| | Vanniaué | 2010822A4 | 1000n | - |
|--|--|--|---|----------|
| TIONAL Assessment Centre | Services (and tracks) | Date & Time Compl | sted Done by | |
| 10 pf (10 2022 17; 40 | Aca desertinos | | | |
| 1 488 L600001 ASH 1001 | SAS e-hing | | , | - |
| No SIMITE | E-mati (within thrs, Aleaton) | | | - |
| 01 0 w/202 14:33 | 1-Motor Claim Form | | 11 - | - 1 |
| | 1-Meter W/O (White OD Inc. | 77.4(04) | | - 4 |
| O (19), Repairing Only | i-Phote Uploaded | | | |
| No. of the latest state of the latest state of the latest states and the latest states are the latest states and the latest states are the latest states a | Assessment/Survey Report | ! | | |
| P institute. | Ass't Report by Fax (Hand, to | Ountr/White | | |
| eferred West (INC Assign West / QW: (| | T.61) | Fact | |
| Penticulars: Veli No: St | X 4606H . MC1 |)/Non-RIC(|) ' | |
|) when / Drivers (| | Tel: | | |
| | ied: (,) | Cover Type: (| | - 10 |
| Confirmed by : (| Datei | Time: | 7 | |
| Insured Oriver Cubility: (%) D | The same of the sa | 386, F: 21.79%. | F- 80-17094 | |
| Year of Registrations () | Varranty: YES()/NO(| 1 20 - | | - |
| Excess: (\$) Londing: \$1,0 | 00()/\$2,000() | - | | -utiv |
| The state of the s | agree attached | | A long som for | - |
|) Walk-in Contentar : Customers info | imation strictly Confidential & S | nativitio refer of them | pelier. | _ |
| | UD CONTIN | | | marel |
|) Walk-In Contoniar (Costoniar a sign | | | | |
|) Tetal Loss Case : to e-mail Insur | WIRE NAME OF THE PARTY OF THE P | Towing Co. I | Commonweal Property of the | |
|) Total Loss Cast : to e-mail Insur | YES()/NO() | fewing Co. (| 7 | LINCONCE |
| Tetal Loss Cast : to e-mail Insur Drive-in ()/ Towed-in (); Invoic | YES()/NO(): | | plotte in A Done by | |
| Tetal Loss Cast : to e-mail Insur Prive-In ()/ Towel-In (); Invoic emarks well (ING het lines 6788:6616) | YES () / NO () | | Signal And Obne by | |
|) Tetal Loss Cast : to e-mail Insur Prive-in () / Towel-in (); Invoic embritude () () () () () () () () () (| E. YES()/NO(). | | place of A Done by | LINE |
|) Tetal Loss Case : to e-mail Insur Drive-in () / Towel-in (); Invoic embrics hold (INC horlines; 6788; 6616) a Apply for Transport Allowance () / CC Check / Post Repair Inspection | Courtsy Car () | | Sides of All Done by | |
|) Tetal Loss Cast : to e-mail Insur Drive-in () / Towel-in (); Invoic embrits point (ING hot lines 6788 6616) Apply for Transport Allowance () / | Courtsy Car () | | Done by | |
|) Tetal Loss Case : to e-mail Insur Drive-in () / Towel-in (); Invoic embrics hold (INC horlines; 6788; 6616) a Apply for Transport Allowance () / CC Check / Post Repair Inspection | Courtsy Car () | -Dissiline Com | Done by | |
|) Tetal Loss Case : to e-mail Insur Drive-in () / Towel-in (); Invoic emint its is also PING her line; 6788:6616) Apply to: Transpert Allowance () / QC Check / Pest Repair Inspection) Upload Resurvey Photo (Repair Cost > 5 Injury : | Courtsy Car () | | Done by | |
|) Tetal Loss Cast : to e-mail Insur Drive-in () / Towel-in (); Invoic emint its is also PING her line; 6788:6616) Apply to: Transpert Allowance () /) QO Check / Pest Repair Inspection) Upload Resurvey Photo (Repair Cost > 5 | Courtsy Car () | -Dissiline Com | Done by | |
|) Tetal Loss Case : to e-mail Insur- Drive-in () / Towel-in (); Invoice embrits hose MING her lines; 6788; 6616) a Apply for Transport Allowance () / CO Check / Past Repair Inspection Colored Resurvey Photo [Repair Cost > 5] Injury : | Courtsy Car () | -Dissiline Com | Done by | |
|) Tetal Loss Case : to e-mail Insur- Drive-In () / Towel-In (); Invoice embelts belief MING her lines; 6788:6616) Apply for Transport Allowance () / CC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > 5] Injury / att Tunk (Action) | Courtsy Car () | -Dissiline Com | Done by | |
|) Tetal Loss Case : to e-mail Insur- Drive-In () / Towt I-In (); Invoice embelts be PAING her lines; 6788;6616) Apply for Transport Allowance () / CO Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > 5] Injury / att Tunk (Action) | Courtsy Car () | -Dissiline Com | Done by | |
|) Tetal Loss Case : to e-mail Insur- Drive-In () / Towt I-In (); Invoice embelts be PAING her lines; 6788;6616) Apply for Transport Allowance () / CO Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > 5] Injury / att Tunk (Action) | Courtisy Car () | Dissilination | | |
|) Tetal Loss Case : to e-mail Insur- Drive-In () / Towt I-In (); Invoice embelts be PAING her lines; 6788;6616) Apply for Transport Allowance () / CO Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > 5] Injury / att Tunk (Action) | Courtisy Car () | Dissiline Con | | |
