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D.O.A: 210	)
I-Mater W/O (within: oD 2hrs. TP 4hrs) i-Photo Uploaded  Assessment/Survey Report  Ass't Report by Fax/Hand to Owner/Wksp  Preferred Wksp /MNC Assign Wksp / GW: { Tel: Fax:  IP Particulars: Veh No: Who See 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: (S ) Londing: \$1,000 () / \$2,000 ()  General Remarks: ( Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.	)
I-Mater W/O (within: oD that TP 4hrs)   I-Photo Uploaded    -Photo Uploaded	1
TP Insurer:  Assessment/Survey Report  Ass't Report by Fax/Hand to Owner/Whan  Preferred Wkep MNC Assign Wkep / QW: ( Tot: Fax:  I'P Particulars: Vch No: State State ( ) / Non-INC ( ).  Owner / Driver: ( Tel: )  Policy No: ( ) Period: ( ) Cover Type: ( )  Confirmed by: ( Date: Time: )  Insured/Driver Liability: ( %) [Note-Est States (WO): N: 0-20%; P: 21-79%. P: 80-100%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (S ) Londing: \$1,000 ( ) / \$2,000 ( )  General Remitries: ( Ustomer's information strictly Confidential & Strictly NO refer of repairs.  ( ) Walk-In Concorner: Customer's information strictly Confidential & Strictly NO refer of repairs.	)
TP Insurer:  Ass't Report by Fax / Hand to Owner/Wksp  Preferred Wksp / HNC Assign Wksp / QW: ( Tot: Fax:  TP Particulars: Veh No: HC () / 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: 80-1/30%]  Year of Registration: ( ) Warranty: YES ( ) / NO ( )  Excess: (S ) Londing: \$1,000 ( ) / \$2,000 ( )  General Reminutes: ( Customer's information strictly Confidential & Strictly No refer of repairer.  ( ) Walk-In Caucomar: Customer's information strictly Confidential & Strictly No refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.	1
Ass't Report by Pax Hand to Owner Wish  Preferred Wksp MNC Assign Wksp / QW: ( Tel: Fax:  TP Printiculars: Veli No:  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: 80-150%]  Year of Registration: ( ) Wattanty: YES ( ) / NO ( )  Excess: (S ) Londing: \$1,000 ( ) / \$2,000 ( )  General Remitalists: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Wulk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.	1
Preferred Wkep Mic Assign Wkep / GWY.  IP Particulars:   Veh No:   SPG   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: \$0-100%]    Year of Registration: ( ) Wattanty: YES ( ) / NO ( )    Excess: (S ) Londing: \$1,000 ( ) / \$2,000 ( )    General Remarks: ( Customer's information strictly Confidential & Strictly No refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.	
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: (S ) Londing: \$1,000 ( ) / \$2,000 ( )  General Remarks: Customer's Information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.	
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: ( ) Wattanty: YES ( ) / NO ( )  Excess: (S ) Londing: \$1,000 ( ) / \$2,000 ( )  General Remarks: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.	
Confirmed by: ( Date: Time: )  Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]  Year of Registration: ( ) Wattanty: YES ( ) / NO ( )  Excess: (S ) Londing: \$1,000 ( ) / \$2,000 ( )  General Remitrities ( ) Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.	
Insured/Driver Liability: ( %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]  Year of Registration: ( ) Wattanty: YES ( ) / NO ( )  Excess: (S ) Londing: \$1,000 ( ) / \$2,000 ( )  General Reinfur)ts: 2-2.  ( ) Walk-In Customer's Information strictly Confidential & Strictly NO rafer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.	
Year of Registration: ( ) Wattanty: YES ( ) / NO ( )  Excess: (S ) Londing: \$1,000 ( ) / \$2,000 ( )  General Remarks: Customer's Information strictly Confidential & Strictly NO refer of repairer.  ( ) Walk-In Concomer's to e-mail Insurer URGENTLY.	
Execss: (\$ ) Londing: \$1,000 ( ) / \$2,000 ( )  General Reinfur)ts: 2	
General Remitrits:  ( ) Walk-In Contour: Customer's information strictly Confidential & Strictly NO refer of repairer.  ( ) Total Loss Case : to e-mail Insurer URGENTLY.	
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( ) Total Loss Case : to e-mail Insurer URGENTLY.	
NO. NO.	
Y Lower Lot ( ) Lower NO( ) Towing Co. (	````
Directif Attended Attended	
Remarks: Dates: Time Completed P Don	s by
Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	
Injury:	
Directions Actions and the second sec	
29130m	Arti (\$)
1 Trypice Freparation Checklist	(A-10)
1) AR: Accident Reporting (\$30);	
Clumbutts Particulars :- 2) DA: Dunage Assessment (\$100); INC (\$80)  3) TF: Towing Fee 540/345	
Driver/Owner Survey \$120	
Contact No: For slaiming anglest INC Only (well 10 Jan 1993)	
Damiged Portion: 7) N1: Idea DA + SMRT Survey . 5160	
8) NYUC Additional Servinesia	
QC Checked by (Engr-In-Charge): 103: Contray Car/Tpl Allowance 55	
*N6; Repair Co-ordination 510	
Auditors' Comments : N8: DV / Collect Excess Cogidination \$5	
TP (N(t) : TF (N in INC) against INC   \$20	
Invoice dated Fee Charged	1370
1 /1 'd Five Charged 6E:91 81	

