

NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

MA19020583

Date In: 14/02/2019 10:58	Job description	Date & Time Completed	Done by
Ref No: N/A19020583	SAS e-filing		
Veh No: SMD 6845R	E-mail P (Mobile 8hrs, A/C 2hrs)		
D.O.A: 29/01/2019 21:30	1-Motor Claim Form		
OID: TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: FBF 7949C

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% P: 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: (

General Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: (

Date: (

Time: (

Location: (

Remarks: (

Signature: (

Stamp: (

Initials: (

Comments: (

Signature: (

Stamp: (

Initials: (

Comments: (

Signature: (

Stamp: (

Initials: (

Comments: (

Signature: (

Stamp: (

Initials: (

Comments: (

Signature: (

Stamp: (

Initials: (

Comments: (

Signature: (

Stamp: (

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

Forfeiting against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

OID:

*N5: Courtesy Car / Tpl Allowance \$35

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$35

*N9: DV / Collect Excess Coordination \$20

TP (Nil) / TP (N-in INC) against INC \$0

9) N12: Idao Mobile

Invoice dated

Fee Charged

Fee Charged

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Rel 1:

2 / 3:

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 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	14/02/2019 10:54
Date Of Accident	29/01/2019 21:30
Exact Location Of Accident	YUNG HO ROAD TOWARDS CORPORATION ROAD L/P NO:5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6345R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	HIROYUKI.SUGAWARA@SEP.EPSON.COM.SG
Mobile Phone No	(LOCAL) +65-96435298
Alternative Phone No	OFFICE-96435298

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	AIG ASIA PACIFIC INSURANCE PTE, LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	SUGAWARA HIROYUKI
Passport No/FIN	G3494521M
Date Of Birth	11/05/1974
Occupation	INDOOR
Date Of Driving Pass	24/07/1992
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96435298
Fax Number	
Contact Number	OTHERS-96435298
Email Address	HIROYUKI.SUGAWARA@SEP.EPSON.COM.SG

Address	9 ALEXANDRA VIEW #27-14 ECHELON
Postcode	158742
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : KOIZUMI NORIHISA GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
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?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF7949L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
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 INJURED PERSON 1

Name UNKNOWN RIDER

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBF7949L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UNKNOWN PILLION

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBF7949L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

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:

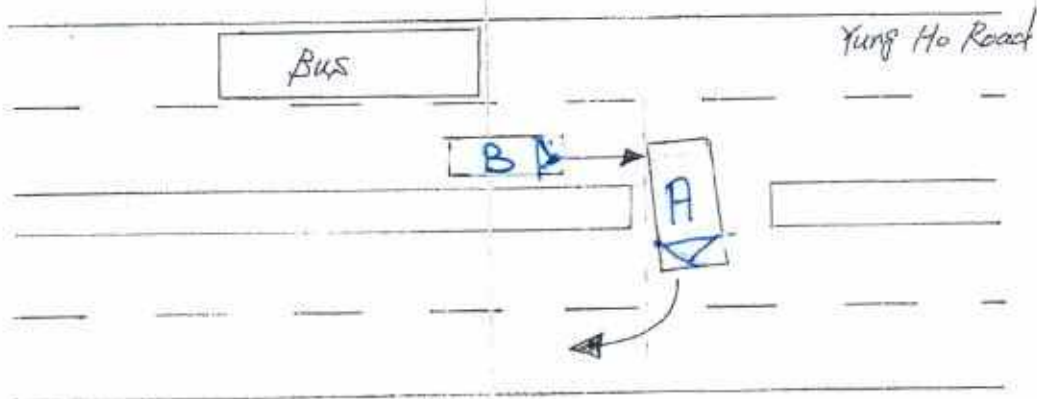

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

A) SMD 6345R

B) FBF 7949L

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was making a U-turn and my car was slightly turned to its right, and was ready to make a U-turn.

Suddenly, one motorcycle collided onto my rear right side bumper. The rider and his pillion fell to the ground.

Ambulance was also at scene and conveyed both the rider and pillion to hospital.

I wish to state that there was a passenger in my car.

Both my passenger and I were not injured in the accident.

