗆 No 🗹
Weather condition	Clear Raining Others:
Road surface	Dry Z Wet   (Inclusive of driver
No of passenger	(Inclusive of driver
<b>经营业的支持公司的</b>	PASSENGER 1
Name	NAZIA BTE JUMAA'I
Gender	Male  Female
A STATE OF THE STA	
Call Call Control Control Call	PASSENGER 2
Name	RIKKI ANDIKA
Gender	Male p Female
	PASSENGER 3
Name	RIFBI ARDURA
Gender	Male p Female
an annihimatika	
<b>大型的</b>	PASSENGER 4
Name	
Gender	Male  Female
ALC: A VILLEY OF STREET	PASSENGER 5
Name	
Gender	Male  Female
Washington and the state of the	PASSENGER 6
Name	
Gender	Male   Female
The second secon	
<b>《西</b> 老刘安生》从第一次第4万分的	OTHER INFORMATION
Was anybody injured?	Yes No 🗫
Was other vehicle damaged?	Yes No 🗆
<b>建筑设置,以下</b>	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes No No If yes, please state which police station.
Police station name	
AND THE STATE OF THE SECTION OF THE	WITNESS 1
Name	
115.115	
ALCONOMIC TO A SECTION A	WITNESS 2
Name	

	THIRD PARTY VEHICLE 1
	52H6399 B
Vehicle registration number	02110011
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THE PARTY VEHICLE 2
	THIRD PARTY VEHICLE 2
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Commence of the second	
	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Commence of the Commence of th	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	and the second s
	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
Contact	
William William Commission of the Commission of	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
	THIRD PARTY VEHICLE 7
	THIND PARTY VEHICLE !
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	INJURED PERSON 1	多2.410.60000000000000000000000000000000000
Name	Harry Bin Amir	
Injuries sustained	BR N	
Which vehicle person in?	SKT8711T	
Were seat belts worn?	Yes No D	
Was injured conveyed to	Yes D No	
hospital by ambulance?		
nospital by difficulties.		
Service of the second second service of the second service of the second service of the	INJURED PERSON 2	SALES OF THE PROPERTY OF
Name	Nazia Bte Jumaat	
Injuries sustained	B&N	
Which vehicle person in?	SKT 8711 T	
Were seat belts worn?	Yes No 🗆	
Was injured conveyed to	Yes D No	
hospital by ambulance?		
nospital by ambulance:		
22 Section Charles and Francisco Commission in	INJURED PERSON 3	
Name of the State	INJORED PERSONS	
Name		
Injuries sustained		
Which vehicle person in?	Yes 🗆 No 🗆	
Were seat belts worn?	Yes No No	
Was injured conveyed to	TES LI NO LI	
hospital by ambulance?		-
	INJURED DERSON 4	
	INJURED PERSON 4	
Name	INJURED PERSON 4	
Injuries sustained	INJURED PERSON 4	
Injuries sustained Which vehicle person in?		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes - No -	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes - No -	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?	Yes - No -	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes   No   Yes   No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   No   Yes   No    INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No   Yes   No   INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes   No   Yes   No    INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No   INJURED PERSON 5  Yes   No   Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes   No   Yes   No    INJURED PERSON 5	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes   No   INJURED PERSON 5  Yes   No   Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   No   INJURED PERSON 5  Yes   No   Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes   No   No   No   No   No   No   No   N	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes   No   INJURED PERSON 5  Yes   No   Yes   No   Yes   No	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes   No   No   No   No   No   No   No   N	





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

POAD 7	TRANSPORT ACT, 1987 (MALAYSIA) (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)	
	SD20V13100 A/PZ /R02	

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)		
Certificate No	SD20V13100 /VPZ /R02	Devis
Form Date Of Issue	MZ406C 20-OCT-2020	33
1.Index Mark and Registration No. of Vehicle: 2.Chassis number of Vehicle: 3.Name of Policyholder: 4.Effective date of Commencement of Insurance	SKT8711T  JTDGG20W20J002238  ROSET LIMOUSINE SERVICES PTE LTD  01-NOV-2020 00:00 AM	
for the purpose of the Act:  5.Date of Expiry of Insurance:	31-OCT-2021 23:59 PM	

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

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.

#### 8.Policy does not cover:

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 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

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, Geographical Area - refer memorandum

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

PLSL/-/20-OCT-20

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20-OCT-20