

# NATIONAL Assessment Centre Services

MAA46075584

Date In: 31/01/2018 18:18	Job description	Date & Time Completed	Done by
Ref No: N/A/MAA46001969/Y	SAS e-billing		
Veh No: SLG 5240 L	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 29/01/2018 19:10	1-Motor Claim Form		
TP / Reporting Only	1-Motor TP/O (within 90 mins, TP 1hr)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Assl Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	moreway CAR CARE Tel: 6468 2200 Fax:
TP Particulars:	Yell No: INC ( ) / Non-INC ( )
Owner / Driver:	Tel:
Policy No: ( )	Period: ( )
Confirmed by: ( )	Date: Time:
Insured/Driver Liability: ( )	% (Note: ESL Status (WO): NI 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 reporter.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( )	Invoice: YES ( ) / NO ( )
Towing Co: ( )	

Remarks:	INC Hotline: 6788 0016	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:	

NA/800709	Invoice Preparation Checklist	
1) AR: Accident Reporting (\$30)	INC (\$20)	
2) DA: Damage Assessment (\$100)	\$10/\$41	
3) TP: Towing Fee	\$130	
4) PT: Follow-Through Survey	\$20	
5) PT: Follow-Through Survey (Resurvey)	Exclusions apply INC Only (w/ef 10 Jan 2018)	
6) TR: Re-inspection	\$15	
7) NI: (Inc DA + SMRT Survey	\$160	
8) NTUC Additional Survey		
9) NI: Courtesy Car / Tpl Allowance	\$1	
10) NI: Repairs Coordination	\$10	
11) NI: Post Repair Inspection	\$11	
12) NI: DY / Collect Excess Coordination	\$1	
13) TP (NI) / TP (Non INC) against INC	\$20	
14) NTUC Mobile	\$1	
Invoice total	Net Charged	
Invoice total	Net Charged	

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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 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	31/01/2018 18:18
Date Of Accident	29/01/2018 19:10
Exact Location Of Accident	BKE TOWARDS WOODLANDS LANE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5240L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	JACOB.CHAN@CROWN.COM
Mobile Phone No	(LOCAL) +65-91129344
Alternative Phone No	OFFICE-64682200

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT-1.4 (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

### 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	CHAN YIN CHENG ,JACOB
NRIC No	S9324019G
Date Of Birth	02/07/1993
Occupation	INDOOR
Date Of Driving Pass	12/12/2017
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91129344
Fax Number	
Contact Number	OFFICE-64682200
EMail Address	JACOB.CHAN@CROWN.COM



Address	BLK 788 WOODLANDS AVENUE 6 #06-625
Postcode	730788
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
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	GU365D
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LAI ZHEN WEN
NRIC/Passport Number	S9620492B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBG3838U
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Vehicle Make/Model/Colour	NISSAN NV200
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NG CHIN NGAP
NRIC/Passport Number	S7341274I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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: 30/01/18

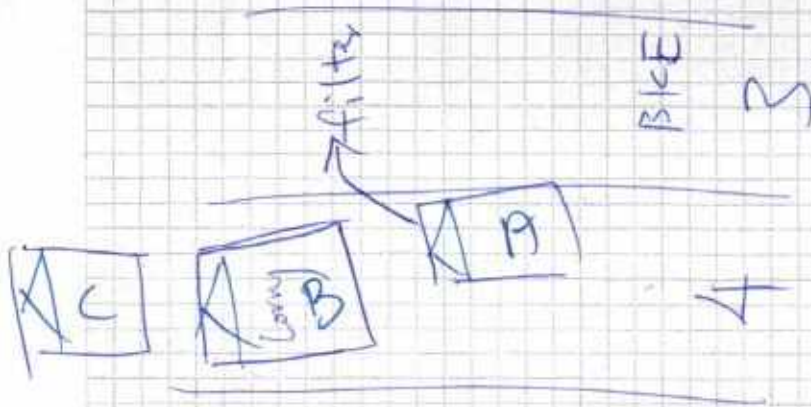


  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 31/01/18

  
Reporting Centre Personnel's Signature  
Name: Resli WAAAB  
NRIC/FIN No: 31/01/2018

SKETCH PLAN

BKE Towards WOODLANDS LANE 4



A) SLC5240L  
C) GBC3838U  
B) GU365D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was at BKE around 7:10pm, driving towards Woodlands. At Lane 4, trying change lane to Lane 5. when I checked blindspot I prepared to change lane. It was too late for me to react to the front lorry GU365D had jam braked. In the process of filtering halfway, I hit the right rear side of the lorry.

