NATIONAL Assessment Centre Services. (wef 1 Jan'06) . MNA41908773

	Job description	Date &Time Completed	Done by
Date In: 11/02/2019 15:04	SAS e-filing		
Ref No: NBA/MG/19002383/Y	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SKP 8421B	I-Motor Claim Form		
D.O.A: 06/02/2019 14:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TPC Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: WJC 2085 INC ( ) / Non-INC ( ).

Owner / Driver: (Tel:)

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

Confirmed by : (*Date:* *Time:*)

Insured/Driver Liability: (%) [Note-Est. 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: ( )

Call Centre (INC Hotline 67886616)		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 :

Detailed Actions

NA1901063

Invoice Information Checklist		Amount	Audited
1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100);	INC ($80)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claiming against INC Only (wef 10 Jan 2005)			
	$75		
6) TR : Re-Inspection	$160		
7) N1 : Idac DA + SMRT Survey			
8) NTUC Additional Services:-			
OD:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Co-ordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N13: Idac Mobile	30		
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Claimant Particulars

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments

Cat. 1:

Cat. 2 / 3:

MNA419018773 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 11/02/2019 15:04
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 11/02/2019 16:09

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 liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	11/02/2019 15:04
Date Of Accident	06/02/2019 14:00
Exact Location Of Accident	53KM FROM MERSING JOHOR BAHRU TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP8421B
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	DAVE.RESENDEZ@TIONGSENG.COM.SG
Mobile Phone No	(LOCAL) +65-92366720
Alternative Phone No	OFFICE-92366720
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE RETURNING FROM TIOMAN ISLAND
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	
Driver	
Name of Driver	RESENDEZ DAVID
NRIC No	G3440165P
Date Of Birth	11/06/1965
Occupation	INDOOR
Date Of Driving Pass	31/03/1987
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92366720
Fax Number	
Contact Number	OTHERS-92366720
EMail Address	DAVE.RESENDEZ@TIONGSENG.COM.SG

Address	63 CHESTNUT AVENUE 17/14 ECOSANTUARY
Postcode	679523
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
Foreign Vehicle Registration Number	WJC2085 (PRIVATE CAR)
Number of vehicles (including own vehicle) 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?	YES
If Yes,Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK KOTA TINGGI
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND TRAFIK KOTA TINGGI/000467/19

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	WJC2085
Vehicle Make/Model/Colour	PROTON SAGA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NUR AMIRGH BINTAMIR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JJL282
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMANI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :
Passenger 3	NAME: : GENDER: :

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Mangement Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

GOLDBELL CAR RENTAL PTE LTD

Policyholder's Signature / Date & Time

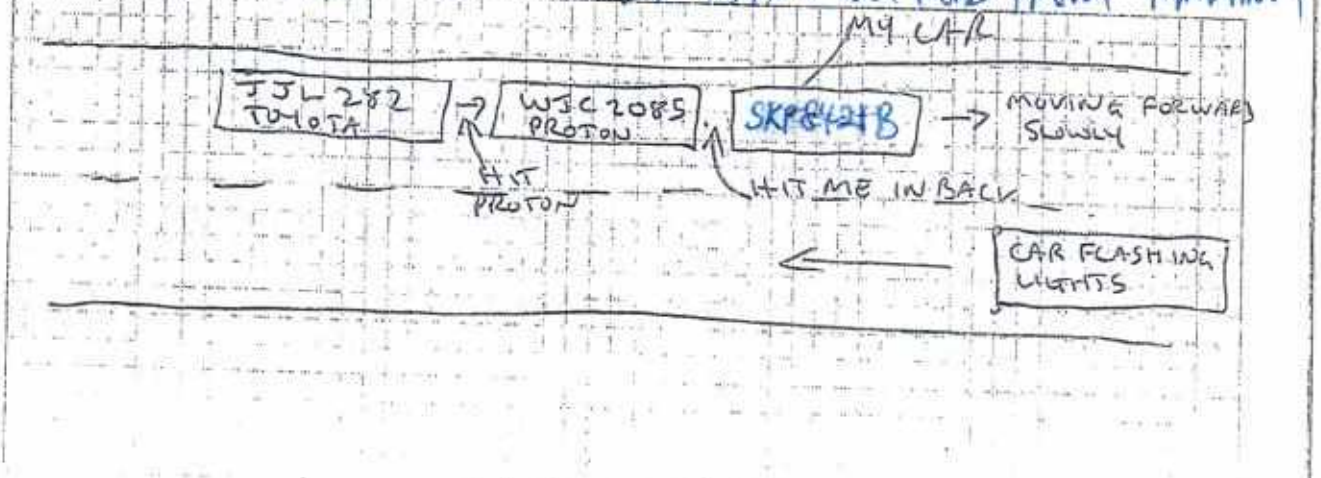
Driver's Signature (if driver is not the policyholder) / Date & Time

