

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

SM0921300007

Date In: 13/03/2021 15:24	Job description	Date & Time Completed	Done by
Ref No: NA/LIP2003310/Y	SAS e-filing		
Veh No: 570 Y210X	E-mail (within 3hrs, AIC 3hrs)		
D.O.A : 12/03/2021 15:00	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: Vch No: SLU5832E INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

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

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

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

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Amf (\$)	Amc (\$)
		Fit Bill	Add Bill
NA2101918	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
at 1:	Invoice dated	Fee Charged	
at 2 / 3:	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 13/03/2021 15:24 (SGT)
Date of Accident 12/03/2021 15:00 (SGT)
Exact Location of Accident Balestier Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ4310X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner H & H RENTAL & LEASING PTE LTD
Company Reg No 2XXXXX965Z
Email Address tock1436@gmail.com
Mobile Phone No (Phone) +65-92950762
Alternative Phone No +65-92950762

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V03634/VPZ/R00
Cover Note Number -

DRIVER

Name of Driver CHONG CHIAU TOCK (ZHANG CHAOZHUO)
NRIC No SXXXX527Z
Date Of Birth 27/06/1965
Occupation Outdoor

Date Of Driving Pass 12/12/1988
 Driving experience 32 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-92950762
 Alt. Phone Number -
 Email Address tock1436@gmail.com
 Address BLK 417A FERNVALE LINK #06-176
 Address complement -
 Postcode 791417
 Is the driver the policyholder? No
 If No, Relationship of the Driver with the Insured Hirer
 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 - Head to Rear
 Weather Conditions Raining
 Road Surface Wet

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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name UNKNOWN
 Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Ang Mo Kio South Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004519999
 Alt. Police Station Phone No (Fax) +65-65535679
 Police Station Address 81 Ang Mo Kio Ave 3 Singapore 569929
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210312/2095

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 SLU5832E
 Vehicle Manufacturer Toyota
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR OOI
Contact Number	(Phone) +65-92731734
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	CHONG CHIAU TOCK (ZHANG CHAOZHUO)
Address	BLK 417A FERNNVALE LINK #06-176
Address Complement	-
Post Code	791417
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJQ4310X
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.



[Handwritten Signature]
13/03/21 12:10

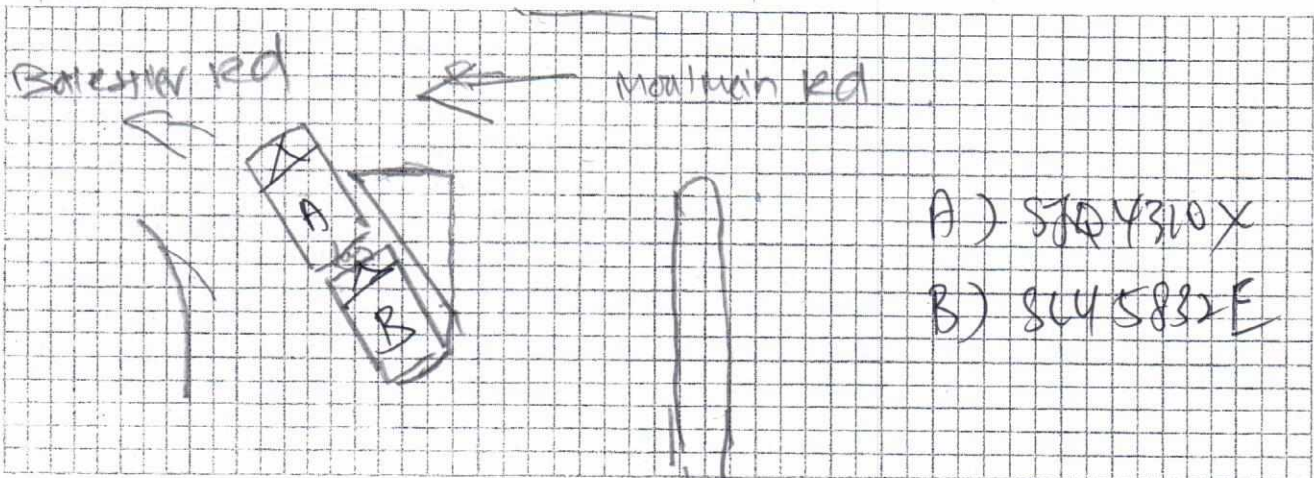
[Handwritten Signature]
13/03/2021

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

REFER TO POLICE REPORT 7/20210312/2095

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

13/03/21 12:10

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

[Handwritten Signature]
13/03/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (12/03/21) (DD/MM/YYYY), TIME: (3:50) (HH:MM)

