

NATIONAL Assessment Centre Services

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 27/05/22 | Job description | Date & Time Completed | Done by |
| Ref No: NA/LIP22005002/13 | SAS e-filing | | |
| Veh No: SJM2564P | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 23/05/22 1400 | 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: BJE/555 | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|--|---|----------------------|----------------------|
| NA2201496 | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
| Claimant's Particulars :- | 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) RT : 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:- | | |
| | 9) QD* | | |
| Driver/Owner: | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$5 | | |
| Contact No: | TP (N11) : TP (Non INC) against INC \$20 | | |
| | 9) N12: Idac Mobile 30 | | |
| Damaged Portion: | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |
| QC Checked by (Engr-In-Charge): | | | |
| Auditors' Comments :- | | | |
| Cat 1: | | | |
| Cat 2 / 3: | | | |

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 | 27/05/2022 09:29 (SGT) |
| Date of Accident | 23/05/2022 14:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | TPE EXIT 2 TWDS CHANGI VILLAGE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJM2564P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | Yes |
| Name Of Registered Owner | TRIBECAR PTE LTD |
| Company Reg No | 2XXXXX563H |
| Email Address | khierthii@rosetilmo.com |
| Mobile Phone No | (Phone) +65-87546554 |
| Alternative Phone No | +65-87546554 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Vios |
| 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 |
| Transmission | Auto |
| CC | 1497 |

INSURANCE COMPANY

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | SD21V08152/VPZ/R00 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|---------------------------------|
| Name of Driver | SYAIFUDDIN EKAPUTRA BIN SJAFRIL |
| NRIC No | SXXXX301B |

| | |
|--|-------------------------|
| Date Of Birth | 11/03/1978 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/11/2007 |
| Driving experience | 14 YEARS AND 6 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-87546554 |
| Alt. Phone Number | - |
| Email Address | khierthii@rosetlimo.com |
| Address | BLK 261C PUNGGOL WAY |
| Address complement | #02-331 |
| Postcode | 823261 |
| 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 | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | Yes |
| 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 vehicle 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 |

FOREIGN VEHICLE 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | BJE1555 |
| Vehicle Category | Commercial vehicle |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Ang Mo Kio Division Headquarters |
| Police Station Phone No | (Phone) +65-18002180000 |
| Alt. Police Station Phone No | (Fax) +65-64814246 |
| Police Station Address | 51 Ang Mo Kio Avenue 9 Singapore 569784 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:F/20220523/7050

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 | BJE1555 |
| Vehicle Manufacturer | - |

| | |
|---|--------------------|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | MISRAN BIN MUDEN |
| Passport No/FIN | 7XXXXXXXXX5547 |
| 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 | SYAIFUDDIN EKAPUTRA BIN SJAFRIL |
| Gender | Male |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | HEAD & SHOULDER |
| Injured person in which vehicle? | SJM2564P |
| 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.

TRIBECAR PTE. LTD.

Co. Reg. No: 201605563H

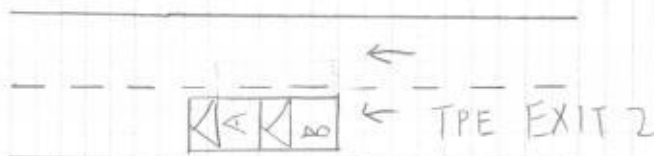
51 Ubi Ave 1 #03-30
Paya Ubi Industrial Park
Singapore 408933

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



A - SJM 2564P

B - BJE 1555

Refer to Police Report.

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



F/20220523/7050

1 of 3

POLICE REPORT (NP299)

Report No. F/20220523/7050

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

| | | | | |
|--|---|---------------------|-----------------------------|---------------|
| Date/Time Report Made 23/05/2022 16:47 | Vide Report No. | Station Diary No. | | |
| Name Of Informant SYAIFUDDIN EKAPUTRA BIN SJAFRIL | Address 261C PUNGGOL WAY #02-331 SINGAPORE 823261 | | | |
| ID Type / ID No. NRIC NO / S7807301B | Contact No. Home/Office: | Mobile: 87546554 | | |
| Nationality SINGAPORE CITIZEN | Email Address DEANGEROUS@LIVE.COM | | | |
| Occupation Local Fish Shop | Sex Male | Age 44 | Date of Birth 11/03/1978 | Race Malay |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 23/05/2022 14:05 | Location Of Incident 261C PUNGGOL WAY #02-331 SINGAPORE 823261 | | | |

Brief details.

On 23/05/2022, about 1400hrs, i was driving out of the TPE exit heading towards Changi Village, it was a slow moving traffic at the current moments. I've stayed in line accordingly, to make the left turn.

I've noticed the Malaysian Lorry behind me was a bit to close to my the car. As the front vehicle if front of me moved & stop, i did so accordingly, that is when the back vehicle, plate # BJE1555 moved & hit the back of the rented TRIBE car, plate #SJM2564P. My head hit of the steering wheel of the car. I came out of the car, with a bit pain on my forehead & asked nicely to the drive, what happen, & saw the damage on Tribe Vehicle. The driver said sorry & asked me to report accordingly.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 23/05/2022 16:47 |
| Officer In-Charge Of Case: | Classification Of Case: |



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220523/7050

He gave me his particulars & i just took a photo of all 3 cards. The driver name is Misran Bin Mudeen. After photo are taken & i scribble down on a pic of paper of how the incident happened, explained to him in Malay, he agreed & sign on it & i gave him my hand phone number. He then asked me for direction to the nearest NPP to make a report for himself. i gave him the directions to Pasir Ris NPP & we drove off accordingly.

This report is TRIBE car purpose & the accident involving with a foreign vehicle.

| Subjects Involved | | | |
|-------------------|---------------------------------|----------|--|
| Suspect | | | |
| Person Name | Misrab Bin Muden | | |
| ID Type | OTHERS / 710715-01-5547 | ID No | 710715-01-5547 |
| Gender | Male | Age | 50-60 |
| Race | Malay | Language | Malay |
| Occupation | Delivery Driver | | |
| Victim | | | |
| Person Name | SYAIFUDDIN EKAPUTRA BIN SJAFRIL | | |
| ID Type | NRIC NO | ID No | S7807301B |
| Gender | Male | Age | 44 |
| Race | Malay | Language | English |
| Occupation | Local Fish Shop | Address | 261C PUNGGOL WAY #02-331 SINGAPORE 823261 |

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
23/05/2022 16:47

Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20220523/7050

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220523/7050

| | | | |
|-------------|---|---------------------------|-----|
| Mobile No | 87546554 | Is Informant A Victim? | Yes |
| | | | |
| Person Name | SYAIFUDDIN EKAPUTRA BIN SJAFRIL (Informant) | | |
| | | | |

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this
report has been authenticated by Singpass.
No signature is required.

Date/Time:
23/05/2022 16:47

Classification Of Case:

SINGAPORE ACCIDENT STATEMENT

26/05/22

C1 ✓

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

| | | |
|----------------------------|----------------------------------|------------|
| Date of accident | 23/05/22 | (DD/MM/YY) |
| Time of accident | 1400 | (HH:MM) |
| Exact location of accident | TPE EXIT 2 toward Changi village | |

DETAILS OF VEHICLE

| | | | |
|--|--|---|---|
| Vehicle registration number | SJM 2564P | | |
| Vehicle make and model | TOYOTA | | |
| Type of vehicle | Saloon <input checked="" type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input checked="" type="checkbox"/> | Commercial <input type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | if no, please select: |
| | Third part claim <input checked="" type="checkbox"/> | Reporting only <input type="checkbox"/> | |

INSURANCE INFORMATION

| | | | |
|-------------------|--|---|----------------------------------|
| Insurance company | LIBERTY | | |
| Policy number | | | |
| Type of policy | Comprehensive <input type="checkbox"/> | Third party fire & theft <input type="checkbox"/> | TP only <input type="checkbox"/> |

INSURED / POLICY HOLDER

| | | | |
|------------------------------|--------------------------|-------------------------------|---------------------------------|
| Name | Tribecar Pte Ltd | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | | |
| Contact | | | |
| Address | lchierthii@vasetlimo.com | | |

DRIVER

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

| | | | |
|------------------------------|---|--|---------------------------------|
| Name | SYAIFUDDIN EKAPUTRA BIN SJAFRIL | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | 57807301B | | |
| Contact | 8754 6554 | | |
| Address | Blk 261C Punggol way #02-331 | S(823261) | |
| Email address | deangerous@live.com | | |
| Date of birth | 11-03-1978 | | |
| Occupation | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> | | |
| Driving date pass | 15/11/2007 | | |

| GENERAL INFORMATION OF THE ACCIDENT | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, relationship of the driver and insured: <u>Hirer</u> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | 1 (Inclusive of driver) |

| PASSENGER 1 | |
|-------------|--|
| Name | SYAIFUDIN EKAPUTRA BIN SJAFRIL |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 2 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 3 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 4 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 5 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PASSENGER 6 | |
|-------------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| OTHER INFORMATION | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

| DETAILS OF POLICE STATION ACTION | |
|----------------------------------|--|
| Reported to police? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name | |

| WITNESS 1 | |
|-----------|--|
| Name | |

| WITNESS 2 | |
|-----------|--|
| Name | |

| THIRD PARTY VEHICLE 1 | |
|------------------------------|------------------|
| Vehicle registration number | BJE 1555 |
| Vehicle make model | |
| Name | MISRAH BIN MVDEN |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 2 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 3 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 4 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 5 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 6 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| THIRD PARTY VEHICLE 7 | |
|------------------------------|--|
| Vehicle registration number | |
| Vehicle make model | |
| Name | |
| NRIC / Fin / Passport number | |
| Contact | |

| INJURED PERSON 1 | |
|--|---|
| Name | SYAIFUDDIN EKAPUTRA BIN SJAFRIL |
| Injuries sustained | Head and shoulder shoulder injuries |
| Which vehicle person in? | SJM 2564P |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| INJURED PERSON 2 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 3 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 4 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 5 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| INJURED PERSON 6 | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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
ROAD TRANSPORT (AMENDMENT) ACT 2019
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

| | |
|---|--|
| Certificate No | SD21V08152 /VPZ /R00 |
| Form | MZ406 |
| Date Of Issue | 24-NOV-2021 |
| 1.Index Mark and Registration No. of Vehicle: | SJM2564P |
| 2.Chassis number of Vehicle: | MR053HY9305084194 |
| 3.Name of Policyholder: | TRIBECAR PTE LTD |
| 4.Effective date of Commencement of Insurance for the purpose of the Act: | 01-NOV-2021 00:00 AM |
| 5.Date of Expiry of Insurance: | 26-MAY-2022 23:59 PM |
| 6.Persons or Classes of Persons entitled to drive*: | <p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p> |
| 7.Limitations as to use*: | <p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> |
| 8.Policy does not cover: | <p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p> <p>*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.</p> |
| <p>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.</p> | |
| <p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <hr style="width: 20%; margin-left: auto;"/> <p>Authorised Signature</p> | |
| <p>For Information only:</p> <p>COVERAGE : Third Party Only</p> <p>SUM INSURED:</p> <p>EXCESS: Refer Memorandum - Section II S\$2000</p> <p>FINANCE COMPANY:</p> <p>PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD</p> | |

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