11/01/2019

Witnessed by Reporting Centre Personnel

Sketch Plan *

53 KM FROM JOHOR BAHRU ON ROAD FROM MALAYSIA



Describe Circumstance of the Accident *

I WAS RETURNING TO SINGAPORE FROM MERSING AND WAS APPROXIMATELY 52KM FROM JOHOR BAHRU. THE VEHICLES IN FRONT SLOWED DOWN AND I DID ALSO. I SAW A CAR ON THE OTHER SIDE OF THE ROAD FLASHING HIS LIGHTS. ALMOST IMMEDIATELY I FELT A BUMP FROM BEHIND. I WAS PROBABLY TRAVELLING AT ABOUT 10KM/H AT THE TIME.

I PULLED OVER TO THE SIDE AND COULD SEE THAT THE RED PROTON CAR HAD BUMPED INTO THE BACK OF MY CAR AS A RESULT OF A REAR END SHUNT BY THE DRIVER OF THE TOYOTA.

THE PROTON CAR WAS DAMAGED BOTH FRONT AND REAR THE TOYOTA WAS DAMAGED AT THE FRONT ONLY AND MY CAR WAS DAMAGED AT THE REAR (BUMPER)

TRAFIK KOTA Tu467/000467/19

Declaration

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

GOLDBELL GAB SDN BHD

Policyholder's Signature / Date & Time

9/2/19 1400

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

14/02/2019

Witnessed by Reporting Centre Personnel

POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK KOTA TINGGI
Daerah : KOTA TINGGI
Kontinjen : JOHOR
No Repot : TRAFIK KOTA TINGGI/000467/19
Tarikh : 06/02/2019
Waktu : 1517 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R103512

Butir-butir Penerima Repot
Nama : NORAINI BINTI TEMOS
No Personel : R132466
Pangkat : L/KPL

Butir-butir Jurubahasa (Jika Ada)
Nama : ---
No K/P (Baru) : ---
No Polis/Tentera: ---
No Paspot: ---
Bahasa Asal : ---
Alamat: ---

Butir-butir Pengadu
Nama : RESENDEZ DAVID
No K/P (Baru) : ---
No Polis/Tentera : ---
No Paspot : 530989549
No Sijil Beranak : ---
Jantina : Lelaki
Tarikh Lahir : 11/06/1965
Umur : 53 tahun 7 bulan
Keturunan : ENGLISH
Warganegara : United Kingdom
Pekerjaan : PENGARAH
Alamat Tempat Tinggal : 63 CHESTNUT AVENUE 17/14 ECO SANCTUARY SINGAPORE, 679523
Alamat Ibu/Bapa : ---
Alamat Pejabat : ---
No Tel (Rumah) : ---
No Tel (Pejabat) : ---
No Tel (HP) : 6592366720
Emel : ---

Pengadu Menyatakan:-

PADA 06/02/2019 JAM LEBIH KURANG 1400 PETANG, SAYA MEMANDU MOTOKAR NOMBOR SKP8421B DARI MERSING HENDAK BALIK KE SINGAPURA. APABILA SAYA SAMPAI DI KM 52.5 JALAN JOHOR BAHRU - MERSING, TIBA-TIBA TERDENGAR DENTUMAN DARI ARAH BELAKANG M/KAR SAYA. SAYA DAPATI BELAKANG M/KAR SAYA TELAH DI LANGGAR OLEH SEBUAH M/KAR NO PLAT WJC 2085. DALAM KEJADIAN INI SAYA TIDAK CEDERA. KEROSAKAN M/KAR SAYA IALAH BUMPER BELAKANG PECAH DAN LAIN-LAIN KEROSAKAN BELUM PASTI. INILAH LAPORAN SAYA.