|) Tetal Loss Case : to e-mail Insur- Drive-In () / Towt I-In (); Invoice embelts be PAING her lines; 6788;6616) Apply for Transport Allowance () / CO Check / Post Repair Inspection) Upload Resurvey Photo [Repair Cost > 5] Injury / att Tunk (Action) | Courtray Car () | reparation Christian | | |
|) Tetal Loss Case : to e-mail Insur- Crive-in ()/ Towel-in (); Invoice emarks based (ING herlines; 6788;6616) Apply for Transport Allowance ()/ CO Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost > 5 Injury : | Courtray Car () () 3000] () Involce P | reparation Christian Commence (330) | NC (34) | |
| Tetal Loss Case : to e-mail Insur- Crive-in ()/ Towell-in (); Invoice embrits beach (ING her lines; 6788; 6616) Apply for Transport Allowance ()/ CC Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost > S Injury : Actions Actions (Actions (Actio | YES() NO() | reparation Check | NC (350) | |
| Tetal Loss Case : to e-mail Insure Drive-in () / Towel-in (); Invoice embelistic de Mind her lines; 6788; 6616) Apply for Transpert Allowance () / CC Check / Pest Repair Inspection Upload Resurvey Photo (Repair Cost > 9 Injury / att Tunk Actions Actions | YES() NO() | reparation Chrese | INC (350) 50:549 50:549 50:549 50:549 50:549 50:549 | |
| Tetal Loss Case : to e-mail Insur- Crive-in ()/ Towell-in (); Invoice embrits beach (ING her lines; 6788; 6616) Apply for Transport Allowance ()/ CC Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost > S Injury : Actions Actions (Actions (Actio | [Ourtray Car () | reparation Charle | 18C (550) | |
| Tetal Loss Case : to e-mail Insur- Crive-in ()/ Towel-in (); Invoice emarks weed MING her lines; 6788;6616) Apply for Transport Allowance ()/ CC Check / Pest Repair Inspection Coplosed Resurvey Photo (Repair Cost > 9 Injury / Allowance Action) Allowance Repair Cost > 9 Injury / Allowance Repair Insulting Insultin | YES() NO() | reparation Christian Thomas Salvay | 18 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C | |
| Tetal Loss Case : to e-mail Insure Crive-in () / Towell-in (); Invoice emarks beauty (ING her lines; 6788; 6616) and Apply for Transport Allowance () / CO Cheek / Pest Repair Inspection () / Detail Resurvey Photo (Repair Cost > 9 / Mary /) Injury / Action () Action (| Tourtesy Car () | reparation Christ All Parents (310) From Solvey A District Solvey A District Solvey Canada | 18C (350) | |
| Tetal Loss Case : to e-mail Insure Crive-in () / Towell-in (); Invoice embrits benefit ING her lines; 6788; 6616) Apply for Transport Allowance () / CO Check / Pest Repair Inspection Upload Resurvey Photo [Repair Cost > 9 Injury / are Tuna Action? Action? Action? The article Resurvey Photo State Cost > 9 The ar | YES() NO() | FEDERATION Chr.Ch. TO STATION Chr.Ch. TO STATION (STORY) THE STATION SLIVEY TO STATIO | 115 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C | |
| Tetal Loss Case : to e-mail Insure Prive-in () / Towell-in (): Invoic embrics and (ING herlines; 6788; 6616) Apply for Transport Allowance () / CO Check / Past Repair Inspection Upload Resurvey Photo (Repair Cost > S Injury : Att Turk (Action) Att Turk (Action) Att Turk (Action) | YES() NO() | roparation Christ raparation Christ raparation (Stock raparation (S | 18 (35) 18 | |
| The antic Particulars (Engr-In-Charge): Checked by (Engr-In-Charge): Checked by (Engr-In-Charge): | YES() NO() | FORMATION Chrick FRIEDRICK (STOCK FRIEDRICK (STOCK FRIEDRICK (STOCK FRIEDRICK (STOCK FRIEDRICK (STOCK FRIEDRICK FR | INC (359) 100 (359) | |
| Tetal Loss Case : to e-mail Insure Drive-in () / Towell-in (): Invoice embelts belefill NG her lines (6788:6616) Apply for Transpert Allowance () / CC Check / Post Repair Inspection Upload Resurvey Photo (Repair Cost > 9 Injury / are Tune Action? Action? The anior Resurvey Photo (Repair Cost > 9 Injury / are Tune Action? The anior Resurvey Photo (Repair Cost > 9 The anior Resurvey Photo (Resurvey Photo (Repair Cost > 9 The anior Resurvey Photo (Repair Cost > 9 The anior Resur | YES() NO() | FORTALION Chr. Chr. Chr. Chr. Chr. Chr. Chr. Chr. | 18 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C 3 C | 经制 |
| Tetal Loss Case : to e-mail Insure Drive-in () / Towell-in (): Invoice eminetic index (ING her line; 6788; 6616) Apply for Transport Allowance () / CO Check / Pest Repuir Inspection Upload Resurvey Photo (Repair Cost > S Injury : are Tune: Actions (Repair Cost > S are Tune: Actions (Repair Cost > S) The anial Resulting (Repair Cost > S) | YES() NO() | Control Salvey Control Salvey | INC (359) 100 (359) | |



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 Actual Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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 Reported by Date of Accident

Exact Location of Accident Additional Location Information

Country/State of Loss

04/10/2022 17:49 (SGT)

03/10/2022 14:33 (SGT) Dunearn Rd, Singapore

TRAFFIC LIGHT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SJM17R

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address

Mobile Phone No

Alternative Phone No

No

LOH CHEE SIONG

SXXXX445I

winson_tingwei@hotmail.com

(Phone) +65-90178000

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Porsche Cayenne

Private use

No - Claiming third party

Private car

Auto

2967

INSURANCE COMPANY

Name of Insurance Company

Policy Number / Cover Note Number

Liberty Insurance Pte Ltd SI21V13326/VPS/R02

DRIVER

Name of Driver NRIC No

Date Of Birth Occupation

TAN MING LI, CONSTANCE

SXXXX742H 09/11/1986 Indoor

Accident report SN0922A4000D

Page 1 of 13

Date Of Driving Pass 07/08/2021 Driving experience 1 YEAR AND 2 MONTHS Gender Female Mobile Number (Phone) +65-91000800 Alt. Phone Number Email Address winson_tingwei@hotmail.com Address 5 JALAN SENI Address complement Postcode 299007 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Head to Rear Type of Accident 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 vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? 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? No Was notice of intended Prosecution given? No