#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 lasue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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.

<ol> <li>By the lodgement of this report to the insurers, your aforesaid.</li> </ol>	u nereby consent to the archiving of this report at the centre and its copies of the report being made available
1 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	ACCIDENT STATEMENT
Date Of Report	02/08/2019 17:41
Date Of Accident	22/07/2019 07:00
Exact Location Of Accident	BLK 218 MARSILING CRESCENT CARPARK LOT NO:210
Country/State of Loss	SINGAPORE
<b>全国的位置</b> 新州岛南部	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE4742R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	KOKPENG111@YAHOO.COM

Mobile Phone No (LOCAL) +65-84811236 OFFICE-84811236 Alternative Phone No.

Vehicle Particulars

FIAT Manufacturer

DOBLO CARGO MAXI 1.6 MTJ AMT GLAZE Model

Exact Purpose for which vehicle was being used at VAN WAS PARKED

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

NO

THIRD PARTY If No, Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE, LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

YES Fleet Policy

999994313 Policy Number

Cover Note Number

Driver

YAP KOK PENG Name of Driver NRIC No G7621301T Date Of Birth 16/03/1988 OUTDOOR Occupation 22/04/2014 Date Of Driving Pass

Driving Experience 5 YEARS AND 3 MONTHS

Gender MALE

(LOCAL) +65-84811236 Mobile Number

Fax Number

OTHERS-84811236 Contact Number

KOKPENG111@YAHOO.COM EMail Address

Address

BLK 218 MARSILING CRESCENT

#04-33

Postcode

730218

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

0

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-3689999 - FAX NO: 63682383

Was notice of intended Prosecution given?

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190722/2105

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

SHA8891S

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

91593650

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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

Policyholder's Signature Rays 1998

\* 490 22/7/19

Driver's Signature (8 driver is not the policyholder) / Date & Time Wildersed by Reporting Centre Programs Works

## SKETCH PLAN

#### IMPORTANT NOTICE

- 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.
- 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.
- 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.
- This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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.
- 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 with my claims including the settlement of the claims and any necessary invostigations 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 GtA 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.

Policyholder's Signature Pal & Time

Policyholder's Signature & driver is not the policyholder) / Date

Wignessed by Reporting Control Wignessed by Reporti

Sketch Plan &
Accident

My Vehicle GBE4242R is parking in a parking lot at open
car park Located BIK 218 Marsiling croscent.

The driver of the Taxi SHA88915 reverse the vehicle and
Knock on my vehicle GBE4242R Left front wheel side and
caused dented to my Vehicle.

PANCE REPORT TIMES 1072 2105





1 of 3

Report No. T/20190722/2105

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2019 16:09		lade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partice	lars		to the state of th		
Name of Informant: YAP KOK PENG			Address: APT BLK 218 Marsiling Crescent #04-33 SINGAPORE 730218			
ID Type / ID No.: FIN NO / G7621301T		Т	Contact No.: Home/Office:	Mobile: 84811236		
Nationality: MALAYSIAN			Email:			
Sex: Male	Age:	Date of Birth: 16/03/1988	Type of Informant: Driver			
Race: Chinese Occupation: COMPANY DRIVER			Language:	Institution / School Name:		
		R	Driving Licence Information: Class: 2B,3	Date of Expiry:		

