

NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MAA119085267-01

Date In: 117/119 14:17	Job description	Date & Time Completed	Done by
Ref No: NA/ TMI 190/11584/164	SAS e-illing		
Veh No: GBE 5267P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/6/19 20:30	I-Motor Claim Form		
OD: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SCP 9588 S 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: ()

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

Actions: ()

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NA1904848

Claimant's Particulars:	Invoice Description	Amount (\$)	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30	
Ref:	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection	\$75	
	7) NI: Idan DA + SMRT Survey	\$160	
	8) NIUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$5	
	TP (N11): TP (Non INC) against INC	\$20	
	9) NI2: Idan Mobile	\$0	
	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 willful 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	01/07/2019 14:17
Date Of Accident	30/06/2019 20:30
Exact Location Of Accident	JUNC OF NEW UPP CHANGI RD E & BEDOK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5267P
Insured/Policyholder	
Name Of Registered Owner	KUBER GLOBAL PTE LTD
Co Reg No	201003033D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91801356

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MS000383
Cover Note Number	-

Driver

Name of Driver	ISAC VINCENT JAYARAJ
NRIC No	S7263370I
Date Of Birth	04/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	03/03/1997
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83559019
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 540 BEDOK NORTH ST 3 #03-1214
Postcode	460540
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : JOSLINAA
	GENDER: : FEMALE

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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCP9588S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH LIAN HUAT
NRIC/Passport Number	S0941381B
Contact Number	96339588
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.
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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 to 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.
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.



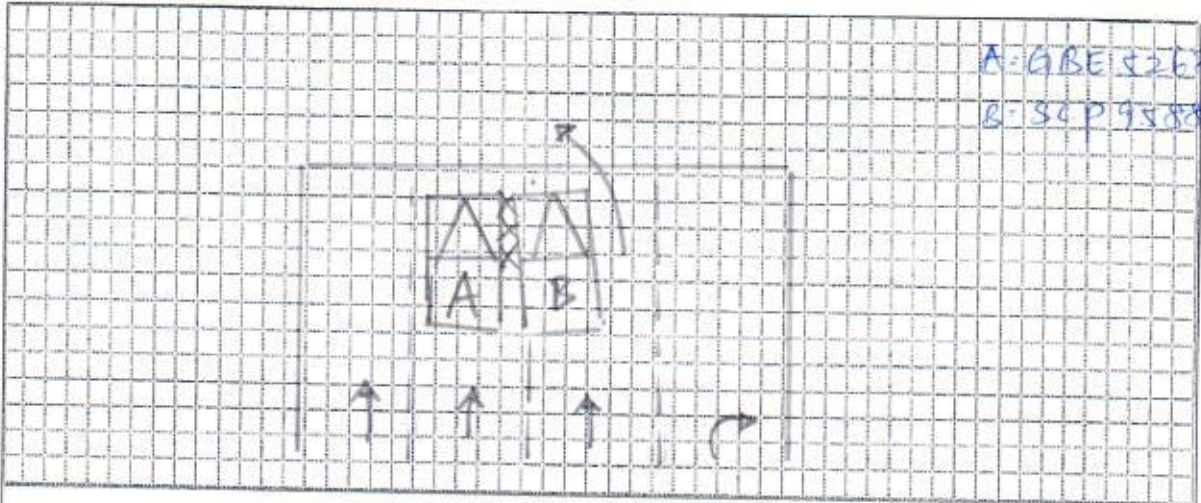
Policyholder's Signature
Date & Time

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When the traffic light turn green, I proceed to go straight. Suddenly the vehicle B on my right try to cut into my lane and hit onto my vehicle right portion.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 14 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

(We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time

[Signature]

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



[Signature]

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

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 : MNA119085267 Vehicle Registration No: GBE5267P
Name(as shown in NRIC) : ISAC VINCENT JAYARAJ NRIC/FIN/Passport No : S7263370I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 83559019
Email Address : _____
Date of Accident : 30/06/2019 Time of Accident : 20:30
Place of Accident : JUNC OF NEW UPP CHANGI RD E & BEDOK RD
Insurance Company: Tokio Marine Insurance


(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:

AMEND ADD IN CAR MODEL: DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE

AMEND ADD IN Co Reg No: 201003033D

Policyholder / Driver's Signature
Date:



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

27/1/19.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to **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 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 Police for investigation.
7. 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.
8. By 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 and Time of Accident	Date: 30/6/2019 Time: 8.30pm
Exact Location of Accident	Jurong Rd of New Upp Changkat E & Bedok Rd.
Country / State of Loss	SG.
Acc / Loss GPS Coordinates	Latitudes: Longitudes:
Click on "Map" button to pinpoint exact location of accident/loss on the map	


DETAILS OF OWN VEHICLE

Vehicle Registration Number	G3E 5267P
Insured / Policyholder	
Name of Registered Owner (See Insurance Cert.)	<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Company Kuber Global Pte Ltd.
ID of Registered Owner	<input type="checkbox"/> Co Reg No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.
Email Address	jeena@kuberglobal.com
Mobile Phone No. <input type="checkbox"/> Local <input type="checkbox"/> Foreign	91801356 - Jeena
Alternative Phone No.	
Vehicle Particulars (Own Vehicle)	
Manufacturer	
Model	
Type of Vehicle*	<input type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	working use.
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Pls select: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle
Insurance Company (Own Vehicle)	
Name of Insurance Company *	Tokio Marine
Type of Policy	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number	MS000383
Motor CI	

DRIVER	<input type="checkbox"/> Same as Insured above	
Name of Driver	ISAC VINCENT JAYARAJ	
ID of Driver	<input type="checkbox"/> Co Reg No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No. 572633702	
Date of Birth	/ /	
Occupation		
Driving Date Pass	/ /	
Year of Driving Experience in Singapore	Year(s)	Month(s)
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Mobile Phone No. <input checked="" type="checkbox"/> Local <input type="checkbox"/> Foreign	83559019	
Fax No. <input type="checkbox"/> Local <input type="checkbox"/> Foreign		
Alternative Phone No.		
Address of Driver	Postcode ()	
Email Address	vincent.jayaraj@gmail.com	
Was driver an employee of the Insured's Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Relationship of the Driver with the Insured		
Does the Driver Own Any Vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	(Vehicle 1)	
	(Vehicle 2)	
	(Vehicle 3)	
Insurance Company of Driver's Own Vehicle (if applicable)	(Vehicle 1)	
	(Vehicle 2)	
	(Vehicle 3)	
General Information Of The Accident		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)		
Weather Conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, _____	
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, _____	
Other Information		
Was any foreign vehicle involved in this accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Foreign Vehicle Registration Number		
Foreign Vehicle Category	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle	
Number of vehicles involved in the accident		
Was any body injured in the accident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was any injured conveyed to hospital by ambulance?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was any other vehicle or property damaged? (including witness)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
I have been approached by unknown person(s) soliciting / offering accident claim assistance.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Number of Passengers (Including Driver)	2.	
Passenger 1	Name: <u>Justin</u>	Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
Passenger 2	Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passenger 3	Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passenger 4	Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passenger 5	Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
(Note - Please use page 7 if you need to add more details)		
Details Of Police Action		
Was the Accident reported to the Police?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, against whom?)	
Attachment(s)		
Are accident photographs available for attachment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was there any audio recorded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
DETAILS OF OTHER VEHICLE / PROPERTY 1		
Vehicle Registration Number	<u>SCP 9588S</u>	
Vehicle Make/ Model/ Colour	<u>Bmw / Black Blue</u>	
Details of Property Damaged in Accident		
Vehicle Category	<input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle	
Name of Driver	<u>Koh Lian Hui</u>	
ID of Driver	<input type="checkbox"/> Co Reg No. <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.	
Contact Number	<u>509413815</u> <u>96339588</u>	
Address		
Name of Insurance Company		
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 7 if you need to add more vehicles)		
Details of Witness 1		
Name		
Phone		
Email Address		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S72633701



Name
ISAC VINCENT JAYARAJ



ஐ வினசென்ட் ஜெயராஜ்

Race
INDIAN

Date of birth
04-03-1972

Sex
M

Country of birth
INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S72633701

Name:
ISAC VINCENT JAYARAJ



Birth Date: 04 Mar 1972

Issue Date: 06 Mar 2009




001716534D

8756362

NRIC No. S72633701

Nationality
INDIAN

Date of issue
15-02-2006


APT BLK 540 BEDOK NORTH STREET 3 #03-1214
SINGAPORE 460540

NRIC No: S72633701 Date: 03/06/2008 No: 6009273

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES


Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

Pass Date: 03 Mar 1997



NP 428A

Licence No: S72633701



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MZ300

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)

Policy No.: MS000383 (Commercial Vehicle)

- | | | |
|---|---|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBE5267P | Chassis No.: ZFA26300006B18459 |
| 2. Name of Policyholder | KUBER GLOBAL PTE. LTD. | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 08/01/2019 (10:59:13) | |
| 4. Date of Expiry of Insurance | 07/01/2020 | |
| 5. Persons or Class of Persons entitled to drive* | Any person who is driving on the policyholder's order or with their 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to use*

- 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.

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

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

IMPORTANT NOTICE

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

ADDITIONAL INFORMATION

Account No: E2464DDDB

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 3,000.00	(All Claims)
	WindScreen Excess	SGD 100.00	
Financial Interest:	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE		
Additional Terms:	FLEET RATED RISKS - CANCELLATION OF NO CLAIM DISCOUNT		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature