

NATIONAL Assessment Centre Services. (ver 1.12-100) NA047151935

Date In: 30/11/2017 11:24	Job description: SAS e-illing	Date & Time Completed:	Done by:
Ref No: NA047151935	E-mail (with 3hrs, AIC 3hrs)		
Veh No: SBT 3353H	E-Motor Claim Form	mtl0911186	30/11/2017
D.O.A: 25/11/2017	E-Motor W/O (with 3hrs, TP 3hrs)		12:50
OD <input checked="" type="radio"/> Reporting Only	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars:	Veh No: SAC5911C	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%(Note: B/L 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: Customers information strictly Confidential & Strictly NO refer of repater.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC upline 678810016	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	Action

NA1707420 Human's Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Comments:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Invoice Preparation Checklist</th> <th>By</th> <th>Amtd (\$)</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td>INC (\$30)</td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$40</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$150</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">For e-mailing report (INC Only, Rule F10 Jan 2003)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$15</td> <td></td> </tr> <tr> <td>7) NI: Inc DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td>OT:</td> <td></td> <td></td> </tr> <tr> <td>*N1: Courtesy Car/ Tpl Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Coordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$15</td> <td></td> </tr> <tr> <td>*N8: DY / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (Non-INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>9) N11: Inc Mobile</td> <td>\$10</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>File Closed</td> <td></td> </tr> <tr> <td>Invoice due</td> <td>File Closed</td> <td></td> </tr> </table>	Invoice Preparation Checklist	By	Amtd (\$)	1) AR: Accident Reporting (\$30)	INC (\$30)		2) DA: Damage Assessment (\$100)			3) TP: Towing Fee	\$40/\$40		4) FT: Follow-Through Survey	\$150		5) PT: Follow-Through Survey (Resurvey)	\$30		For e-mailing report (INC Only, Rule F10 Jan 2003)			6) TR: Re-inspection	\$15		7) NI: Inc DA + SMRT Survey	\$160		8) NTUC Additional Services:			OT:			*N1: Courtesy Car/ Tpl Allowance	\$5		*N6: Repair Coordination	\$10		*N7: Post Repair Inspection	\$15		*N8: DY / Collect Excess Coordination	\$5		TP (N11): TP (Non-INC) against INC	\$20		9) N11: Inc Mobile	\$10		Invoice dated	File Closed		Invoice due	File Closed	
Invoice Preparation Checklist	By	Amtd (\$)																																																								
1) AR: Accident Reporting (\$30)	INC (\$30)																																																									
2) DA: Damage Assessment (\$100)																																																										
3) TP: Towing Fee	\$40/\$40																																																									
4) FT: Follow-Through Survey	\$150																																																									
5) PT: Follow-Through Survey (Resurvey)	\$30																																																									
For e-mailing report (INC Only, Rule F10 Jan 2003)																																																										
6) TR: Re-inspection	\$15																																																									
7) NI: Inc DA + SMRT Survey	\$160																																																									
8) NTUC Additional Services:																																																										
OT:																																																										
*N1: Courtesy Car/ Tpl Allowance	\$5																																																									
*N6: Repair Coordination	\$10																																																									
*N7: Post Repair Inspection	\$15																																																									
*N8: DY / Collect Excess Coordination	\$5																																																									
TP (N11): TP (Non-INC) against INC	\$20																																																									
9) N11: Inc Mobile	\$10																																																									
Invoice dated	File Closed																																																									
Invoice due	File Closed																																																									

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 ability.
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 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 Report	30/11/2017 11:24
Date Of Accident	25/11/2017 10:30
Exact Location Of Accident	ALONG THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBT3353H
Insured/Policyholder	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91556638
Alternative Phone No	OFFICE-64682200

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093336938
Cover Note Number	

Driver

Name of Driver	NOMURA KAZUSHI
Passport No/FIN	G3242929M
Date Of Birth	06/09/1984
Occupation	INDOOR
Date Of Driving Pass	19/09/2016
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91556638
Fax Number	
Contact Number	OFFICE-64682200
Email Address	NOEMAIL

Address	6A LINCOLN ROAD #02-16 PARK INFANIA
Postcode	308366
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	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	SHC5911C
Vehicle Make/Model/Colour	RENAULT LATITUDE(TAXI)
Details Of Properties	
Name of Driver	IBRAHIM
NRIC/Passport Number	S1328727I
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT4074M
-----------------------------	----------

Vehicle Make/Model/Colour	SUZUKI VITARA
Details Of Properties	
Name of Driver	TOI LAI YONG
NRIC/Passport Number	S7641840C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKN4963R
Vehicle Make/Model/Colour	MAZDA 8
Details Of Properties	
Name of Driver	JENNIFER TAN
NRIC/Passport Number	S7226723J
Contact Number	98218732
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name
Phone Number
Email Address

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:

[Signature] 29th Nov. 2017
H.A.M.

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

[Signature] 30/11/2017
Reporting Centre Personnel's Signature
Name: Rosli NABAB
NRIC/FIN No.:

AVON & HANSON ROAD



Car A - Honda Vezel (88T33534)
my car

Car B - SHC59116 (Taxi)

car C = SLT 4074M (Suzuki)

car D - SKN 49632 (mazda B)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Thomson Rd and traffic was heavy. My car (car A) was stationary ^{for a while} and suddenly, I felt an impact on my car. I got off ~~the~~ my car and realized that a total of 3 other cars were involved in this accident. My car was being damaged ~~is~~ by the Taxi (car B).

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



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

Driver's Signature *CLAM*

Reporting Centre Personnel's Signature
Name: Roshni W
NAIC/FIN No:

NEIC/FIN No. 5

30/11/2017
Personnel's Signature
Rosa Watters

Claim Handling

The premium on this policy has not been collected.

Accident MT/0971786

Policy No.	5093336938	Vehicle No.	SBT3353H	GST Registration No.	
Policyholder Name	MOTORWAY CAR RENTALS PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive PREMUM	Loading	
Contact No. (Mobile)	91556638	Contact No. (Office)		Contact No. (Home)	
Email Address		Special Remark		eCode	
KPK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0		
Accident Details					
Report Date	30/11/2017 12:37	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	25/11/2017	Time of Accident (hh:mm)	10:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG THOMSON ROAD				
Benefits					
Excess					
Own Damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess	1,000.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Information					
GST Registered	Yes	GST Registration Date		01/08/1999	
GST Registration No.	199902927C	GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	1094 LOWER DELTA ROAD	Address 2	MOTORWAY BUILDING	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5093337471		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	NOMURA KAZUSHI	Driver NRIC	G3242929M	Driving Experience	
Register Date of Driver License	19/09/2016	Driver Age	33	Contact No. (Home)	
Contact No. (Mobile)	91556638	Contact No. (Office)		Address 3	
Address 1	6A LINCOLN ROAD	Address 2	#02-16 PARK INFANIA AT WEE T	Post Code	
Address 4		Address Type	Foreign address		
Unit No.	02-16				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	SBT3353H	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MOTORWAY CAR RENTALS PTE	Insured NRIC	
Contact No. (Mobile)		Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	rent@motorwaycarrentals.com	OI Vehicle Number	SBT3353H	TP Vehicle Number	
Claim Description	SBT3353H / SHC5911C ON 25 Nov 2017				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	
Date Registered	30/11/2017 12:49	Claim Close Date		Date Received	
Report Taken By	ROSLE WAHAB	Workshop Repairer		Total Loss but Repaired	
<input type="checkbox"/> Print AK letter					
















Save Submit

Attachment

Accident No.	MT/0971786	Claim No.	061
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	30/11/2017 12:50
Path *		Category *	Confidential Urgency

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	NRIC	▼	Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:50	SAS	Normal	SAS
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:48	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:48	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:47	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:47	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:45	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:45	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:45	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:45	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:45	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:45	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:44	Photos	Normal	Photos
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 30 Nov 2017 12:44	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<input type="button" value="Display in New Window"/>	<input type="button" value="Scan and uploading"/>



Website: www.motorway.com.sg



MotorWay Car Care Centre Pte Ltd

(CO. REG NO.: 20000-0606-)