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Yes Yes

WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

SLX4606H Vehicle Registration Number Subaru Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Gray Private car Vehicle Category Name of Driver

HO KHEE WOON (HE QI YUAN)

| NRIC No | SXXXX572J |
|---|-----------|
| Contact Number | - |
| Address | |
| Address complement | |
| Postcode | |
| Insurance Company Name | 29 |
| Nature Of Damage | - |
| Details of property damaged in accident | |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

Name of injured person TAN MING LI, CONSTANCE Gender Female Phone No (Phone) +65-91000800 Address Address Complement Post Code Approximate Age Years Old SLIGHT INJURY Injuries Sustained Injured person in which vehicle? SJM17R Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Actual 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to 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. 11

| Policyholder's Signature / Date & Sketch Plan | Honh | Driver's Signatur & Time | e (if driver is no EARM | cot the policyholder) | sed by Reporting as in NRIC/ID o | Centre Personnel | n. |
|--|------|-----------------------------|----------------------------|-----------------------|-------------------------------------|--|----|
| velicle | A | SJ M | | R. | R | | X |
| 16 | 8 | SLX | 460 | GH | | and and the second seco | 角 |
| | | | | | | Complete State of the Park of the Complete State of the Complete S | B |

| Describe Circumstance of the Accident On 03/10/2022 about 14-33 pm. My yelick was stationary |
|---|
| Stapped at Owner Rund traffic light writing for Green light. |
| Traffic turn green and I start to move on, suddenly which B |
| " SLX 4606H" collided from my ver cor portion with impact |
| vary heavy and my car was pushed forward. Peter left the |
| Scene accident I felt my back body unwell and pain |
| and I went to consult doctor and & siven 2 days MC. |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Declaration

t/We declare the foregoing particulars are true in every respect.

woh

Policyholder's Signature / Date & Time

Cm

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

With Seed by Reporting Centre Personnel (Name as in NRIC/ID card)

W

| CIDENT DATE & LOCATION | The second secon | |
|--|--|--|
| e & Time of Accident * | Date: 03/10/2022 | Time: 14 -33 pt-(24 hr format) |
| act Location of Accident* | Along Dunears | food freffic light |
| SURED / POLICY HOLDER / VEHICLE PARTICULA | RS / DETAILS OF OWN VEHICLE | |
| hicle Registration Number * | SJM ITR Make & | Type: Por Sche Cryeine |
| me of Registered Owner * | Ich thee Siony (Lu | 2hi xions) |
| The state of the s | C7733445I | |
| RIC / FIN / Passport /Co Regn No. * | | o: Winson - ting wei 6 hotum. 1 |
| ntact Number* | | Commercial or Company's Usage |
| act <u>Purpose</u> for which vehicle s being used at Time of Accident | Private Usage / | POWER PROPERTY AND ADMINISTRATION OF THE PROPERTY OF THE PROPE |
| e you claiming under your own | ☐ Yes / ÆNo | If No. Please state action to be taken |
| surance policy for repair to your vehicle?* | Third Party Claim (SYH / Other | workshop?) / Reporting Only |
| SURANCE COMPANY (OWN VEHICLE) | | in in the first II il a Prot |
| ame of Insurance Company * | China / EQ / Etiga / MSIG / Tokio M | arinel Great American / CTVVIII |
| pe of Policy * | Comprehensive > Third Party | |
| olicy No. (Certificate No.) / Cover Note No. | SIZIV13326 / UPS/ | ROZ |
| RIVER | TAN Ming Li, (ons | Fance Gender' Male / Female |
| ame of Driver* | | Tringe Control Moles / Bridge |
| RIC / FIN / Passport Number * | 586337424 | - Lucari |
| ate of Birth * | The state of the s | n / yyyy) |
| ccupation * | □ Indoor / □ Outdoor | |
| ate of Driving Pass (Pass Date) * | 1502/80/40 | |
| ontact Number * | 9103 0800 | 402-26 5 (298090) |
| ddress | 60 TREVOSE Crescent | 405-58 3 (5/20/6) |
| mail Address / Fax Number * | Email: Winson ting Wei @ | hotine (Un Fax: |
| Relationship of the Driver with the Insured * | Owner / Employee / Spouse / Fri | end / Others: |
| Does Driver Own any Vehicle, if YES pls indicate | Veh No: 1)2) | |
| Inhiele Number & Insurance Company | Ins Co: 1)2) | 3) |
| GENERAL INFORMATION OF THE ACCIDENT | 1010 | -I to Bood / Others: |
| Type of Collision | Chain Collision / Side-Swipe # | font to Really Others. |
| Veather Conditions * | Clear / Raining / Others: | |
| Road Surface * | (Wet) / Dry / Others: | |
| OTHER INFORMATION | DNo / EYES (Police Re | port required) |
| Was anybody Injured in the accident?* | The state of the s | Rectardance of the second |
| Was any injured conveyed to hospital | TNo / DYes | |
| by ambulance? | No / DYes Veh No: | Veh Category: |
| Was any foreign vehicle involved in this accident? | 1 0 Z) | |
| Number of vehicles involved in the accident | MARCON COLUMN | |
| Was there any witness? | DIVO / DYes | PARTALE PROPERTY OF THE PROPER |
| Was any other VEHICLE / Property involve /damage? | No / Tyes | |
| Was there any video captured by Car Camera? | □No / ÆYes | |
| DETAILS OF POLICE ACTION | II Vec | Please state which Police Station |
| Was the Accident Reported to the Police?* | ≥t/o / □/es | |
| Was Notice of Intended Prosecution given?* | | against whom? |
| Number of Passengers (Induding DRIVER)?" | (0) | |
| Passengers | Name: | Name: |
| L desail Park | Gender: Male / Female | Gender : Male / Female |

THE PARK OF THE RESIDENCE OF THE PARK OF T

| DETAILS OF OTHER VEHICLE(S) / PROPI | ERTIES | |
|---|------------------|--|
| Vehicle Registration Number * | 1) SLX 4606 H | (2) |
| Vehicle Make / Model / Colour | Substru / Grey | |
| Damage to Vehicle/Property? Vehicle Category | / 114 | |
| Name of Driver | HO KHEE WOON (HE | loi Yum) |
| NRIC/Passport Number | 57534572J | |
| Contact Number | | |
| Address | | |
| Insurance Company Name | | The state of the s |
| DETAILS OF WITNESS | | - |
| Name | | |
| Contact No. / Email Address | | |



Privilege 1800 PREMILIM

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

Certificate No

SI21V13326 /VPS /R02

Form

MX1

Date of Issue:

13-Oct-2021

1.Index Mark and Registration No. of Vehicle:

SIM 17R

2. Chassis number of Vehicle:

WP1ZZZ9YZKDA05663

3.Name of Policyholder:

LOH CHEE SIONG

4. Effective date of Commencement of Insurance

08-NOV-2021 00:00

for the purposes of the Act:

5 Date of Expiry of Insurance:

07-NOV-2022 23:59

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 LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only;

COVERAGE:

Comprehensive, Unlimited Windscreen, NCD Protection, Restricted Age Condition (Unnamed Drivers)

SUM INSURED (SS):

EXCESS (SS):

Section 1 (Singapore) \$3,000 00, Section 1 (Outside Singapore) \$6,000,00, Windscreen Excess \$500,00

FINANCE COMPANY:

HONG LEONG FINANCE LTD

PRODUCER NAME

KG ASSURANCE AGENCY PTE LTD.