Tandatangan Pengadu: ----------

Tandatangan Jurubahasa(Jika ada) : ----------

Tandatangan Penerima Repot: ----------

ID Pencetak | Tarikh @ Masa Cetak : R132466 | 06/02/2019 03:30:17 PM

POL.316

POLIS DIRAJA MALAYSIA
CAWANGAN TRAFIK
IBUPEJABAT POLIS DAERAH KOTA TINGGI
81900 KOTA TINGGI, JOHOR
07-8831222

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : RESENDEZ DAVID
No Kad Pengenalan / Paspot : 530989549
No Repot Polis : TRAFIK KOTA TINGGI/000467/19
Tarikh @ Masa Repot Polis : 06/02/2019 @ 15:17
Pengesahan Penerimaan Repot :

.....

Tandatangan Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R103512) SJN SAID BIN JANTAN
Tempat Tugas : JOHOR , KOTA TINGGI
No Telefon Pejabat :
No Telefon Bimbit : 012-7682740
Tarikh @ masa Perjumpaan : 6/02/2019 @ [illegible]
Pengesahan Penerimaan Repot :

.....

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : .....
No Badan : .....
Pangkat : .....
Tarikh @ Masa Gambar Diambil : .....
Pengesahan Gambar Diambil :

.....

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen : .....

Waktu Pejabat :
Isnin - Khamis :
08:00 Pagi - 01:00 Tengah Hari
02:00 Petang - 04:30 Petang
Jumaat :
08:00 Pagi - 12:30 Tengah Hari
02:45 Petang - 04:30 Petang
Cuti Umum / Khas : Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☑
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah : .....

Pengesahan Kaunter Pembekalan Dokumen :

.....

Tandatangan Pegawai Kaunter Pembekalan Dokumen

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to _____ (Authorised Reporting Centre ("ARC") for efiling.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	*	Date: 06/02/2019 Time: 14:00
Exact Location of Accident	*	53Km from JOHOR BAHRU on WAY FROM MERSING

DETAILS OF OWN VEHICLE

Vehicle Registration Number	*	SKP 8421B

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner *(See Insurance Cert.)*	GOLDEN GLOBAL
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	G3460165P / 530959549
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model		Manufacturer NISSAN Model QASHQAI
Type of Vehicle*		(✓) Saloon ( ) MPV ( ) CRV ( ) Van ( ) Lorry ( ) Bus ( ) M/cycle ( ) Others _____
Exact Purpose for which vehicle was being used at time of accident	*	LEISURE. RETURNING FROM TIOMAN ISLAND
Are you claiming under your own insurance policy for repair to your vehicle?		( ) Yes ( ) No (If No,Pls select: (✓) Third Party ( ) Reporting)
Vehicle Category*		(✓) Private ( ) Commercial ( ) Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *		
Type of Policy		( ) Comphensive ( ) Third Party Fire & Theft ( ) TP Only
Fleet Policy		( ) Yes ( ) No
Policy Number		
Motor CI		

DRIVER

( ) Same as Insured above

Name of Driver	*	DR DAVID RESENDEZ
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	*	G3460165P / 530959549
Date of Birth	*	11 dd/ 06 mm/ 1965 /yy
Driving Date Pass	*	24 dd/ 03 mm/ 1987 /yy
Year of Driving Experience	*	31 Year(s) 11 Month(s)
Occupation	*	HSE DIRECTOR ( ) Indoor ( ) Outdoor
Gender	*	(✓) Male ( ) Female
Contact Number / Mobile Phone / Fax No.	*	92366720

Address of Driver	*	63 CHESTNAT AVE, 17/16 EW SANTUARY SINGAPORE Postcode (679323)
Email Address	*	dave.resende2@tungseng.com.sg
Was driver an employee of the Insured's Company?		○ Yes ✓ No
If No, Relationship of the Driver with the Insured		DRIVER EMPLOYEE OF TUNG SENG. SEE ON WAS HANGHOSE
Vehicle Registration Number of Driver's Own		○ Yes ○ No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collison, Head-On collision,Side Swipe, Front to Rear)	*	CHAIN COLLISION
Weather Conditions	*	✓ Clear ○ Raining ○ Others_____
Road Surface	*	✓ Dry ○ Wet ○ Others_____