Seneral Inform	mation of the Accident	THE RESIDENCE OF THE PARTY OF T		The state of the s	
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/07/2019 07:00	Type of Location: Car Park	
Location: Along Road 1 MARSILING		OT NUMBER 210			
		Road Surface:	R	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle		icle	а	Anyone conveyed by imbulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE4742R	Van				Slightly Damaged	0
SHA8891S	TAXI					0





2 of 3

Report No. T/20190722/2105

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

CONTINUATION OF REPORT

#### Brief Details.

On the 19/07/2019 at about 1600hrs, I parked my company vehicle (GBE4742R) at Blk 218 Marsiling Crescent Open space carpark Lot Number 210 Everything was intact before I left to home. On the 22/07/2019 at about 0700hrs, I went to retrieve my vehicle and I discover there's a yellow note at my windscreen stating that "SHA8891S" Yellow Taxi. I made a check on my vehicle and discover there's a slight damage at the left side of my vehicle. I then called Taxi Hotline to check the vehicle number given. A few mins later the driver of "SHA8891S" called me and informed that he hit onto my vehicle while he was reversing and wanted to park beside my vehicle. He told me that the incident took place at the night and he could not see. A passerby saw the incident and place a note on my van windscreen. I then informed the matter to my company and was told me to lodge a police report.





3 of 3 Report No. T/20190722/2105

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE

Tel No: 1800-3689999

CONTINUATION OF REPORT

## Sketch Plan

NP168

Informant is not able to provide sketch plan

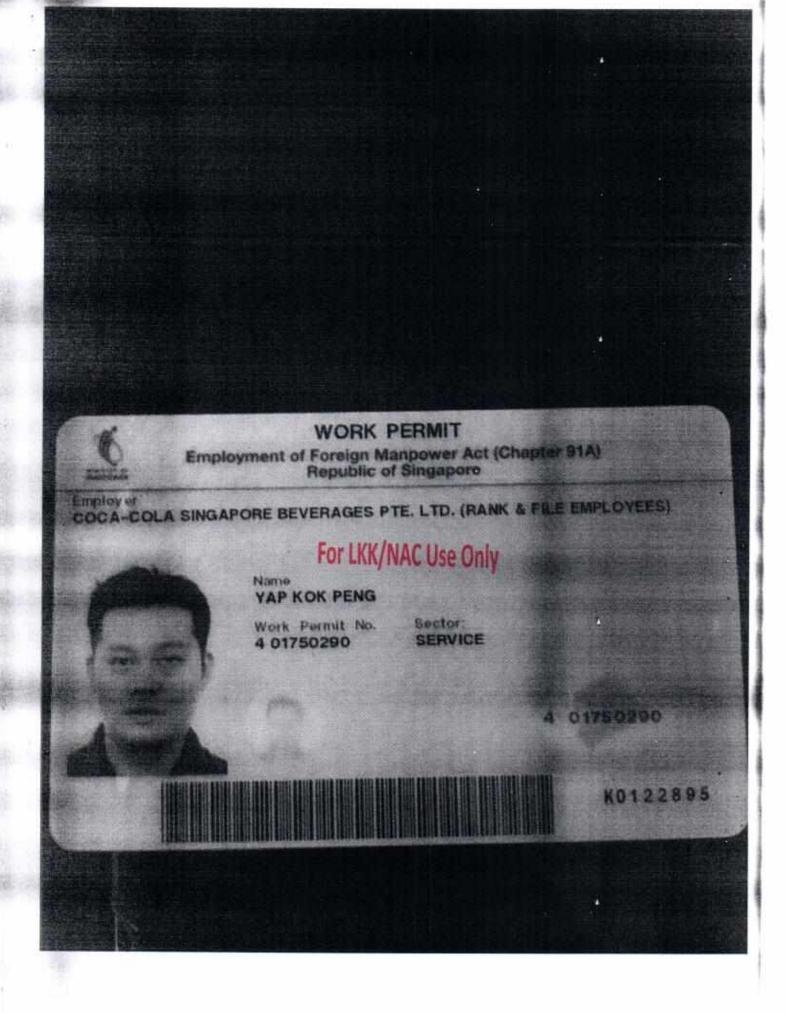
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sgt 2 MOHAMMAD MALIK BIN MOHAMMED ANIFAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/07/2019 16:09
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	

