

**NATIONAL Assessment Centre Services.** [ver 1 Jan 03] **NA1903111**

|                                  |  |                       |         |
|----------------------------------|--|-----------------------|---------|
| Date In: <b>30/01/2019 15:54</b> | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>NA1903111/4</b>       | SAS e-filing                             |                       |         |
| Veh No: <b>888 711 R</b>         | E-mail (Wjda 2hrs, AIC 2hrs)             |                       |         |
| D.O.A: <b>20/01/2019 12:45</b>   | I-Motor Claim Form                       |                       |         |
| OID / TP: <b>Reporting Only</b>  | I-Motor W/O (Within OD 2hrs, TP 4hrs)    |                       |         |
| TP Insurer:                      | I-Photo Uploaded                         |                       |         |
|                                  | Assessment/Survey Report                 |                       |         |
|                                  | Ass't Report by Fax / Hand to Owner/Whse |                       |         |

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

TP Particulars: ( ) Veh No: **Unknown** 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: ( )

Completed by: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date: ( )

Time: ( )

Location: ( )

Weather: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

**NA1903111**

Driver/Owner: ( )

Contact No: ( )

Damaged Portion: ( )

QC Checked by (Engr-In-Charge): ( )

Additional Comments: ( )

Date: ( )

Time: ( )

Location: ( )

Weather: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

|   |             |
|---|-------------|
| 1) AR: Accident Reporting (\$30)                |             |
| 2) DA: Damage Assessment (\$100)                | INC (\$40)  |
| 3) TP: Towing Fee                               | \$40/45     |
| 4) PT: Follow-Through Survey                    | \$120       |
| 5) PT: Follow-Through Survey (Resurvey)         | \$30        |
| Forfeiture of refund INC Only (ver 10 Jan 2003) |             |
| 6) TR: Re-inspection                            | \$75        |
| 7) NI: Idas DA + SMRT Survey                    | \$160       |
| 8) NTUC Additional Services:                    |             |
| ON:   | \$1         |
| NS: Courtesy Car / TP Allowance                 | \$10        |
| NR: Repair Coordination                         | \$25        |
| NP: Post Repair Inspection                      | \$5         |
| ND: DV / Collect Excess Coordination            | \$30        |
| TE (NI): TP (N-in INC)                          | \$30        |
| NI: Idas Mobile                                 |             |
| Invoice dated                                   | Fee Charged |
| Invoice dated                                   | Fee Charged |



### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy 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             | 30/04/2019 15:54                          |
| Date Of Accident           | 24/04/2019 12:45                          |
| Exact Location Of Accident | 24 PENJURU ROAD S'PORE COMMODITY HUB(CWT) |
| Country/State of Loss      | SINGAPORE                                 |

#### DETAILS OF OWN VEHICLE

|                             |                             |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBH711R                     |
| <b>Insured/Policyholder</b> |                             |
| Name Of Registered Owner    | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No                   | 200710651D                  |
| Email Address               | ALEX.TAN@MAYBEV.COM.SG      |
| Mobile Phone No             | (LOCAL) +65-97343713        |
| Alternative Phone No        | OFFICE-97343713             |

#### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | FIAT               |
| Model  | DOBLO              |
| Exact Purpose for which vehicle was being used at time of accident           | VAN WAS PARKED     |
| 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             | 999994313                            |
| Cover Note Number         |                                      |

#### Driver

|                      |                        |
|----------------------|------------------------|
| Name of Driver       | TAN NGAK LENG          |
| NRIC No              | S1607675I              |
| Date Of Birth        | 26/10/1963             |
| Occupation           | INDOOR                 |
| Date Of Driving Pass | 26/01/1986             |
| Driving Experience   | 33 YEARS AND 2 MONTHS  |
| Gender               | MALE                   |
| Mobile Number        | (LOCAL) +65-97343713   |
| Fax Number           |                        |
| Contact Number       | OTHERS-97343713        |
| Email Address        | ALEX.TAN@MAYBEV.COM.SG |

|   |                                     |
|---|-------------------------------------|
| Address   | BLK 399 YISHUN AVENUE 6<br>#11-1168 |
| Postcode  | 760399                              |
| 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   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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                         | 1   |
| 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)   | 0   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE                        |
| Police Station Address                    | ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: 1800-8529999 - FAX NO: 68522299                         |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190424/2141

#### 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 |            |
| Vehicle Make/Model/Colour   |            |
| Details Of Properties       |            |
| Vehicle Category            | NA/UNKNOWN |
| Name of Driver              |            |
| NRIC/Passport Number        |            |
| 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.