OTHER INFORMATION

a. Was anybody injured in the accident?	*	○ Yes ✓ No
b. Was any other vehicle or property damaged? (Including Witness)	*	✓ Yes ○ No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	*	✓ Yes ○ No (If Yes, please state which Police Station.)
Police Station Name		POLIS DIRAJA MALAYSIA, CAWANGAN TRAFIK
Police Station Address		IBU PEJABAT POLIS DAERAH KOTA TINGGI, 81900 KOTA TINGGI, Johor
Police Station Contact		Tel No. 07 8831222 Fax No.
Was notice of intended Prosecution given?		○ Yes ✓ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	*	WJC 2035
Vehicle Make/ Model/ Colour		PROTON SAGA / RED
Details of Properties		
Name of Driver		NUR AMIRAH Bt AMIR
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)		2

(Note - Please use page 6 if you need to add more vehicles)

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	JJL 282
Vehicle Make/ Model/ Colour	TOYOTA VOSH
Details of Properties	
Name of Driver	JAMANI
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	4
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

UK

DRIVING LICENCE

1. RESENDEZ
2. DR DAVID

3. 11.06.1965 ENGLAND
4a. 24.01.2014 4b. 02.07.2019 4c. DVLA
5. RESEN606115D99UB 08
7.

8. CLAREMONT, NEWLAITHES ROAD, HORSFORTH, LEEDS, LS18 4LG

9. AM/A/B1/B/C1/D1/BE/C1E/D1E/f/k/l/n/p/q

EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TIONG SENG CONTRACTORS (PRIVATE) LIMITED

Name
RESENDEZ DAVID
Occupation
DIRECTOR

FIN
G3440165P

Date of Application
02-01-2018
Date of Issue
26-02-2018
Date of Expiry
26-02-2020

G3440165P

L8626162

13.

9.	10.	11.	12.
AM	24.01.14	10.06.35	
A1			
A2			
A	19.01.13	10.06.35	79(tri)
B1	24.03.87	10.06.35	
B	24.03.87	10.06.35	
C1	24.03.87	10.06.35	
C			
D1	24.03.87	10.06.35	101
D			
BE	24.03.87	10.06.35	
C1E	24.03.87	10.06.35	107
CE			
D1E	24.03.87	10.06.35	101,119
DE			
fklnpq	24.03.87	10.06.35	118

1. Name 2. First name 3. Date and place of birth 4a. Date of issue 4b. Date of expiry 4c. Issued by 5. Licence number 10. Valid from 11. Valid to 12. Codes

12. 115

AG98354811

VISIT PASS

Immigration Regulations

Name

RESENDEZ DAVID

Date of Birth	Sex	Nationality
11-06-1965	M	BRITISH
FIN	Date of Issue	Date of Expiry
G3440165P	26-02-2018	26-02-2020

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

AIG

HOTLINE TEL: (65) 6419-3000

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)

M.Z.400

Comprehensive Commercial Motor
CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS	S$1,000.00 ** (I)
WINDSCREEN EXCESS	S$100.00
SUM INSURED	Market Value
INSURING WITH COE/PARF	Yes

1) VEHICLE REGISTRATION NO. SKP8421B

2) NAME OF POLICYHOLDER Goldbell Car Rental Pte Ltd

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT 01 January 2019

4) DATE OF EXPIRY OF INSURANCE 31 March 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.

Additional Excess of $1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months
Additional excess of $500 applies to all claims for accident outside Singapore

** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.

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) LIMITATION AS TO USE*

1) Use for social, domestic, pleasure purposes and business purposes of Insured
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.

The Policy does not cover
1) Use for racing, pace-making, reliability trial or speed-testing.
2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
3) Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.
4) Use for any purpose in connection with Motor Trade.

LOSS OF USE	Not Included
HIRE PURCHASE COMPANY	N.A.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 16 Jan 2019

030123-000
Acorn International Network Pte Ltd
48 Changi South St 1 Level 3
SINGAPORE 486130

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

SSPKWJ