

|                                      |                   |                   |           |                         |  |                    |          |
|--------------------------------------|-------------------|-------------------|-----------|-------------------------|--|--------------------|----------|
| <b>INDIA INT'L INSURANCE PTE LTD</b> |                   | <b>NAME :</b>     |           | <b>WIP :</b>            |  | 32399              |          |
| 64 CECIL STREET #04-05               |                   | <b>ADDRESS :</b>  |           | <b>EXCESS :</b>         |  |                    |          |
| IOB BUILDING                         |                   |                   |           | <b>DATE:</b>            |  | 25-Jun-22          |          |
| SINGAPORE 049711                     |                   | <b>TEL :</b>      |           |                         |  |                    |          |
| <b>ATTN. :</b> MOTOR CLAIMS          |                   |                   |           |                         |  |                    |          |
| <b>FAX :</b>                         |                   |                   |           |                         |  |                    |          |
| <b>VEH NO :</b>                      | <b>SMH81U</b>     | <b>DATE IN :</b>  |           | <b>CONTACT PERSON :</b> |  | <b>JOB:</b>        | 63310682 |
| <b>CHASSIS NO :</b>                  | WP1ZZZ95ZKLB21026 | <b>MILEAGE :</b>  |           | <b>TYPE OF CLAIM :</b>  |  | <b>THIRD PARTY</b> |          |
| <b>MODEL :</b>                       | Macan S           | <b>DATE REG.:</b> | 23-Aug-19 | <b>POLICY NO. :</b>     |  |                    |          |

| <b>NATURE OF WORKS</b>  |  |   |                     |     |     |      |         |             |
|-------------------------|--|---|---------------------|-----|-----|------|---------|-------------|
| S/NO                    | Parts Description                        |   |                     | QTY | 1ST | SUPP | REVISED | PRICES      |
| 1                       | REAR BUMPER                              | 1 | P95B-807-417-L -G2X |     |     |      |         | \$ 1,155.80 |
| 2                       | SESOR GASKET                             | 4 | P5Q0-919-133- -9B9  |     |     |      |         | \$ 13.20    |
| 3                       | WHEEL COVER FLAP LH                      | 1 | P95B-853-827-A -1E0 |     |     |      |         | \$ 50.90    |
| 4                       | EXPANSION RIVET                          | 8 | PPAF-038-549- -     |     |     |      |         | \$ 4.80     |
| 5                       | EXPANDER NUT                             | 4 | PN -908-214-01-     |     |     |      |         | \$ 9.20     |
| 6                       | REAR DOOR LH                             | 1 | P95B-833-021-B -GRV |     |     |      |         | \$ 2,203.40 |
| 7                       | DOOR CHECKER                             | 1 | PPAC-839-249- -     |     |     |      |         | \$ 113.40   |
| 8                       | HEXAGON SOCKET HEAD BOLT                 | 2 | PWHT-003-237- -     |     |     |      |         | \$ 3.80     |
| 9                       | COMBINATION SCREW                        | 1 | PWHT-003-497- -     |     |     |      |         | \$ 2.50     |
| 10                      | DOOR SEAL OUTER LH                       | 1 | P95B-839-911- -     |     |     |      |         | \$ 248.60   |
| 11                      | DOOR SEAL C -PILLAR                      | 1 | P95B-839-761-B -    |     |     |      |         | \$ 190.80   |
| 12                      | GASKET                                   | 4 | P999-911-659-40-    |     |     |      |         | \$ 5.20     |
| 13                      | STOPPER                                  | 2 | P191-971-908- -     |     |     |      |         | \$ 14.80    |
| 14                      | INSULATION                               | 1 | P970-556-543-00-    |     |     |      |         | \$ 10.90    |
| 15                      | CLIP                                     | 6 | P8K0-837-199- -     |     |     |      |         | \$ 6.60     |
| 16                      | P958-537-437-40-/(WH17) ADHESIVE TAPE DO | 1 | PV04-015-800-B -    |     |     |      |         | \$ 132.40   |
| 17                      | COMBINATION SCREW (WH03)                 | 2 | PWHT-003-688- -     |     |     |      |         | \$ 6.20     |
| 18                      | SCREW                                    | 6 | PWHT-002-250- -     |     |     |      |         | \$ 7.80     |
| 19                      | CAVITY PRESERVATION (AKA3)               | 1 | PV04-015-001-AG-    |     |     |      |         | \$ 72.40    |
| 20                      | P000-043-207-67-/SEALANT (W736)          | 1 | P000-043-305-32-    |     |     |      |         | \$ 67.20    |
| 21                      | REAR DOOR LOWER TRIM GARNISH             | 1 | P95B-898-565- -OK1  |     |     |      |         | \$ 586.70   |
| 22                      | REPAIR KIT                               | 1 | P95B-898-633- -     |     |     |      |         | \$ 113.10   |
| 23                      | ALLOY WHEEL TITANIUM                     | 1 | P95B-601-025-DM-OC6 |     |     |      |         | \$ 4,305.20 |
| 24                      |  | 0 | 0                   |     |     |      |         | \$ -        |
|                         |  |   |                     |     |     |      |         |             |
| <b>TOTAL PARTS</b>      |  |   |                     |     |     |      |         | \$ 9,324.90 |
|                         |  |   |                     |     |     |      |         | \$ -        |
| <b>TOTAL PARTS COST</b> |  |   |                     |     |     |      |         | \$ 9,324.90 |