### B. 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/PIN No.:

SKETCH PLAN

24 PENJURU ROAD (CWT) COMMODITY HUB



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24.04.2019 AT 09:00, I DROVE THE RENTAL VAN GBH 711R TO 24 PENJURU ROAD, CWT COMMODITY HUB. PARKED AND PROCEED TO OFFICE. THERE IS NO DAMAGE TO THE VEHICLE.

LATER AT 12:45, RETURNED TO THE VEHICLE AND DISCOVERED THERE IS DENT ON THE FRONT LEFT PASSENGER DOOR.

MADE POLICE REPORT ON 24.04.19 ~ 20:45

POLICE REPORT T/20190424/2141

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/20190424/2141

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190424/2141

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                           |
|--|------------------|---------------------------|
| Date/Time Report Made:<br>24/04/2019 20:40 | Vide Report No.: | Station Diary No.:<br>129 |
|--|------------------|---------------------------|

### Informant's Particulars

|  |            |                              |  |                            |
|--|------------|------------------------------|--|----------------------------|
| Name of Informant:<br>TAN NGAK LENG      |            |                              | Address:<br>APT BLK 399 YISHUN AVENUE 6 #11-1168 SINGAPORE<br>760399 |                            |
| ID Type / ID No.:<br>NRIC NO / S16076751 |            |                              | Contact No.:<br>Home/Office:   | Mobile: 97343919           |
| Nationality:<br>SINGAPORE CITIZEN        |            |                              | Email:   |                            |
| Sex:<br>Male                             | Age:<br>55 | Date of Birth:<br>26/10/1963 | Type of Informant:<br>Driver   |                            |
| Race:<br>Chinese                         |            |                              | Language:<br>English   | Institution / School Name: |
| Occupation:<br>Asst. Technical Manager   |            |                              | Driving Licence Information:<br>Class: 2B,2A,3<br>Date of Expiry:    |                            |

### General Information of the Accident

|   |                                    |                    |  |                                     |
|---|------------------------------------|--------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Hit and Run          | Drink Drive:<br>No | Date/Time of Accident:<br>24/04/2019 12:45 | Type of Location:<br>Car Park       |
| Location:<br>Along Road 1<br>PENJURU ROAD<br><br>24 Penjuru Road, Singapore Commodity Hub (CWT) |                                    |                    |  |                                     |
| Weather:<br>Clear   | Road Surface:<br>Dry               |                    | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>Two Way  | Traffic Control:<br>Not Controlled |                    | Traffic Volume:<br>Light                   |                                     |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle                                   |                                    |                    |  | Anyone conveyed by ambulance:<br>No |

### Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition        | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| GBH711R     | Van  | FIAT | Doblo | White | Slightly Damaged | 0               |

### Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20190424/2141

2 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No, T/20190424/2141

**CONTINUATION OF REPORT**

| Driver                            |               |  |                                       |
|-----------------------------------|---------------|--|---------------------------------------|
| Name                              | TAN NGAK LENG | ID No.                                 | S1607675I                             |
| Related Vehicle                   | GBH711R (Van) | Contact No.                            | 97343919                              |
| Hospital/Clinic                   | NIL           | Class of Driving Licence & Expiry Date | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL           | Date Discharge                         | NIL                                   |
| No. of Days granted Medical Leave | NIL           | Degree of Injury                       | NIL                                   |

**Brief Details.**

On 24.04.2019 at 9.00am, I drove the rental van of registration no.GBH711R (White, Fiat Doblo) to 24 Penjuru Road, Singapore Commodity Hub (CWT) building. After I had parked the said vehicle (unable to recall the lot number) and I proceed to my office. There is no damage to the said van.

Later at 12.45pm, I returned to the vehicle and discovered there is a dent on the front left passenger door. The cost of repair is unknown. There is no note left behind on the said vehicle.

I am lodging this report for the rental company record.







