



## 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  
**Insured/Policyholder**  
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
-----------------------------	----------

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:

30/01/18

Reporting Centre Personnel's Signature  
Name:

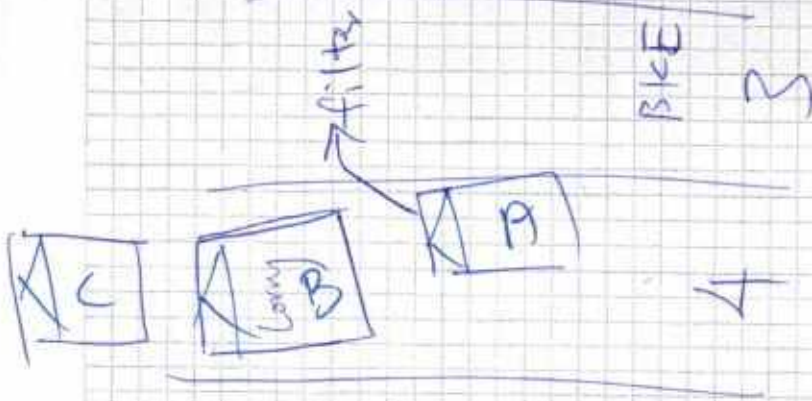
NRIC/FIN No.:

31/01/2018

Resli WAAAB

SKETCH PLAN

BKE TOWARDS WOODLANDS LANE 4



A) SUG5240L

C) GBG3888U

B) GU365D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was at BKE around 7:10pm, driving towards Woodlands. At Lane 4, trying change lane to Lane 3. 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 fittingly halting, 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.:

31/01/2018  
Rishi Kumar



## Claim Handling

The premium on this policy has not been collected.

Accident MT/0980217

Policy No.	5093336938	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	
KFK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not available

**Accident Details**

Report Date	31/01/2018 09:44	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
Date of Accident	29/01/2018	Time of Accident hh:mm	19:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	KIE TOWARDS MANDAI EXIT NEAR LAMPPOST 329				

**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		

**DI Driver Info**

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 *	GD-MD	Insured Name	MOTORWAY CAR RENTALS PTE	Insured NRIC		
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)		
Email Address	rent@motorwaycarrentals.com	DI 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	GIA report		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop (refer below)	Date Received		
Date Registered	01/02/2018 09:37	Claim Close Date		Total Loss but Repaired		
Report Taken By	ROSLI WAHAB	Workshop Repairer				

☐ 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

Path \*

Browse	Clear	Please Select	Confidential	Urgency
Browse	Clear	Please Select	NO	Normal
Browse	Clear	Please Select	NO	Normal
Browse	Clear	Please Select	NO	Normal

<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	Normal
<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>	Please Select	▼	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
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	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) 6468 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 : SL65240L

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

NTML Insurance

#### Details of Own Vehicle - Driver

Name of Driver : Chen Yn 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 488 Woodlands Ave 6 #06-625

H/P : 9112938

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 Zhen 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: 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 ~~1444~~ 1930  
G112 9347  
SG 52402

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S 9324019 G**

Name:

**CHAN YIN CHENG, JACOB**

Birth Date: **02 Jul 1993**

Issue Date: **12 Dec 2017**



002753219G



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

EFFECTIVE DATE

Class 3A	Motor cars without clutch pedals (Auto) with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq$ 2500kg	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: 5093336938

Cover : drive PREMIUM

- |   |                                |
|---|--------------------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLG5240L                     |
| Chassis Number  | : KMHCT518THU311577            |
| 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

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 (Malaysia)

Agency : MOTOR-WAY 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
<b>Interest Insured</b>	
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