LOCATION: Balkester Rd x Neulmeir Rd Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ04310 X
b) INSURANCE COMPANY: UBACOM
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Sending passenger to golden mile complex
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: H H KUMAR (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHAIK CHAI TOCK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 92950762
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

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: Ang Mo Kio

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLY5832E MODEL: toyota
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = tock1436@gmail.com

fax =

video =

* No of passenger
(including driver)
2

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

1 mark box



**SINGAPORE
POLICE FORCE**



T/20210312/2095

1 of 3

Report No. T/20210312/2095

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/03/2021 18:31	Vide Report No.:	Station Diary No.: 111
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Informant's Particulars			
Name of Informant: CHONG CHIAU TOCK		Address: APT BLK 417A FERNSVALE LINK #06-176 SINGAPORE 791417	
ID Type / ID No.: NRIC NO / S1689527Z		Contact No.:	Mobile: 92950762
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 27/06/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Private Hire Driver		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/03/2021 15:00	Type of Location: Bend
Location: BALESTIER ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving vehicle and stationary vehicle - Head to Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ4310X	Car	TOYOTA	COROLLA AXIO 1.5X A	Silver	Slightly Damaged	1
SLU5832E	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver	Slightly Damaged	0

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



Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20210312/2095

CONTINUATION OF REPORT

Driver			
Name	CHONG CHIAU TOCK	ID No.	S1689527Z
Related Vehicle	SJQ4310X (Car)	Contact No.	92950762
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	12/03/2021	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	MR OOI	ID No.	NIL
Related Vehicle	NIL	Contact No.	92731734
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/03/2021 at about 1500 hours, I was driving my vehicle bearing plate number SJQ4310X along Balestier Road and was making a left discretionary turn on the first lane of the two-lane turning towards Balestier Road, when I came to a stop at the stop line as there was oncoming traffic. I was carrying a male passenger at that point of time. While I was stationary and waiting for the traffic to clear, I suddenly felt an impact on the rear of my vehicle. I then discovered that another vehicle bearing plate number SLU5832E had collided into the rear of my vehicle.

As a result of the collision, my vehicle suffered slight damages and I had felt pain in my neck and back bone. There was no police or ambulance at the scene. Subsequently, I went for a doctor's consultation at Mount Alvernia Hospital and was given 5 days medical leave. I wish to state that I have an in-car camera but it was not working when the collision happened.



SINGAPORE POLICE FORCE



T/20210312/2095

3 of 3

Report No. T/20210312/2095

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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:

F /
Sgt 2 CHERYLYN GOH ZHI HUI

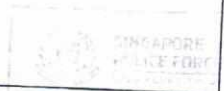
Signature Of Informant:

Date/Time:
12/03/2021 18:31

Signature Of Interpreter:
Not applicable

Classification Of Case:

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414



SN 75

Authentication Stamp
NP168

SIGNATURE



H & H RENTAL & LEASING PTE LTD

61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898

Tel : 6743 3291

Fax : 6743 3530

ROC No. 201703965Z

GST No.: 201703965Z

RENTAL & LEASING AGREEMENT NO.: HHPL-2021-011

DATE: 15th January 2021

Schedule

This is a Rental Agreement made between us, **H&H Rental & Leasing Pte Ltd (RB No. 201703965Z)** (hereinafter referred to as "**the Company**") which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL): Chong Chiau Tock

NRIC/PASSPORT/RC/RB NO. : S1689527Z

ADDRESS : Block 417A, Fernvale Link, #06-176, Singaore 791417.

TELEPHONE : Hp: 92950762

PERSON IN CHARGE : Eng Li Hwee Josephine

NAME OF DRIVER(S) (IN FULL) : Chong Chiau Tock

NRIC/PASSPORT NO. : S1689527Z

DATE OF BIRTH : 27th Jun 1965

DRIVING LICENCE NO : S1689527Z

ISSUE / EXPIRY DATE : 22nd Aug 2003 **Pass Date:** 12th Dec 1988 - **PDVL Date:** 7th Jun 2001

COUNTRY OF ISSUE : SINGAPORE

tock1436@gmail.com

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO. : SJQ 4310 X

MAKE / MODEL : Toyota Axio 1.5 A

COLOUR : Silver

ENGINE NO: 1NZD425462

CHASSIS NO. : NZE141620858

TYPE. : PASSENGER

Date, Time and Mileage for Collection: 15th January 2021 (date) 2:45pm hrs (time) _____ (mileage)

Date, Time and Mileage for Return: 17 14th June 2021 (date) _____ hrs (time) _____ (mileage)

Petrol Out : Empty / 1/4 tank / 1/2 tank / 3/4 tank / Full*

(Vehicle must be returned with same level of petrol)

Maximum Mileage : _____ km per day/week/month*

* delete where inapplicable

2. PERIOD OF LEASE

From 15th January 2021 ("Commencement Date") to 14th June 2021 ("Lease Period").