**SINGAPORE  
POLICE FORCE**



T/20190424/2141

3 of 3

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No. T/20190424/2141

**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:

L /

Sr Staff Sgt SAIFUDIN BIN HASSAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/04/2019 20:40

Officer in Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No: 65476144

Classification Of Case:

Authentication Stamp

NP168

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the Authorized 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 Authorized 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 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: 24/4/19  | Time: 9:00 - 12:45 |
| Exact Location of Accident  | 1 | 24 BENJURU ROAD CW7 COMMODITY HUB  |                    |
| <b>DETAILS OF OWN VEHICLE</b>   |   |  |                    |
| Vehicle Registration Number   | * | GBH 711 R  |                    |
| <b>INSURED / POLICYHOLDER (OWN VEHICLE)</b>                             |   |  |                    |
| Name of Registered Owner (See Insurance Cert.)                          |   |  |                    |
| Personal Identification - NRIC (Singaporean/PR)                         |   |  |                    |
| - FIN/Passport Number   |   |  |                    |
| - Not Applicable  |   |  |                    |
| <b>VEHICLE PARTICULARS (OWN VEHICLE)</b>                                |   |  |                    |
| 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<br><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      | * | PARKED. OFFICE HOUR  |                    |
| 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 type="radio"/> Third Party <input checked="" type="radio"/> Reporting)  |                    |
| <b>INSURANCE COMPANY (OWN VEHICLE)</b>                                  |   |  |                    |
| 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  | ✓ | TAN NGOR LENG  |                    |
| Personal Identification - NRIC (Singaporean/PR)                         | ✕ | S160767512   |                    |
| - FIN/Passport Number   | ✕ |  |                    |
| Date of Birth   | ✓ | 26 /dd 10 /mm 63 /yy   |                    |
| Driving Date Pass   | ✓ | 26 /dd 01 /mm 85 /yy   |                    |
| Year of Driving Experience  | ✓ | 20 + Year(s) Month(s) Month(s)   |                    |
| Occupation  | ✓ | ASST TECHNICAL MGR <input checked="" type="radio"/> Indoor <input checked="" type="radio"/> Outdoor  |                    |
| Gender  | ✓ | <input checked="" type="radio"/> Male <input type="radio"/> Female   |                    |
| Contact Number / Mobile Phone / Fax No.                                 | ✕ | 97342719   |                    |

|   |   |  |   |
|---|---|--|---|
| Address of Driver   | 3 | D11-1168 BLK 399                       |   |
|   |   | YISHUN AVE. 6 3 (760399)               |   |
| Email Address   | 4 | ALEX.TAN @ MAYBEV.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)                             |   |  |   |
| <b>GENERAL INFORMATION OF THE ACCIDENT</b>  |   |  |   |
| Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear) | 5 | MOVING VEHICLE AGAINST PARKED VEHICLE  |   |
| Weather Conditions  | 6 | <input checked="" type="radio"/> Clear | <input type="radio"/> Raining <input type="radio"/> Others            |
| Road Surface  | 7 | <input checked="" type="radio"/> Dry   | <input type="radio"/> Wet <input type="radio"/> Others                |
| <b>OTHER INFORMATION</b>  |   |  |   |
| 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  |
| <b>DETAILS OF POLICE ACTION</b>   |   |  |   |
| Was the Accident reported to the Police?  | 8 | <input checked="" type="radio"/> Yes   | <input type="radio"/> No (if Yes, please state which Police Station.) |
| Police Station Name   |   |  |   |
| Police Station Address  |   |  |   |
| Police Station Contact  |   | Tel No.                                | Fax No.   |
| Was notice of intended Prosecution given?   |   | <input type="radio"/> Yes              | <input type="radio"/> No (if Yes, against whom?)                      |
| <b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>  |   |  |   |
| Vehicle Registration Number   | 9 | UNKNOWN                                |   |
| 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)                           |   |  |   |





2444421

S10776721

22-00-1894

A+

22-00-1894

APT BLK 359, YISHUN AVENUE 6  
#11-1168  
SINGAPORE 2776

APR 2019

FOR AGE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class 10 Motorcycle (not exceeding 200cc)

Class 2A Motorcycles (above 200cc and up to 400cc)

Class 2 Motor Cars and Motor Vehicles (the weight of which exceeds 350kg and not exceeding 2000kg)

22 JAN 1987

22 JAN 1987

26 JAN 1988

1250

APR 2019

**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

(The below excess is subject to GST)

**Comprehensive Commercial Auto Plus**  
**CERTIFICATE NO.** 999994313**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.**

GBH711R

**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 \$3,000 applies to drivers between below 23 years of age and/or with driving experience of less than 12 months.

Additional excess of \$500 applies to all claims for accident outside Singapore.

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\***

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

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 driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 2) Use whilst drawing a trailer except the towing (other than for reward) of anyone disabled using a mechanically propelled vehicle;
- 3) use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and
- 4) Use for any purpose in connection with Motor Trade.

**LOSS OF USE** Not Included**HIRE PURCHASE COMPANY** Hong Leong Finance 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

Acorn International Network Pte Ltd

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AUTHORISED REPRESENTATIVE

ORIGINAL

SSPTKY