NATIONAL Assessment Centre Services (NTT / Invoice) MMA418044537

Date In: 03/04/2018 16:42	Job description	Date & Time Completed	Done by
Ref No: NBB/2KC/18006114Y	SAS e-filing		
Veh No: SKG8579B	E-mail (white Slip, AIC Slip)		
D.O.A.: 28/03/2018 13:00	I-Motor Claim Form	MT/0988049-001	03/04/2018 17.06
OD [crossed out] (TP)	I-Motor W/O (within OD Slip, TP Slip)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp (INC Assign Wksp / OW) (Tel: Fax:)

TP Particulars: Veh No: SKC8696B , INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

Policy No: ( ) Period: (,) Cover Type: ( )

Confirmed by : (Date: Time:)

Insured/Driver Liability: (%) (Note-Bsc 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 | Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) 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

NM1802132

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

General Comments:

Invoice Preparation Checklist		Bill	Not Bill
1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($40)		
3) TF : Towing Fee	$40/$15		
4) FT : Follow-Through Survey	$110		
5) FT : Follow-Through Survey (Resurvey)	$110		
For claims against INC Only (wef 10 Jan 2003)			
6) TR : Re-Inspection	$35		
7) NI : (By DA + SMRT Survey)	$160		
8) NTUC Additional Services:			
Bill			
*NB: Courtesy Car / Tpt Allowance	$5		
*NB: Repair Coordination	$10		
*NB: Post Repair Inspection	$15		
*NB: DY / Collect Deliver Coordination	$3		
TP (NIL) / TP (Non INC) against INC	$30		
9) NI : Admin Mobile	$5		
Invoice dated	Not Charged		
Invoice# dated	Not Charged		

MNA418044537-01 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 03/04/2018 16:42
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 04/04/2018 10:06

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 witholding 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	03/04/2018 16:42
Date Of Accident	28/03/2018 13:00
Exact Location Of Accident	JUNCTION OF LAVENDER STREET AND SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG8519B

Insured/Policyholder

Name Of Registered Owner	MOTORWAY CAR RENTALS PTE LTD
Co Reg No	199902927C
Email Address	APSIMM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82623502
Alternative Phone No	OFFICE-82623502

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 X (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	SIMMONS AARON PAUL
Passport No/FIN	G6396386R
Date Of Birth	17/10/1971
Occupation	INDOOR
Date Of Driving Pass	28/11/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82623502
Fax Number	
Contact Number	OTHERS-82623502
EMail Address	APSIMM@HOTMAIL.COM

Address	21 JALAN KAKATUA
Postcode	598539
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	SKC3696B
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE LILY
NRIC/Passport Number	S7028674B
Contact Number	98192399
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.
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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.

HOTCRWAY CAR RENTALS PTE LTD

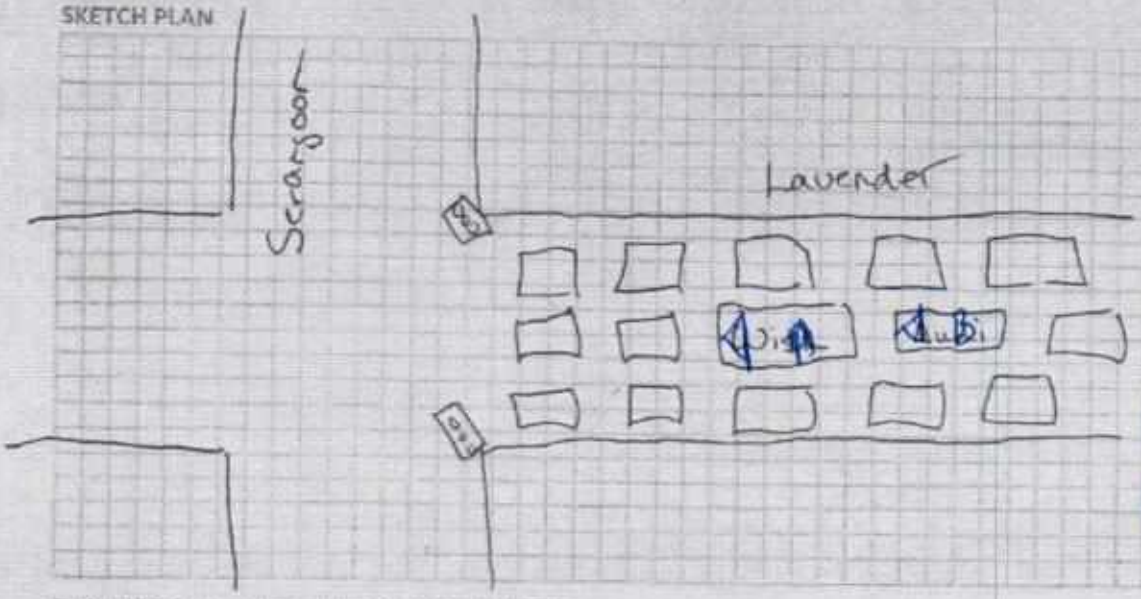
Policyholder's Signature
Date & Time:
28/3/2018 5:12

Driver's Signature
(if driver is not the policyholder)
Date & Time:
28/3/2018 5:

03/04/2018

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

SKETCH PLAN



A) SKG85191B
B) SKC3696B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopped at traffic light waiting for light to turn. I had been fully stopped for about a minute. All cars around me stopped, including the Audi behind me. Heard crunching noise and a bump from behind. Audi behind me moved forward before any light change. The Audi logo of her grill put large dents in bumper as well.

DECLARATION

I declare the foregoing particulars are true in every respect.

MOTORWAY CAR RENTAL PTE LTD

Policyholder's Signature
Date & Time:
28/3/2018 5:15p

Driver's Signature
(If driver is not the policyholder)
Date & Time:
28/3/2018
5:15p

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
03/04/2018

Claim Handling

The premium on this policy has not been collected.

Exit

Accident MT/0988848

Policy No.	5093330838	Vehicle No.	SKG85198	GST Registration No.	199902927C
Policyholder Name	MOTORWAY CAR RENTALS PTE LTD			Policyholder NRIC	199902927C
Product Code	FLEET INSURANCE	Cover Type	drive PREMium	Loading	0
Contact No.(Mobile)	82601502	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KTK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	03/04/2018 17:06	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	28/03/2018	Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNCTION OF LAVENDER STREET AND SERANGOON ROAD				

Benefits

Excess

Own damage Excess	1,000.00	Additional Excess	0.00	Windscreen Excess	100.00
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	01/06/1999
GST Registration No.	199902927C	GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	10M LOWER DELTA ROAD	Address 2	MOTORWAY BUILDING	Address 3	SINGAPORE 169208
Address 4		Address Type	Singapore address	Post Code	169208
Unit No.		Related Policy Number	5093337471		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SIMMONS AARON PAUL	Driver NRIC	G6396386R	Driver DOB	17/10/1971
Register Date of Driver License	28/11/2014	Driver Age	46	Driving Experience	3
Contact No.(Mobile)		Contact No.(Office)		Contact No.(Home)	
Address 1	21 JALAN KAKATUA	Address 2	# JURONG PARK	Address 3	SINGAPORE 598539
Address 4		Address Type	Foreign address	Post Code	598539
Unit No.					
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.	SKG85198	Driver Insurer Company	NTUC

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes No

Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	MOTORWAY CAR RENTALS PTE	Insured NRIC	199902927C
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	64852200
Email Address	fatt@motorwaycarrentals.com	Of Vehicle Number	SKG85198	TP Vehicle Number	SKC3696B
Claim Description	SKG85198 / SKC3696B ON 28 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault		
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	03/04/2018 17:14	Claim Close Date		Date Received	03/04/2018 00:00
Report Taken By	ROSLI WAHAB	Workshop Repairer		Total Loss but Repaired	
Print AK letter					

Save Submit

Attachment

Accident No.	MT/0988848	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/04/2018 17:16

Path *	Category *	Confidential	Urgency *	Description *
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	
Choose File No file chosen	Clear Please Select	NO	Normal	

Message Read

Send Message Upload

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3		Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3		Edit

					
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:16	Photos	Normal	Photos 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-3	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (BUKIT MERAH)) on 03 Apr 2018 17:14	SAS	Normal	SAS 2018-4-3	Edit

Video List

Uploaded By/Date	Folder Date	File Name		Source	Action

Display in New Window | Scan and uploading

MOTORWAY

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 : 28 / 3 / 2018
Time of Accident : 1:00 am / (pm) / noon
Exact Location of Accident : Lavender Street + Serangoon Road

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 : SKG 8519 B
Vehicle Make and Model : 2013 Toyota Wish
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~~ MSIG
Type of coverage : Comprehensive / Third Party Fire & Theft / Third party only
Policy number : : _____

Details of Own Vehicle – Driver
Name of Driver : Aaron Simmons
NRIC / FIN / Passport number : G6396396R
Date of Birth : 17 / 10 / 1991
Occupation : N/A
Date of driving pass : 28 / 11 / 2014
Address : 21 Jalan Kakatua 598539
H/P : 9260 3502
Email : apsimm@hotmail.com
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 _____

MOTORWAY

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 : SKC 3696 B
Vehicle Make and Model : Audi
Name of Driver : Lee Lily
NRIC / FIN / Passport number : S7029674B
Address : _____
H/P : 65 9819 2399
Insurance Company Name : _____

Details of Other Vehicle / Property 2
Vehicle Registration Number : _____
Vehicle Make and Model : _____
Name of Driver : _____
NRIC / FIN / Passport number : _____
Address : _____
H/P : _____
Insurance Company Name : _____

Details of Witness (If any)
Name _____
Address : _____
H/P : _____
Email : _____

Details of Injuried Person 1 (If any)
Name _____
Address : _____
Injuries sustained : _____
Injured person in which vehicle : _____
Was injured conveyed to hospital by ambalance : Yes / NO

Details of Injuried Person 2 (If any)
Name _____
Address : _____
Injuries sustained : _____
Injured person in which vehicle : _____
Was injured conveyed to hospital by ambalance : Yes / NO

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

Policyholder's signature : _____ Date and time : 28 / 3 / 2018 @ 5:10 p

Driver's signature : _____ Date and time : 28 / 3 / 2018 @ 5:10 p

REPUBLIC OF SINGAPORE

FIN G6396386R

Name
SIMMONS AARON PAUL

Date of Birth
17-10-1971

Sex
M

Nationality
AMERICAN

FA1592807

DEPENDANT'S PASS

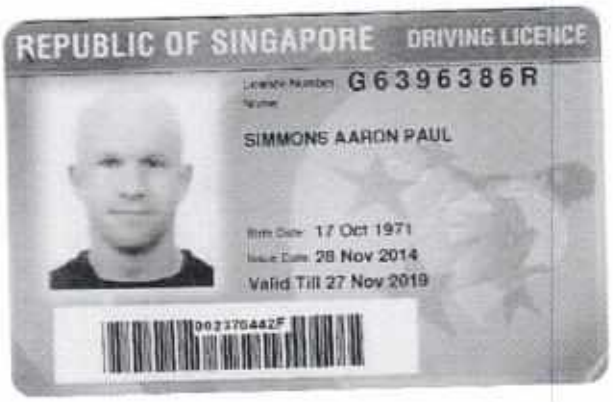
Immigration Regulations

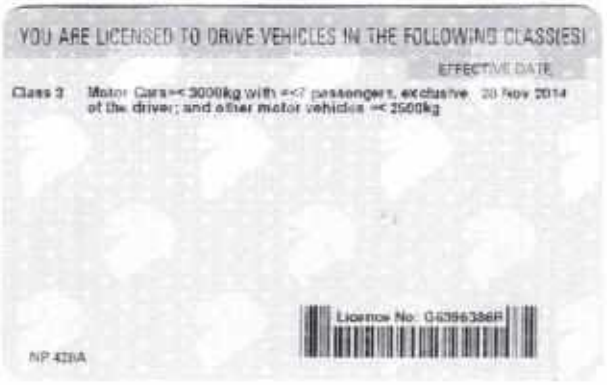
FIN G6396386R

Date of Issue
24-06-2016

Date of Expiry
04-09-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.


REPUBLIC OF SINGAPORE DRIVING LICENCE
G6396386R
SIMMONS AARON PAUL
17 Oct 1971
28 Nov 2014
Valid Till 27 Nov 2019


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg
28 Nov 2014
Licence No. G4396386R
NP 428A

income
made different

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** : drivo PREMIUM

1. Index mark and Registration Number of Vehicle : **SKG8519B**
   Chassis Number : ZGE200025884
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	: UNITED OVERSEAS BANK LIMITED
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 (00000614920)
Date of Issue : 10 Aug 2017 11:44 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SKG8519B		
Vehicle Type:	R11 - Private Hire (Self-Drive) Station Wagon/Jeep/Land Rover	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	WISH 1.8X A
Chassis No.:	ZGE200025884	Engine No.:	2ZR0473407
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	6
Engine Capacity:	1797 cc	Power Rating:	-
Unladen Weight:	1340 kg	Maximum Laden Weight:	1725 kg
Primary Colour:	Blue	Secondary Colour:	-
First Registration Date:	12 Oct 2012	Original Registration Date:	12 Oct 2012
Manufacturing Year:	2009	Open Market Value:	$21,573.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	$10,786.00
No. of Transfers:	0		

Owner Particulars

Owner Name:	MOTORWAY CAR RENTALS PTE LTD
Owner ID Type:	Company
Owner ID:	199902927C
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	1094
Registered Street Name:	LOWER DELTA ROAD
Registered Unit No.:	-
Registered Building Name:	MOTORWAY BUILDING
Registered Postal Code:	169205
COE No. / Expiry Date:	2012080107000272Z / 11 Oct 2022
COE Bid Category:	E - Open Category
QP Paid:	$86,999.00

Transaction Details

Business Transaction Ref. No.:	20121012154523833089
Business Transaction Date:	12 Oct 2012
Business Transaction Time:	15:45:23

Message

The above vehicle has been successfully registered.

Please note that $99,199.00 will be deducted from your GIRO account.

[OK]

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA4180445E7 Vehicle Registration No: SKG 8579B

Name(as shown in NRIC) : SIMMONS AARON PAUL NRIC/FIN/Passport No : G6396386R

(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 82623502

Email Address : _____

Date of Accident : 28/03/2018 Time of Accident : 13:00

Place of Accident : JUNCTION OF LAVENDER ST / SERANGOON ROAD

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE FROM REPORTING TO THIRD PARTY CLAIMS

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: RAJA WORKERS
NRIC/FIN No:
Date: 04/04/2018