No Injury

DECLARATION

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

Policyholder's Signature

Date & Time: 30/01/18



Driver's Signature

(If driver is not the policyholder)

Date & Time: 30/01/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

30/01/2018  
Reshi W...



## Claim Handling

The premium on this policy has not been collected.

Accident MT/0980217

Policy No.	3093336938	Vehicle No.	SLG5240L	GST Registration No.	
Policyholder Name	MOTORWAY CAR RENTALS PTE LTD			Policyholder NRIC	
Product Code	FLEET INSURANCE	Cover Type	drive PREMIUM	Loading	
Contact No.(Mobile)	NA	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	RCD Entitlement(%)	0	Private Hire	Not available
<b>Accident Details</b>					
Report Date	31/01/2018 08:44	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	20/01/2018	Time of Accident hh:mm	10:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KJE TOWARDS MANDAI EXIT NEAR LAHPOST 329				
<b>Benefits</b>					
<b>Excess</b>					
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		
<b>GST Registered Information</b>					
GST Registered	Yes	GST Registration Date	01/08/1999		
GST Registration No.	199902927C	GST Status Verified	Yes		
Modification History					

<b>Policyholder Mailing Address</b>					
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	5092337471		
<b>GI Driver Info</b>					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="radio"/> No <input checked="" type="radio"/>	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002 OD-MD

New

Claim Type *	OD-MD	Insured Name	MOTORWAY CAR RENTALS PTE	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address	rent@motorwaycarrentals.com	GI Vehicle Number	SLG5240L	TP Vehicle Number	
Claim Description	SLG5240L / GU365D ON 29 Jan 2018				Name of Preferred Workshop
Preferred Workshop Contact No.	64682200	Insured Liability *	Fully at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	GIA report	
Date Registered	01/02/2018 09:37	Claim Close Date		Date Received	
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	

☐ Print AK letter

Save Submit

## Attachment

Accident No.	MT/0980217	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	01/02/2018 09:38
Part *		Category *	
		Confidential	Urgency
	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select
	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select
	<input type="button" value="Browse"/>	<input type="button" value="Clear"/>	Please Select

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select:	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select:	NO	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select:	NO	Normal

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Feb 2018 09:38	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Feb 2018 09:38	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Feb 2018 09:38	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Feb 2018 09:38	Photos	Normal	Photo
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Feb 2018 09:38	Photos	Normal	Photo
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (BUK IT MERAH)) on 01 Feb 2018 09:38	SAS	Normal	SAS

## 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"/>





MotorWay Car Care Centre Pte Ltd

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

1094, Lower Delta Road, Motorway Building, Singapore 169205

Tel: (65) 6488 2200 Fax: (65) 6273 5535

Website: www.motorway.com.sg

### ACCIDENT STATEMENT FORM

Please attach this form together with Driver IC, driving license and Insurance Certificate.

Date of Accident : 29/01/2018

Time of Accident : 7:10 am/pm/noon

Exact Location of Accident : BKE Towards Woodlands Lane 4

#### Detail of Own vehicle - Policyholder

Name of registered Owner : Motorway Car Rentals Pte Ltd

NRIC / FIN / Passport number : 199902927C

Address : 1094 Lower Delta Road, Motorway Building (S) 169205

H/P : 64682200

Fax : 62735535

#### Vehicle Particulars

Vehicle Registration Number : SLG5240L

Vehicle Make and Model : Hyundai Accent

Purpose was being used at time of accident : Private use / Commercial use / Hire & reward

Action to be taken for repair your vehicle : Third party claims / Own damage claims / Reporting only

#### Insurance Company

Name of Insurance Company : Liberty Insurance / Tokio Marine Insurance

Type of coverage : Comprehensive / Third Party Fire & Theft / Third party only

Policy number : 5093336938

#### Details of Own Vehicle - Driver

Name of Driver : Chen Jacob

NRIC / FIN / Passport number : S93240196

Date of Birth : 02/07/1993

Occupation : Service Sales Engineer

Date of driving pass : 12/12/2017

Address : BK 788 Woodlands Ave 6 #06-625

H/P : 91129347

Email : Jacob.Chen@motorway.com.sg

Relationships of the Driver with the Insured : Hire & reward

#### Information Of The Accident (Please circle)

Injuries even if slight : Yes / No

Any Material or property damaged : Yes / No

Weather conditions : Clear / Raining / Drizzling

Road surface : Wet / Dry

Was the accident reporting to the police : Yes / No

Was notice of intended prosecution given : Yes / No If Yes, against to \_\_\_\_\_

- 1 Person Including Driver
- No Video & Photos
- No Injury

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 : GU365D

Vehicle Make and Model : Nissan Capstar

Name of Driver : Lai Fhen Wen

NRIC / FIN / Passport number : S9620492B

Address : \_\_\_\_\_

H/P : \_\_\_\_\_

Insurance Company Name : \_\_\_\_\_

Details of Other Vehicle / Property 2

Vehicle Registration Number : GBG3938U

Vehicle Make and Model : 37 NV200 NISSAN

Name of Driver : NG CHIN NGIAP

NRIC / FIN / Passport number : S7341274 I

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 : 30/01/2018 @ \_\_\_\_\_

Driver's signature : \_\_\_\_\_

Date and time : 30/01/2018 @ \_\_\_\_\_

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9324019G



Name

CHAN YIN CHENG, JACOB

陳胤成

Race

CHINESE

Date of birth

02-07-1993

Sex

M

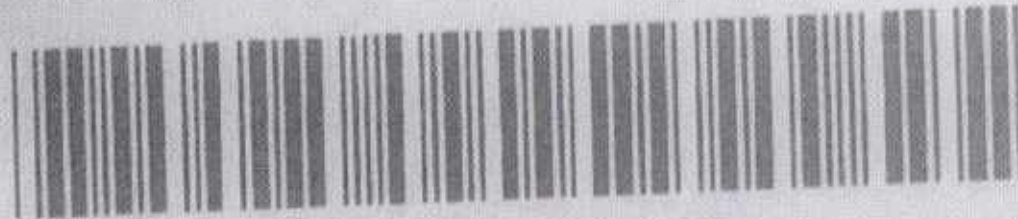
Country of birth

SINGAPORE





4243901



NRIC No. S9324019G



Date of issue

04-07-2008

Address

APT BLK 788 WOODLANDS AVENUE 6  
#06-625  
SINGAPORE 730788

6690 ~~1442~~ 1930

G112 9347

SG 52402

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 9324019G**

Name:

**CHAN YIN CHENG, JACOB**

Birth Date: **02 Jul 1993**

Issue Date: **12 Dec 2017**





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

EFFECTIVE DATE

Class 3A	Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with $\leq 7$ passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$	12 Dec 2017
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NP 428A







## 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: 5093335938

Cover : drive PREMIUM

- |  |                                |
|--|--------------------------------|
| 1. Index mark and Registration Number of Vehicle | : 5LG5240L                     |
| Chassis Number                                   | : KMHCT518THU311677            |
| 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)	: S\$1,000
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
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 : MOTORWAY CREDIT PTE LTD (00000514920)

Date of Issue : 10 Aug 2017 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

## THE SCHEDULE

### Fleet Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5093336938
The Policyholder	: MOTORWAY CAR RENTALS PTE LTD 1094 LOWER DELTA ROAD MOTORWAY BUILDING SINGAPORE 169205
Period of Insurance	: 01 Sep 2017 To 31 Aug 2018
Sum Insured	: Market Value of Insured Vehicle at Time of loss
Premium (inclusive GST)	: S\$102,891.20

#### Interest Insured

Cover Type	: drive PREMIUM
Number of Insured Vehicle(s)	: 101
Detail of Insured Vehicles	: Refer to List Attached

**Memo A:** 1) \$1,000 Sect I Excess is applicable for driver who is 22 years old (or older) and with minimum 2 years driving experience.

2) \$2,000 Sect I Excess is applicable for drivers who is 21 years old or with minimum 1 year driving experience.

3) \$3,000 Sect I Excess is applicable for drivers who is below 21 years old or with less than 1 year driving experience.


#### Endorsement Operative: M7

Agency	: MOTOR-WAY CREDIT PTE LTD (00000614920)
Date of Issue	: 10 Aug 2017 11:44 hrs
Print	: 10 Aug 2017 12:56 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive