

NATIONAL Assessment Centre Services

Date In: 13/09/21	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/LIP21009603/13			
Veh No: GBC7503E	E-mail (within 8hrs, Alt: 2hrs)		
D.O.A: 10/09/21 1930	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: PC76174	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

NA2103945	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
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) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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		
	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	13/09/2021 19:19 (SGT)
Date of Accident	10/09/2021 19:30 (SGT)
Exact Location of Accident	Kian Teck Dr, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7503E
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	YJ WATERPROOFING PTE LTD
Company Reg No	1XXXXX462E
Email Address	subujali875@gmail.com
Mobile Phone No	(Phone) +65-62556880
Alternative Phone No	(Office) +65-62556880

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	CANTER FEA01BR1SDEB
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
Transmission	Manual
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V09658/VCV/R00
Cover Note Number	-

DRIVER

Name of Driver	ALI MOHAMMAD SABUJ
Passport No/FIN	GXXXX156U

Date Of Birth	19/12/1992
Occupation	Outdoor
Date Of Driving Pass	22/06/2021
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90140179
Alt. Phone Number	-
Email Address	subujali875@gmail.com
Address	26 KIAN TECK AVE
Address complement	KIAN TECK DORMITORY
Postcode	628920
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	HOSSAIN MOHAMMAD KAMAL
Gender	Male

PASSENGER 2

Name	KARUPPIAH KARUPPUSAMY
Gender	Male

PASSENGER 3

Name	HAIDER KAWSAR
Gender	Male

PASSENGER 4

Name	SIKDER RAHOM
Gender	Male

PASSENGER 5

Name	ANNAMALAI KALIYA PERUMAL
Gender	Male

PASSENGER 6

Name	HOSSAIN AMIR
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999

Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

(Fax) +65-67912972
No. 2 Jurong West Avenue 5 Singapore 649482
No
-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210910/2129 & T/20210912/2003

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 PC7617U
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
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 ALI MOHAMMAD SABUJ
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? GBC7503E
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person KARUPPIAH KARUPPUSAMY
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT
Injured person in which vehicle? GBC7503E
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 3

Name of injured person SIKDER RAHOM

Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC7503E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 4

Name of injured person	HALDER KAWSAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC7503E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 5

Name of injured person	HOSSAIN MOHAMAD KAMAL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC7503E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 6

Name of injured person	HOSSAIN AMIR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC7503E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 7

Name of injured person	ANNAMALAI KALIYA PERUMAL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBC7503E
Were seat belts worn?	-
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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

