

# NATIONAL Assessment Centre Services

(Ref: JN-102)

2/2

Date In: 10/12/20	Job description	Date & Time Completed	Done by
Ref No: NA/LIP20013708/13	SAS e-filing		
Veh No: SJK16615	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 09/12/20 1015	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: SMN68476	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%; 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: (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

NA2100132	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
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)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp 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 30		
	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 Submission	10/12/2020 18:01 (SGT)
Date of Accident	09/12/2020 10:15 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	BUKIT TIMAH RD(NAMLY ROAD)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK1661J
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAZALI BIN RAZAK
NRIC No	SXXXX973I
Email Address	mimi_a1agency@yahoo.com.sg
Mobile Phone No	(Phone) +65-87839970
Alternative Phone No	+65-87839970

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	-
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?	No - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V12405/VPE/R01
Cover Note Number	-

#### DRIVER

Name of Driver	MARNI BINTE MOHAMED NOOR
NRIC No	SXXXX027H
Date Of Birth	07/08/1981
Occupation	Indoor

Date Of Driving Pass .....	30/03/2020
Driving experience .....	9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-87875506
Alt. Phone Number .....	-
Email Address .....	mimi_a1agency@yahoo.com.sg
Address .....	BLK 117B JALAN TENTERAM
Address complement .....	#07-515
Postcode .....	322117
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Bukit Timah Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004689999
Alt. Police Station Phone No .....	(Fax) +65-64623782
Police Station Address .....	Blk 1 Toh Yi Drive #01-139 Singapore 591501
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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 .....	SMN6847G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	PETERS RICHARD SHENTON
NRIC No .....	SXXXX448Z

Contact Number .....	(Phone) +65-97906611
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MARNI BINTE MOHAMED NOOR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SJK1661J
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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 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 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

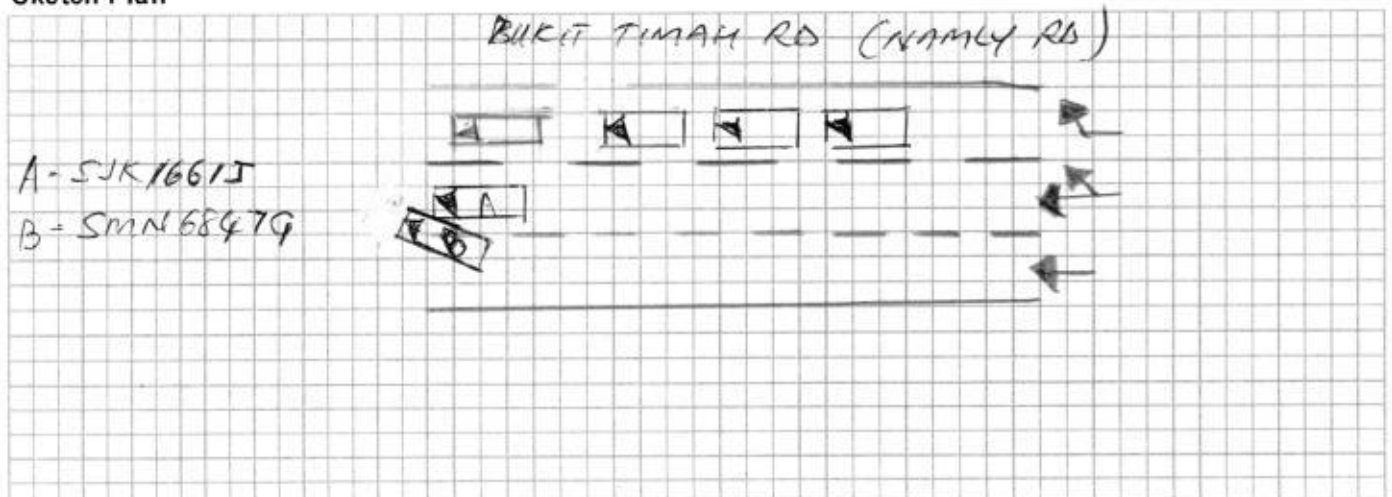
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan





**Describe Circumstances of the Accident**

I was driving at Lane 1 Along Bukit Timah Road where I reach a junction where ~~turn~~ car about to turn right. I follow the queue and signal left as I want to overtake. I then went straight and suddenly a blue car hit my left front side and went in front of me. His car damage on the driver door. I don't know where the car came from as the 2nd lane was clear when I overtake. We came out from the car, took photo of all our damage and settle this matter. He agree to settle this thing personally as he admit his mistake. He write a letter and sign. We change particular.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