| <b>SUPPLEMENTARY</b> |             |     |          |     |      |         |        |
|----------------------|-------------|-----|----------|-----|------|---------|--------|
| NO                   | DESCRIPTION | QTY | PARTS NO | 1st | Supp | REVISED | PRICES |
| 1                    |             |     |          |     |      |         |        |
| 2                    |             |     |          |     |      |         |        |
| 3                    |             |     |          |     |      |         |        |

|    | Labour Description  |  |  |      |             |
|----|---|--|--|------|-------------|
| 1  | TO REMOVE /REPLACE REAR BUMPER, REAR DOOR LH & ALL ACCIDENT DAMAGED BODY PARTS. TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. |  |  |      | \$ 4,680.00 |
| 2  | TO RESPRAY REAR BUMPER, REAR DOOR LH .  |  |  |      | \$ 2,600.00 |
| 3  | TO CARRY-OUT BODY CAVITY PRESERVATION.  |  |  |      | \$ 250.00   |
| 4  | TO MOUNT 1 PC SPORT RIM AND CONDUCT WHEEL BALANCING.  |  |  | NETT | \$ 120.00   |
| 5  | TO CHECK STEERING GEOMETRY & CONDUCT FULL WHEEL ALIGNMENT.  |  |  | NETT | \$ 680.00   |
| 6  | TO TRANSFER THE REAR DOOR LH MECHANISM.   |  |  | NETT | \$ 780.00   |
| 7  | TO INSTALL THE BODY WRAP PROTECTION STICKER. (PRICE TO BE ADVISE)   |  |  | NETT |             |
| 8  | TO TRANSFER THE REVERSE SENSORS.  |  |  |      | \$ 300.00   |
| 9  | TO APPLY SPECIAL CERAMIC COATING. (PRICE TO BE ADVISE)  |  |  | NETT |             |
| 10 | TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.  |  |  |      | \$ 250.00   |
| 11 | TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.   |  |  | NETT | \$ 600.00   |
| 12 | SUNDRIES.   |  |  | NETT | \$ 50.00    |

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.

TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

|                    |  |      |              |
|--------------------|--|------|--------------|
| TOTAL LABOUR       |  | \$ - | \$ 10,310.00 |
| TOTAL PARTS        |  | \$ - | \$ 9,324.90  |
| TOTAL              |  | \$ - | \$ 19,634.90 |
| LESS EXCESS        |  | \$ - | \$ -         |
| TOTAL AFTER EXCESS |  | \$ - | \$ 19,634.90 |
| GST 7%             |  | \$ - | \$ 1,374.44  |
| GRAND TOTAL        |  | \$ - | \$ 21,009.34 |

**EUROKARS AUTO PTE LTD**

Authorised Signature

## 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              | 24/06/2022 09:04 (SGT) |
| Reported by                     | Both                   |
| Date of Accident                | 23/06/2022 06:55 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | 10 SINARAN DRIVE       |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

|                             |        |
|-----------------------------|--------|
| Vehicle Registration Number | SMH81U |
|-----------------------------|--------|

#### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | CHONG WENG WAH ROLAND |
| NRIC No                  | SXXXX675A             |
| Email Address            | WENDYFUN@GMAIL.COM    |
| Mobile Phone No          | (Phone) +65-81256186  |
| Alternative Phone No     |                       |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Porsche                   |
| Model  | Macan                     |
| Variant  | -                         |
| Exact purpose for which vehicle was being used at time of accident           | -                         |
| Are you claiming under your own insurance policy for repair to your vehicle? | No - Claiming third party |
| Vehicle Category   | Private car               |
| Transmission   | Auto                      |
| CC   | 2995                      |

#### INSURANCE COMPANY

|                                   |                           |
|-----------------------------------|---------------------------|
| Name of Insurance Company         | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | -                         |

#### DRIVER

|                |                       |
|----------------|-----------------------|
| Name of Driver | CHONG WENG WAH ROLAND |
| NRIC No        | SXXXX675A             |
| Date Of Birth  | 28/03/1977            |
| Occupation     | Indoor                |

|  |                       |
|--|-----------------------|
| Date Of Driving Pass   | 11/03/1996            |
| Driving experience   | 26 YEARS AND 3 MONTHS |
| Gender   | Female                |
| Mobile Number  | (Phone) +65-81256186  |
| Alt. Phone Number  |                       |
| Email Address  | WENDYFUN@GMAIL.COM    |
| Address  | 307 East Coast Road   |
| Address complement   |                       |
| Postcode   | 428995                |
| Is the driver the policyholder?                              | Yes                   |
| If No, Relationship of the Driver with the Insured           |                       |
| 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 - Major/Minor Rd |
| 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 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  |
| Translator's name   |     |
| Translator's ID   |     |
| Translator's phone number   |     |
| Translator's email  |     |
| Original language used in the statement   |     |

#### DETAILS OF POLICE ACTION

|   |                                       |
|---|---------------------------------------|
| Was the accident reported to the police?  | Yes                                   |
| Police Station Name                       | Tanglin Division Headquarters         |
| Police Station Phone No                   | (Phone) +65-18003910000               |
| Alt. Police Station Phone No              | (Fax) +65-63964900                    |
| Police Station Address                    | 21 Kampong Java Road Singapore 228892 |
| Was notice of intended Prosecution given? | No                                    |
| If yes, against whom?                     |                                       |

#### CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE ATTACHED POLICE REPORT.

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | Yes |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SND5080Z |
| Vehicle Manufacturer        |          |
| Vehicle Model               |          |
| Vehicle Variant             |          |

|   |             |
|---|-------------|
| Vehicle Colour                          |             |
| Vehicle Category                        | Private car |
| 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                              | FUN LI-LING, WENDY |
| Gender  |                    |
| Phone No  |                    |
| Address   |                    |
| Address Complement                                  |                    |
| Post Code   |                    |
| Approximate Age Years Old                           |                    |
| Injuries Sustained                                  |                    |
| Injured person in which vehicle?                    | SMH81U             |
| Were seat belts worn?                               |                    |
| Was this injured conveyed to hospital by ambulance? |                    |


## SKETCH PLAN


### IMPORTANT NOTICE

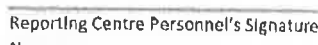
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

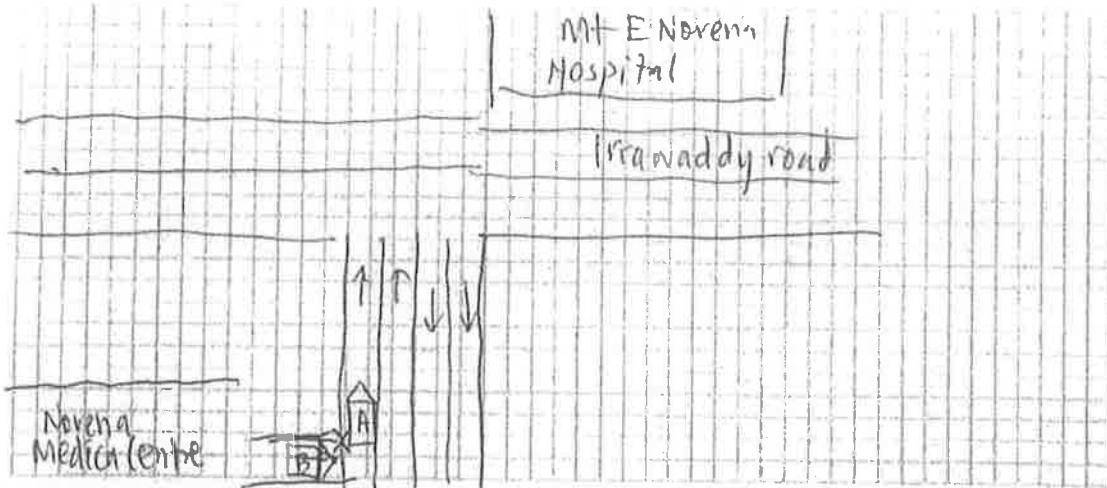
  
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 23/6/22

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

1520h.

# SKETCH PLAN



A:SMH814  
B:SND5080Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

About 7.00 - 0705 am this morning I was travelling down Sinaran Drive towards Irrawaddy Road (to Mount Elizabeth Novena Hospital) my black Macan S (SMH814) was hit by a Toyota Sienta (Grab) (SND5080Z). The driver came out from the side road (after drop off point to Novena Medical Centre Lobby driveway) and hit the left side rear door, left rear wheel and corner of left bumper. Noticed that the driver's car (SND5080Z) front bumper was dislodged and his number plate fell off onto the road.

After the incident I suffered left sided neck and shoulder pain. I went to see an orthopaedic doctor and was given 5 days of MC and painkillers.

## 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: 23/6/22

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

1520h



**SINGAPORE  
POLICE FORCE**



E/20220623/7051

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20220623/7051

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

|  |  |                   |
|--|--|-------------------|
| Date/Time Report Made<br>23/06/2022 21:04                    | Vide Report No.  | Station Diary No. |
| Name Of Informant<br>FUN LI-LING, WENDY                      | Address<br>307 EAST COAST ROAD SINGAPORE 428955                                    |                   |
| ID Type / ID No.<br>NRIC NO / S7709508Z                      | Contact No.<br>Home/Office: Mobile:<br>81256186                                    |                   |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address<br>WENDYFUN@GMAIL.COM  |                   |
| Occupation<br>Anaesthesiologist                              | Sex<br>Female  | Age<br>45         |
| Institution/School Name                                      | Date of Birth<br>28/03/1977  | Race<br>Chinese   |
| Date/Time Of Incident<br>23/06/2022 06:55 - 23/06/2022 07:00 | Location Of Incident<br>10 SINARAN DRIVE NOVENA MEDICAL CENTRE<br>SINGAPORE 307506 |                   |

**Brief details.**

About 6.55 to 7.00am this morning I was driving my car (black Macan S car plate SMH81U) down Sinaran Drive towards Irrawaddy Road to work at Mount Elizabeth Novena Hospital. After I moved off from the red light next to Oasia Hotel a blue coloured Toyota Private Hire car (SND 5080Z) suddenly came out from the Novena Medical Centre driveway exit, I tried to avoid him by moving into the other lane but it was too sudden and my car was hit on the rear of my left passenger door, left wheel and rims and left corner of my bumper. After the incident we stopped to exchange details (driver Billy James Tan S1823979E Hp 86603079) and he remarked that he did not see my car as he was trying to avoid the 2

|  |  |
|--|--|
| Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant:<br>The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter:<br>Not applicable                  | Date/Time:<br>23/06/2022 21:04   |
| Officer In-Charge Of Case:                                   | Classification Of Case:  |





**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. E/20220623/7051

motorcyclists parked at the road exit. The blue Toyota (SND5080Z) front bumper was dislodged and his number plate and plate holder fell off onto the road.

The road had no other cars, traffic was clear. The sky was clear and it was not raining at that time. There were 2 motorcyclists at the exit of the slip road who witnessed the event but they rode off before I could get their contact details. I was alone in the car with no other passengers.