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

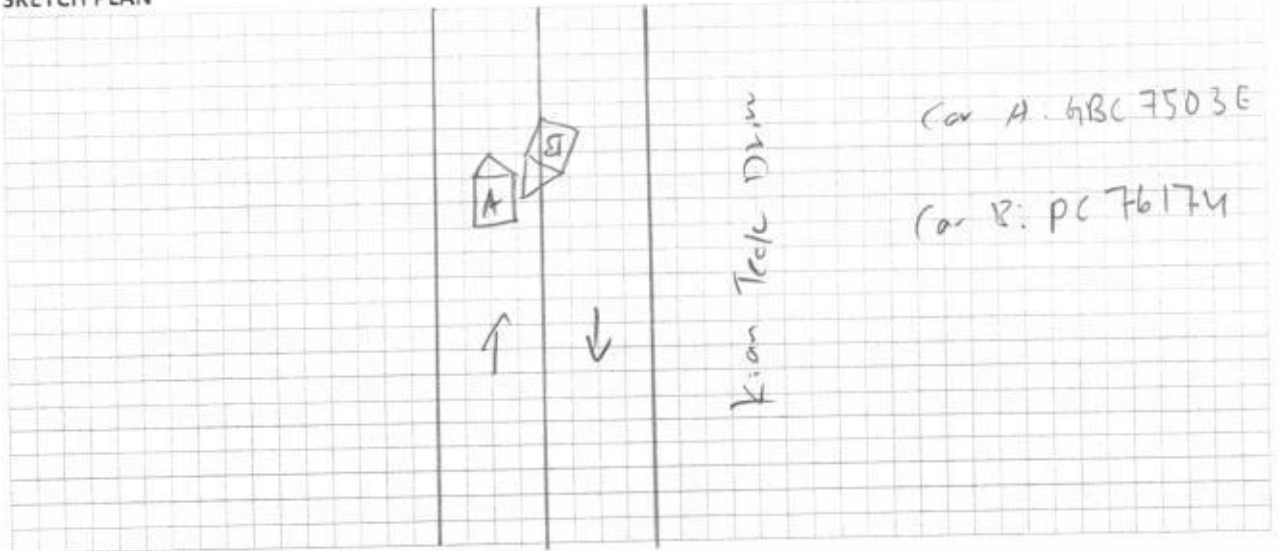


Policyholder's Signature
Date & Time:

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

afym 13/09/21
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report: T/20210910/2129 & T/20210912/2003

DECLARATION

I/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:

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



SINGAPORE POLICE FORCE



T/20210910/2129

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20210910/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2021 23:23		Vide Report No.: J/20210910/0103		Station Diary No.: 112	
Informant's Particulars					
Name of Informant: ALI MOHAMMAD SABUJ			Address: 26 KIAN TECK AVENUE KIAN TECK DORMITORY SINGAPORE 628920		
ID Type / ID No.: FIN NO / G6995156U			Contact No.: Home/Office:		Mobile: 90140179
Nationality: BANGLADESHI			Email:		
Sex: Male	Age: 28	Date of Birth: 19/12/1992	Type of Informant: Driver		
Race: Bangladeshi			Language:		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/09/2021 20:00	Type of Location: Straight Road
Location: KIAN TECK DRIVE				
Lamp Post Number: 07				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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 Passenger
GBC7503E	Lorry	MITSUBISHI	CANTER FEA01BR1S DEB (CBU)	White	Slightly Damaged	6
PC7617U	Van	TOYOTA	HIACE COMMUTER GL 2.8 AUTO	White	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210910/2129

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20210910/2129

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALI MOHAMMAD SABUJ	ID No.	G6995156U
Related Vehicle	GBC7503E (Lorry)	Contact No.	90140179
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	Slight

Brief Details.

On 10/09/2021 at about 1930hrs to 1940hrs I was driving along Kian Teck Drive heading towards Kian Teck Dormitory to drop off 06 worker whom was in my lorry. A van was then driving along the same route from the opposite direction when it suddenly drove into my lane and collided with the right side of my lorry. The van was bearing the following plate number (PC7617U). After the collision, the van reverse and park at the side of the route in the opposite direction. The driver of the van then proceed to take my particulars however I did not asked for his particular as it was my first getting involve in a traffic accident. I had also wanted to call for police however the driver asked of me not to call as he tried to call his boss. Thereafter I notice that one of my worker was in pain hence I called my manager and was advised to called for ambulance first as the worker is injured. After traffic police arrive they had collected the camera video card from me and gave me a form informing what they had taken from me for case investigation.



SINGAPORE
POLICE FORCE



T/20210910/2129

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No: T/20210910/2129

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
J /
Sgt 2 ALVIN LIM JIA MING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE
SAFEGUARDING EVERY ONE

SIGNATURE

Signature Of Informant:

Date/Time:
10/09/2021 23:23

Classification Of Case:



T/20210912/2003

1 of 3

Report No. T/20210912/2003

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 01

Report Number T/20210912/2003

Vide Report Number T/20210910/2129

Date/Time of Report Made 12/09/2021 02:36

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant ALI MOHAMMAD SABUJ

ID Type / ID No. FIN NO / G6995156U

Home/Office

Mobile 90140179

Email sabujali875@gmail.com

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 10/09/2021 20:00

Accident Location KIAN TECK DRIVE

Brief Facts.

I am lodging this report as an amendment to T/20210910/2129. The vehicles involved and the person involved in T/20210910/2129 are true and correct. I would like to add the following to T/20210910/2129 I sought medical attention from Unihealth 24-hr clinic (Jurong East) and was seen by Dr Xie Huizhuang and was given 2 days of MC. The doctor diagnosed my pain in my neck and back as muscle tension. I paid a total of SGD112/-. Out of my 6 passengers, 4 were conveyed to Ng Teng Fong by the ambulance which came to scene. I wish to state that traffic police were at scene.

The workers conveyed are as follows:

Karuppiyah Karuppusamy, G2223619P, h/p 86989583

Sikder Rahom, G6647706T, H/P 98672152

Halder Kawsar, G6535161M, H/P 94390266

Hossain Mohamad Kamal, G8213660L, h/p 85356049

I am not sure what happened to them in the hospital. It was collision between by my lorry's center and the



T/20210912/2003

2 of 3

Report No. T/20210912/2003

Continuation of CSF For NP168

van's front. My lorry was damaged in the middle body region There were some dents in the region of impact. The van suffered severe damages on the bumper. I am not sure of the exact damages of the van. I am not sure of the exact cost of the damages of the lorry and the van. I have photographs of the damages of the van and the lorry. This is the first time such an accident happen to me.



T/20210912/2003

3 of 3

Report No. T/20210912/2003

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MUHAMMAD AFIQ BIN RAHMAT
Classification of Case	1) INJURY / ATTENDED BY POLICE



Ali Mohammad Sabri

Date of Accident : 10/09/2021 Accident Time: 1930 (24-HR-Format)

Accident Place : Kian Teck Drive

Vehicle No. (Car Plate No.) : GBC7503E Make/Model: MITSUBISHI

Insurance Company : Liberty Policy No: SD20V09658/VCV/R00

Owner or Company Name /IC No. : YJ Water Proofing (199408462E)

Owner or Company Contact No. : 6255 6880 Owner's Hp — Company Tel —

DRIVER'S Name / IC No. : Ali Mohammad Sabuj (G69951564)

DRIVER'S Date Of Birth : 19/12/1992 DRIVER'S License Pass Date 22/06/2021

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —

DRIVER'S Address : 26 Kian Teck Ave

DRIVER'S Contact No./ Alt No. : 1) 9014 0179 2) —

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : subujali875@gmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 7

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): Driver & passengers.

Other Party Driver's Particular (if any)

Vehicle No: <u>PC76174</u>	Vehicle No: <u>—</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name Driver: <u>—</u>	Name Driver: <u>—</u>
IC No. Driver/Contact: <u>—</u>	IC No. Driver/Contact: <u>—</u>

*** NEW - Passenger's name & gender:**

6. Hossain Amin / male

1. Hossain Mohammad Kamal / male
2. Karuppian Karuppusamy / male
3. Halder Kausar / male
4. Sikder Rahom / male
5. Anhamalai Kaliva Perumal / male



Liberty
Insurance.




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	SD20V09658 /VCV /R00
Form	MZ300A
Date Of Issue	26-AUG-2020
1.Index Mark and Registration No. of Vehicle:	GBC7503E
2.Chassis number of Vehicle:	FEA01BA00005
3.Name of Policyholder:	YJ WATERPROOFING PTE LTD
4.Effective date of Commencement of Insurance for the purposes of the Act:	14-OCT-2020 00:00 AM
5.Date of Expiry of Insurance:	13-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.	
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 in connection with the Policyholder's business.	
B) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.	
C) Use for social, domestic and pleasure purposes.	
8.The Policy does not cover:	
A) Use for hire or reward or for racing, pace-making, reliability trials or speed-testing.	
B) Use whilst drawing a trailer except the towing or 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, Additional Accessories (Hood SI: \$5,000.00)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I S\$600, Additional Excess - All Claims - Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	UNITED OVERSEAS BANK LIMITED
PRODUCER NAME:	SYNERGY FINANCIAL ADVISERS PTE LTD

PLKH/PLKH/31-AUG-20

S1_CI_T1_T3_OE_Template2-Ver1.

31-AUG-20