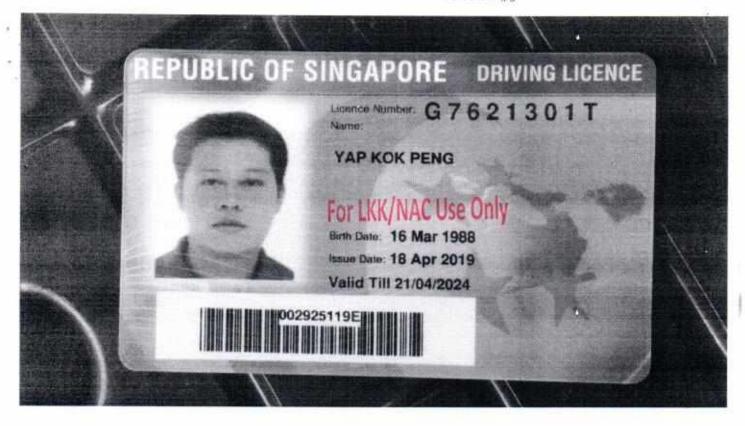
#### SINGAPORE ACCIDENT STATEMENT IMPORTANT NOTICE 1. Complete and submit this Form to ..... Authorised Reporting Centre ("ARC") for effling. Please report correctly the details of the accident to speed up the claims process. This Form must be completed by the Policyholder and/or the Authorised Driver 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. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies. Any false reporting may be referred to the Traffic Police Department for investigation. ACCIDENT STATEMENT Date and Time of Accident Date: 2217/19 Time: 10:30 pr-1 Exact Location of Accident Cur Park BIK 210/218 Marsiling Crescent-V114 DETAILS OF OWN VEHICLE Vehicle Registration Number \* GBE 4742R 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\* MPV ORV Van C Lorry M/cycle Others, Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No (If No,Pls select / Third Party your vehicle? Vehicle Category\* Private Commercial ) Motorcycle INSURANCE COMPANY (OWN VEHICLE) Name of Insurance Company \* Type of Policy Comphensive Third Party Fire & Theft Fleet Policy Yes Policy Number Motor C1 DRIVER Same as Insured above Name of Driver Yup Kok Penny Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number GX621301T Date of Birth \* 16 dd/ 03 mm/ 1988/yy Driving Date Pass 27 dd/ 04 mm/ 2014/yy Year of Driving Experience 5 Year(s) 3 - Month(s) Occupation \* Market Developer Indoor (V) Outdoor \* Male Female Gender Contact Number / Mobile Phone / Fax No.

\* 84811236

Address of Driver	BIK 218 Marsiling Cres #04-33
Email Address	+ 14014 PEH 11 111@ Ya hoo. CD1~
Was driver an employee of the insured's Company?	Yes No
If No, Relationship of the Driver with the Insured	THE COURT SHE WITH
Vehicle Registration Number of Driver's Own	O Yes O 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	
The state of the s	+ Front to Rear
Weather Conditions	+ Clear O Raining Others
Road Surface	# Opy O Wet Others
OTHER INFORMATION	
a. Was anybody injured in the accident?	Yes No
b. Was any other vehicle or property damaged? (Including	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	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	Yes No (If Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	SHA 88913
Vehicle Make/ Model/ Colour	Yellow Taxi
Details of Properties	1011047 1021
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	9159 3650
Address	1
Name of Insurance Company	
No. of Passenger (Including Driver)	







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

**EFFECTIVE DATE** 

Class 2B Class 3

Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

22 Apr 2014 22 Apr 2014

For LKK/NAC Use Only

NP 428A





# 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.

POLICY EXCESS

S\$1,000.00

WINDSCREEN EXCESS

\$\$100.00

SUM INSURED

Market Value

INSURING WITH COE/PARF

1) VEHICLE REGISTRATION NO. GBE4742R

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 Lew 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;

use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired; and

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 (Chepter 189) and Section 95 of the Road Transport Act, 1967 (Malaysia).

17 We hareby Certify that the policy to which this Certificate relates is assert in accordance with the provisions of the Motor Vehicles (Thirs-Party Risks and Compensation) Act (Chapter 188) and Part IV of the Road Transport Act, 1967 (Malaysia).

Issued in Singapore 16 Jan 2019

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

AIG Asia Pacific Insurance Pte. Ltd.

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