# SINGAPORE POLICE FORCE



T/20201210/2069

1 of 3

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Report No. T/20201210/2069

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2020 17:38		Vide Report No.:		Station Diary No.: 18	
<b>Informant's Particulars</b>					
Name of Informant: MARNI BINTE MOHAMED NOOR			Address: APT BLK 117B JALAN TENTERAM #07-515 SINGAPORE 322117		
ID Type / ID No.: NRIC NO / S8125027H			Contact No.: Home/Office: Mobile: 87875506		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 07/08/1981	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Admin Executive			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/12/2020 10:00	Type of Location: Straight Road
Location:  BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK1661J	Car				Slightly Damaged	0
SMN6847G	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20201210/2069

2 of 3

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

Report No. T/20201210/2069

**CONTINUATION OF REPORT**

Driver			
Name	MARNI BINTE MOHAMED NOOR	ID No.	S8125027H
Related Vehicle	SJK1661J (Car)	Contact No.	87875506
Hospital/Clinic	THE TENTERAM CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	09/12/2020	Date Discharge	09/12/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

**Brief Details.**

On 9/12/2020 at about 1000hrs, I was driving my car bearing registration plate SJK1661J along Bukit Timah Rd towards Clementi Rd on the most right lane, lane 1 of 2.

While I was driving near to junction of Namly Avenue, there was car queuing to turn right into Dunearn Rd. As I was going straight, I left a one car length gap ahead of me, signal left, checked my blind spot and merged into lane 2.

After I had passed by the long que of vehicles, I attempt to merge back into lane 1. While doing so, I signaled right and moved to merge into lane 1 as the path was clear. In an attempt of doing so, suddenly a car bearing registration plate SMN6847G side swept mine from the left side followed by skidded ahead of me. I immediately applied an emergency brake and put my vehicle on a hazard light. Subsequently, I stepped out of the vehicle to assessed the situation.

As no one was injured, both the driver and I did the necessary recording of the damages and exchange particulars to settle the accident privately. Shortly, a black car stops by and 2 male Chinese subject offered their assistance to the other driver. After they had exchanged few conversation, the said driver told me that he has decided to settle the damages via insurance.

One of the 2 male subject named Victor then approached me and offered to do the insurance claim via his workshop. But when I asked for a name card, he could not provide any and gave his mobile phone number instead; 86843377.

After which, the 2 subjects left the scene where one of them drove the accident car SMN6847G. Therefore, I also left the scene.

Few hours later while I was at work, I felt pain on my shoulder and ankle area. I then went to a clinic and was given a 3-days of medical certificate. Hence, I am lodging a police report.

The other driver was not injured, and no government property is damaged. I have no in car camera.





**SINGAPORE  
POLICE FORCE**



T/20201210/2069

3 of 3

Report No. T/20201210/2069

Police Station Of Origin:  
Bukit Timah NPP  
1 Toh Yi Drive #01-139 SINGAPORE 591501  
Tel No: 1800-4689999

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sr Staff Sgt IBNU MUSALLI BIN HAMID

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/12/2020 17:38

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP168



**SINGAPORE  
POLICE FORCE**

SN 38

SIGNATURE



THE TENTERAM CLINIC  
116B, JALAN TENTERAM, #01-549  
SINGAPORE 322116  
Tel: 62507991

## Medical Certificate

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**Date of Visit:** 09-Dec-2020

**MC No.:** MC2012095431

This is to certify that

**Name:** MARNI BINTE MOHAMED NOOR

**NRIC:** S8125027H

is Unfit for Work

for 3 day(s) from 09-Dec-2020 to 11-Dec-2020

**Remarks:**

DR DALE LIM MCR: M07970G  
Family Physician  
Aviation Medicine Specialist  
MBBS(Singapore), Dip Av Med(UK)  
MMED(Family Medicine)  
MCFP(S) MPH(UK)

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Doctor Name: Dale Lim  
MCR: M07970G

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

## ACCIDENT STATEMENT

ACCIDENT DATE: (09/12/2020) (DD/MM/YYYY), TIME: (10:15) (HH:MM)

LOCATION: BUKIT TIMAH RD (NAMLY ROAD)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: STK 1661J  
b) INSURANCE COMPANY: LIBERTY INSURANCE  
c) POLICY NUMBER: SI20V12405/VPE/RO1  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA STREAM  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: KAZALI BIN KAZAK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S82399731 CONTACT: 87839970  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: MARNI BINLE MOHAMMAD NIKK (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8125027H CONTACT: 87875506  
c) ADDRESS: BLK 117B JALAN TENTERAM #07-515  
SPRUE 322117

\*d) DATE OF BIRTH: (07/08/1981) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMN 6847G MODEL: HONDA  
b) DRIVER'S NAME: PETERS RICHARD SHENTON  
c) NRIC/FIN/PASSPORT: S12304482 CONTACT: 97906611