After the incident I suffered left sided neck and shoulder pain. I went to see an orthopaedic doctor and was given 5 days of medical leave and painkillers. I have also reported the incident to my car service advisors (Eurokars Aftersales Centre at 27A Tanjong Penjuru S609042 Mr Keion Toh Tel: 63310726) and to my insurance (Liberty).

| Subjects Involved |                                |                           |   |
|-------------------|--------------------------------|---------------------------|---|
| Victim            |                                |                           |   |
| Person Name       | FUN LI-LING, WENDY             |                           |   |
| ID Type           | NRIC NO                        | ID No                     | S7709508Z                               |
| Gender            | Female                         | Age                       | 45                                      |
| Race              | Chinese                        | Language                  | English                                 |
| Occupation        | Anaesthesiologist              | Address                   | 307 EAST COAST ROAD<br>SINGAPORE 428955 |
| Mobile No         | 81256186                       | Is Informant A<br>Victim? | Yes                                     |
|                   |                                |                           |   |
| Person Name       | FUN LI-LING, WENDY (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:  
23/06/2022 21:04

Classification Of Case:



Liberty Insurance Pte Ltd  
Registration no.199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611  
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  
ROAD TRANSPORT (AMENDMENT) ACT 2019  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

|   |  |
|---|--|
| Certificate No  | SD21V10265 /VPSR /R00  |
| Form  | MX1  |
| Date of Issue   | 12-JUL-2021  |
| 1.Index Mark and Registration No. of Vehicle:   | SMH81U   |
| 2.Chassis number of Vehicle:  | WP1ZZZ95ZKLB21026  |
| 3.Name of Policyholder:   | CHONG WENG WAH ROLAND  |
| 4.Effective date of Commencement of Insurance for the purposes of the Act:  | 23-AUG-2021 00:00 AM   |
| 5.Date of Expiry of Insurance:  | 22-AUG-2022 23:59 PM   |
| 6.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 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*:   |  |
| Use only for social, domestic and pleasure purposes and for the Policyholder's business.  |  |
| 8.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) 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<br><b>LIBERTY INSURANCE PTE LTD</b><br>Approved Insurers   |  |
|    |  |
| Authorised Signatory  |  |
| <b>For Information only:</b>  |  |
| COVERAGE :  | Comprehensive - Agreed Value (Lite), Unlimited Windscreen, NCD Protection, Valet Extension, Restricted Workshop  |
| SUM INSURED:  | S\$248000  |
| EXCESS:   | Section I (Singapore) S\$2000, Section I (Outside Singapore) S\$4000, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$500 |
| FINANCE COMPANY:  |  |
| PRODUCER NAME:  | INDO UNIVERSAL PTE. LTD.   |

PLYW/PLYW/12-JUL-21

S1\_CL\_T1\_T3\_OE\_Template2-Ver1

12-JUL-21

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 23 Jun 2022 / 17:02:09

Receipt Date/Time : 23 Jun 2022 / 17:01:56

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-220623-003168

Previous Receipt No. :

| S/N | Item Description/<br>Business Transaction Reference<br>No.  | Amount<br>Before<br>GST (\$) | GST<br>Amount<br>(\$) | Amount<br>After GST<br>(\$) |
|-----|---|------------------------------|-----------------------|-----------------------------|
|     | Result of Insurance Enquiry - SND5080Z<br>As at 16 Jun 2022/07:00:00<br>Insurance Co: INDIA INT'L INS PTE LTD |                              |                       |                             |
| 1   | Insurance Enquiry - SND5080Z<br>Enquiry Fee<br>20220623165931159534   | 7.00                         | 0.49                  | 7.49                        |
|     | <b>Sub-Total</b>  | 7.00                         | 0.49                  | 7.49                        |
|     | <b>Total Before Rounding</b>  | 7.00                         | 0.49                  | 7.49                        |
|     | <b>Rounding Difference</b>  |                              |                       | 0.04                        |
|     | <b>Total Amount Payable</b>   |                              |                       | 7.45                        |
|     | <b>Paid By</b>  |                              |                       |                             |
|     | 526471XXXXXX0621  |                              | eNETS Credit Card     | 7.45                        |
|     | <b>Total</b>  |                              |                       | 7.45                        |
|     | <b>Cash Change</b>  |                              |                       | 0.00                        |
|     | <b>Tendered Amount</b>  |                              |                       | 7.45                        |
|     | <b>Excess Refundable Amount</b>   |                              |                       | 0.00                        |

SMH81U Porsche

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.