3. LEASE CHARGES

Amount: \$1,280.00 per day excluding GST payable in advance on Commencement Date.

Total amt with GST: \$1,369.60

4. DEPOSIT

Amount: \$300.00 Paynow on 15/1/2021





H & H RENTAL & LEASING PTE LTD

61 Ubi Avenue 2 #04-12 Automobile Megamart Singapore 408898

Tel : 6743 3291

Fax : 6743 3530

ROC No. 201703965Z

GST No.: 201703965Z

5. INSURANCE, ROAD TAX AND MAINTENANCE

You as the Hirer shall be solely liable and responsible for all ~~insurance, road tax, maintenance, servicing and other charges, costs, expenses and damages caused~~ relating to the use of the Vehicle.

6. EARLY TERMINATION

You shall be liable to our clients for early termination as provided under the Terms and Conditions annexed hereto.

7. PAYMENT

For cheque payments, please issue the cheque to the Company "H & H Rental & Leasing Pte Ltd" and indicate the vehicle number on the back of the cheque. The cheques must be delivered to the Company's registered address as stated above and any payment sent to the Company by post will be at your own risk.

For Bank account Transfer Payment, please send to our **DBS Bank, account number: 104-902080-0**

For **PAYNOW** transfer please key in our Entity Number (UEN): **201703965ZDBS**

The Agreement herein comprises the Schedule above and the Terms and Conditions annexed hereto. The Hirer confirms that he has read, understood and agreed to the terms of this Agreement.

IN WITNESS whereof the Parties hereto have set their hands the day and the year first above written.

NOTE: Accident Excess: S\$3,500.00

Signed by the Hirer

Name: **Chong Chiau Tock**
Designation: N.A
Company Stamp:

Signed for and on behalf of
H&H Rental & Leasing Pte Ltd



Name: **Josephine Eng**
Designation: **Manager**
Company Stamp:

> Back to OneMotoring

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SJQ4310X

Make / Model
TOYOTA / COROLLA AXIO 1.5X A

Vehicle Type :
Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover

Vehicle Attachment 1 :
No Attachment

Vehicle Scheme :
Normal

Chassis No. :
NZE1416120858

Propellant :
Petrol

Engine No. :
1NZD425462

Motor No. :
-

Engine Capacity :
1496 cc

Power Rating :
-

Maximum Power Output :
81.0 kW (108 bhp)

Maximum Laden Weight :

1405 kg

Unladen Weight :

1130 kg

Year Of Manufacture :

2009

Original Registration Date :

12 May 2009

Lifespan Expiry Date :

-

COE Category :

E - Open Category

PQP Paid :

\$13,088.00

COE Expiry Date :

30 Apr 2024

Road Tax Expiry Date :

11 May 2021

PARF Eligibility Expiry Date :

-

Inspection Due Date :

11 May 2021

Intended Transfer Date :

19 Jan 2021

CO2 Emission :

-

CEV/VES Rebate Utilised Amount :

-

CO Emission :

-

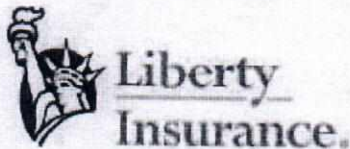
HC Emission :

-

NOx Emission :

-

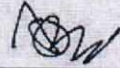
PM Emission :



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
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD20V03634 /VPZ /R00
Form	MZ406C
Date Of Issue	27-MAR-2020
1.Index Mark and Registration No. of Vehicle:	SJQ4310X
2.Chassis number of Vehicle:	NZE1416120858
3.Name of Policyholder:	H & H RENTAL & LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	28-MAR-2020 00:00 AM
5.Date of Expiry of Insurance:	27-MAR-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 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.	
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, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$2000, Section II S\$1500, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	
PRODUCER NAME:	SC ALLIANCE PTE LTD

PLYWI-/27-MAR-20

S1_CL_T1_T3_OE_Template2-Ver1.

27-MAR-20