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = mini\_agency@yahoo.com.sg

fax =

video =

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, 1

**Name of Policyholder:**

RAZALI BIN RAZAK

**Date of Issue:**

01 Oct 2020

**Registration No.:**

SJK1661J

**Effective Date of Commencement:**

19 Oct 2020 00:00

**Chassis No.:**

RN61053488

**Certificate No.:**

SI20V12405/ VPE / R01

**Date of Expiry:**

18 Oct 2021 23:59

**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 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 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) a 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 Vehicle (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

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100

Name of Finance Company:

KENSO LEASING PTE LTD

Name of Producer:

SC ALLIANCE PTE LTD (A1260-2)



**Name of Producer:**

SC ALLIANCE PTE LTD (A1260-2)

**Date of Issue:**

01 Oct 2020

**Previous Policy No.:**

SI19V12618

**Policy No.:**

SI20V12405/VPE/R01/E00

**Details of Insured**
**Name of Insured:**

RAZALI BIN RAZAK

**Mailing Address:**

117B JALAN TENTERAM, #07-515, TENTERAM PEAK, SINGAPORE

**Period of Insurance (both dates inclusive):**

From: 19 Oct 2020 00:00

To: 18 Oct 2021 23:59

**NRIC/FIN No.:**

S8239973I

Postal Code (322117)

**Occupation:**

Driver

**Details of Vehicle**
**Registration No.:**

SJK1661J

**Capacity/Tonnage:**

1799 C.C

**Chassis No.:**

RN61053488

**Make and Model:**

HONDA Stream 1.8

**Seating Capacity Including Driver:**

8

**Engine No.:**

R18A1759921

**Type of Body:**

MPV

**Year of Manufacture/Registration:**

2007 / 2008

**Sum Insured:**

MARKET VALUE AT THE TIME OF LOSS

**Hire Purchase Owner/Leasing Company:**

KENSO LEASING PTE LTD

**Operative Endorsements:**

V0001, V0009, V0010, V0011, V0012, V0013, V0095, V0097, V0145, V0152, V0224, V0233, V0237, V0249, V0276, V0281, Z0

**Details of Coverage**
**Type of Plan:**

Pte Car-Preferred Plan (Comprehensive)

**Excess:**

Section I - Named Drivers S\$ 700.00

Section I - Unnamed Drivers S\$ 1,200.00

Additional Excess for Young, Elderly &amp; Inexperienced Drivers S\$ 3,000.00

Windscreen Excess S\$ 100.00

**Additional Coverage(s):**

Unlimited Windscreen

**Name of Driver(s):**

RAZALI BIN RAZAK

**Basic Premium:**

S\$ 1,652.84

**Discounts:**

No Claim Discount (10%), Other discounts (S\$ 223.13)

**Prevailing GST (7%):**

S\$ 88.51

**Total Premium Payable Inclusive of**

S\$ 1,352.94

**Prevailing GST (7%):**

This Schedule replaces any other Schedule. This Schedule and Policy are to be read together as one contract. Persons or classes of persons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Date: 01 Oct 2020 17:59

For and on behalf of

**LIBERTY INSURANCE PTE LTD**

A1260-2/B2BAAMT/ST/2020/01-18-Oct-2021/MotorPolicyNonFleet/v1.0

## Enquire Vehicle Transfer Fee

### Vehicle Details

Vehicle No.  
**SJK1661J**

Make / Model  
**HONDA / STREAM 1.8 A**

Vehicle Type :  
**P11 - Passenger Station Wagon/Jeep/Land Rover**

Vehicle Attachment 1 :  
**No Attachment**

Vehicle Scheme :  
**Normal**

Chassis No. :  
**RN61053488**

Propellant :  
**Petrol**

Engine No. :  
**R18A1759921**

Motor No. :  
**-**

Engine Capacity :  
**1799 cc**

Power Rating :  
**-**

Maximum Power Output :  
**103.0 kW (138 bhp)**

Maximum Laden Weight :  
**1735 kg**

Unladen Weight :  
**1350 kg**

Year Of Manufacture :  
**2007**

Original Registration Date :

**08 Oct 2008**

Lifespan Expiry Date :

-

COE Category :

**E - Open Category**

PQP Paid :

**\$33,377.00**

COE Expiry Date :

**30 Sep 2028**

Road Tax Expiry Date :

**07 Apr 2021**

PARF Eligibility Expiry Date :

-

Inspection Due Date :

**07 Oct 2021**

Intended Transfer Date :

**10 Dec 2020**

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

HC Emission :

-

NOx Emission :

-

PM Emission :

-

## Fees To Be Paid For Transfer

Transfer Fees

\$25.00

Print

OK →

Save as PDF

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