POLICE REPORT 7/2019 0129/2184

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190129/2184

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20190129/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2019 23:36	Vide Report No.: J/20190129/0126	Station Diary No.: 220
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Informant's Particulars

Name of Informant: SUGAWARA HIROYUKI			Address: APT BLK 9 ALEXANDRA VIEW #27-14 ECHELON SINGAPORE 158742	
ID Type / ID No.: FIN NO / G3494521M			Contact No.: Home/Office:	Mobile: 96435298
Nationality: JAPANESE			Email:	
Sex: Male	Age: 44	Date of Birth: 11/05/1974	Type of Informant: Driver	
Race: Others			Language: English	Institution / School Name:
Occupation: Product Engineer			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2019 21:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 YUNG HO ROAD CORPORATION ROAD Lamp Post Number: 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF7949L	Motorcycle				Slightly Damaged	1
SMD6345R	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190129/2184

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20190129/2184

CONTINUATION OF REPORT

Driver			
Name	SUGAWARA HIROYUKI	ID No.	G3494521M
Related Vehicle	SMD6345R (Car)	Contact No.	96435298
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/01/2019 at about 9:30pm, I was driving my car, bearing registration plate number SMD6345R, and was travelling along Yung Ho Road. Thereafter, I was making a U-turn and my car was slightly turned to its right, and was ready to make a U-turn. Suddenly, one motorcycle, bearing registration plate number FBF7949L, collided onto my rear right side bumper. The rider and his pillion fell to the ground.

Subsequently, traffic police were at scene. Ambulance was also at scene and conveyed both the rider and pillion to hospital. My car was equipped with camera. Thus, the traffic police took the SD card from me and provided with an 'Acknowledgement Slip' stating the report number J/20190129/0126. The investigation officer in-charge is IO Farhan, Tel: 65476224.

I wish to state that there is a passenger in my car. The passenger is only in Singapore for visiting and his name is Koizumi Norihisa, HP: +81 80 4403 0381. Both my passenger and I were not injured in the accident.



**SINGAPORE
POLICE FORCE**



T/20190129/2184

3 of 3

Report No. T/20190129/2184

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Staff Sgt MUHAMMAD SAIFUL LIZAM BIN
MASTOR

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
29/01/2019 23:36

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Classification Of Case:

Authentication Stamp:
NP168

SN 127



Signature : *[Handwritten Signature]*

Singapore Police Force

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for filing.
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 insurance and acceptance of this Form by Insurance companies is not an admission of the 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: 29/01/2019	Time: 21:30
Exact Location of Accident	Yong Ho Road	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SMD 6345R	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer:	Model:
Type of Vehicle	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others	
Exact Purpose for which vehicle was being used at time of accident	Visitor's transfer	
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company		
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
Motor CI		
DRIVER	<input type="radio"/> Same as Insured above	
Name of Driver	SUGAWARA HIROYUKI	
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number	G3494521M	
Date of Birth	11 /dd 5 /mm 1974 /yy	
Driving Date Pass	24 /dd 7 /mm 1992 /yy	
Year of Driving Experience	26 Year(s) 6 Month(s)	
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	9643 5298	

Address of Driver	↓	Alexandra View Singapore 158742
Email Address	✉	ECHOLON #27-14 hiroyuki.sugawara@sep.epson.com.sg
Was Driver An Employee of the Insured's Company?		<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own		<input type="radio"/> Yes <input type="radio"/> 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 Collision, Head-On Collision, Side Swipe, Front to Rear)	↓	side swipe
Weather Conditions	☒	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	☒	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others
OTHER INFORMATION		
a. Was anybody injured in the accident?		<input type="radio"/> Yes <input type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)		<input type="radio"/> Yes <input type="radio"/> No
DETAILS OF POLICE ACTION		
Was the Accident reported to the Police?	↓	<input checked="" type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name		Nanyang N.P.C
Police Station Address		2 Jurong West Avenue 5 SINGAPORE
Police Station Contact		Tel No. 1800-7929999 Fax No.
Was notice of Intended Prosecution given?		<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	↓	FBF 7949L
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Vehicle Make/ Model/ Colour		
Address of Driver		
Name of Insurance Company		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		



EMPLOYMENT PASS

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

Employer

SINGAPORE EPSON INDUSTRIAL PTE. LTD.



Name

SUGAWARA HIROYUKI

FIN

G3494521M



K0678953

VISIT PASS Immigration Regulations

13-06-2018

Name

SUGAWARA HIROYUKI

PIN

G3494521M

Date of Birth

11-05-1974

Sex

M

Nationality

JAPANESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass
App to check status



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



日 本 国
JAPAN

国 際 自 動 車 交 通
INTERNATIONAL MOTOR TRAFFIC

国 際 運 転 免 許 証
INTERNATIONAL DRIVING PERMIT

1949年9月19日の道路交通に関する条約
CONVENTION ON ROAD TRAFFIC OF 19 SEPTEMBER 1949

発 給 地
Issued at

YAMAGATA, JAPAN

発 給 年 月 日
Date of Issue

JUL. 02, 2018

18-00444-249101349370



山 形 県 公 安 委 員 会
YAMAGATA
PREFECTURAL PUBLIC SAFETY COMMISSION

Yukiko Kobayashi

This permit is valid in the territory of all the Contracting States with the exception of the territory of the Contracting State where issued, for the period of one year from the date of issue, for the driving of vehicles included in the category or categories mentioned in the last page of this permit.

It is understood that this permit shall in no way affect the obligation of the holder to conform strictly to the laws and regulations relating to residence or to the exercise of a profession which are in force in each country through which he travels.

二輪の自動車（両手付きのものを含み、身体障害者用車内及び受車状態における重量が400キログラム（900ポンド）をこえない三輪の自動車）	A
車用に限され、運転者席のほかに8人分をこえない座席を有する自動車又は貨物輸送の用に供され、許容最大重量が3,500キログラム（7,700ポンド）をこえない自動車。この種類の自動車には、軽量の機車引車を連結することができる。	B
貨物輸送の用に供され、許容最大重量が3,500キログラム（7,700ポンド）をこえる自動車。この種類の自動車には、軽量の機車引車を連結することができる。	C
車用に限され、運転者席のほかに8人分をこえる座席を有する自動車。この種類の自動車には、軽量の機車引車を連結することができる。	D
運転者免許を受けた者、又は自らの自動車に軽量の機車引車以外の機車引車を連結した車両	E

<p>この著作権の所有権は、 における著作権の保護により禁止される。</p>	<p>この著作権の所有権は、 における著作権の保護により禁止される。</p>
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当局の
レベル又は2
ステップ

場 所：
年 月 日：
著 者：

上の欄がすでに使用されているときは、他の除外欄
を使用するものとする。

1 SUGAWARA
2 HIROYUKI
3 YAMAGATA, JAPAN
4 MAY 11, 1974
5 5-41 NIIGATAMACHI TSURUOKA-SHI
YAMAGATA, JAPAN



Service au
cœur de
l'activité



<p>  University of Toronto Faculty of Education Department of Curriculum Studies 100 St. George Street, 6th Floor Toronto, Ontario M5S 1A5 Canada Tel: (416) 978-2839 Fax: (416) 978-2839 Email: curriculum@utoronto.ca </p>	<p>  University of Alberta Faculty of Education Department of Curriculum Studies 100 St. George Street, 6th Floor Toronto, Ontario M5S 1A5 Canada Tel: (416) 978-2839 Fax: (416) 978-2839 Email: curriculum@utoronto.ca </p>
--	--



Hiroaki Sugawara
Signature du titulaire

EXCLUSIONS
(pays)

I	V
II	VI
III	VII
IV	VIII

**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, 1968 (MALAYSIA)

M.Z.400

Comprehensive Commercial Motor		(The below excess is subject to GST)	
CERTIFICATE NO.	999994316	POLICY EXCESS	S\$800.00 ** (I)
		WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PARF	Yes
1) VEHICLE REGISTRATION NO.	SMD6345R		
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	DBS Bank Ltd	
*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

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

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ORIGINAL

AUTHORISED REPRESENTATIVE

SSPKWJ