1094, Lower Delta Road, Motorway Building, Singapore 169205

Tel: (65) 6468 2200 Fax: (65) 6273 5535

Website: www.motorway.com.sg

Details of Other Vehicle / Property 1

Vehicle Registration Number : 3HC5911C ← AXA
Vehicle Make and Model : Renault Latitude (Taxi)
Name of Driver : Ibrahim
NRIC / FIN / Passport number : S1328727T
Address : _____
H/P : _____
Insurance Company Name : _____

Details of Other Vehicle / Property 2

Vehicle Registration Number : SLT4074M
Vehicle Make and Model : Suzuki Vitara
Name of Driver : Toi Lai Yong
NRIC / FIN / Passport number : S7641840C
Address : _____
H/P : _____
Insurance Company Name : _____

Details of Witness (If any)

Name : _____
Address : _____
H/P : _____
Email : _____

Details of Injured Person 1 (If any)

Name : _____
Address : _____
Injuries sustained : _____
Injured person in which vehicle : _____
Was injured conveyed to hospital by ambulance : Yes / NO

Details of Injured Person 2 (If any)

Name : _____
Address : _____
Injuries sustained : _____
Injured person in which vehicle : _____
Was injured conveyed to hospital by ambulance : Yes / NO

I / We declare the foregoing particulars are true in every respect

Policyholder's signature : _____ Date and time : 1 / 1 @ _____

Driver's signature : [Signature] Date and time : 20th Nov 2017 @ 1100



大道汽车维修私人有限公司
MOTORWAY CAR CARE CENTRE PTE LTD

1094 Lower Delta Road
Motorway Building
Singapore 169205
Tel: 6468 2200 Fax: 6273 5535
Co. Reg. No.: 2000-00505-K

Details Of Other Vehicle / Property 1

Vehicle Registration Number : 8KN4963R
Vehicle Make/Model/Colour : Mazda B (White)
Name Of Driver : Janet Jennifer Tan
NRIC / Passport Number : 872267233
Address : _____
H/P : 9A218732
Insurance Company Name : _____

Details Of Other Vehicle / Property 2 (If Any)

Vehicle Registration Number : _____
Vehicle Make/Model/Colour : _____
Name Of Driver : _____
NRIC / Passport Number : _____
Address : _____
H/P : _____
Insurance Company Name : _____

Details Of Witness (If Any)

Name : _____
Address : _____
H/P : _____
Email : _____

Details Of Injured Person 1 (If Any)

Name : _____
Address : _____
Injuries Sustained : _____
Injured person in which vehicle : _____
Was injured conveyed to hospital by ambulance : Yes / No

Details Of Injured Person 2 (If Any)

Name : _____
Address : _____
Injuries Sustained : _____
Injured person in which vehicle : _____
Was injured conveyed to hospital by ambulance : Yes / No

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature : _____ Date & Time : _____ @ _____ hrs

Driver's Signature : [Signature] Date & Time : 27/11/07 @ 1/00 hrs

This passport is valid for all countries and areas
unless otherwise endorsed.



P<JPNNOMURA<<KAZUSHI<<<<<<<<<<<<<<<<<<<<<<<<<
TK46373453JPN8409067M2106179<<<<<<<<<<<<<<<<D4

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 19 Sep 2016

NP 428A



Licence No: G3242929M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G 3 2 4 2 9 2 9 M

Name:

NOMURA KAZUSHI

Birth Date: 06 Sep 1984

Issue Date: 19 Sep 2016

Valid Till 18/09/2021



002610990B

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 Number: 5093336938

Cover : drive PREMIUM

1. Index mark and Registration Number of Vehicle : **SBT3353H**
Chassis Number : RU11116302
2. Name of Policyholder : MOTORWAY CAR RENTALS PTE LTD
3. Effective Date of Insurance : 01 Sep 2017
4. Expiry Date of Insurance : 31 Aug 2018
5. 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/her 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.
6. Limitations as to Use#
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: \$51,000
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: \$5100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: YES
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DBS BANK LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

(/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 (Malaysia)

Agency : MOTOR-WAY CREDIT PTE LTD (00000614920)
Date of Issue : 10 Aug 2017 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive