NATIONAL Assessment Centre Services. [wef 1 Jan'03] NMA10005432

Date In: 26/06/2020 11:35	Job description	Date & Time Completed	Done by
Ref No: NBA/TM22000667 N/Y	SAS e-filing		
Veh No: GBG5818R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 23/06/2020 12:20	I-Motor Claim Form		
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wkshp		

Tel: Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Veh No: GY3682Y INC ( ) / Non-INC ( )

Owner / Driver: (Tel:)

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

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

Insured/Driver Liability: (%) [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

( ) 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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury :

NA2003425

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)	INC ($15)	
2) DA : Damage Assessment ($100)	$40/$45	
3) TP : Towing Fee	$170	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2003)	$75	
6) TR : Re-Inspection	$100	
7) N1 : Idea DA + SMRT Survey		
8) NTUC Additional Services:-		
OD:	$5	
*N5: Courtesy Car / Tpt Allowance	$10	
*N6: Repair Co-ordination	$25	
*N7: Post Repair Inspection	$5	
*N8: DV / Collect Excess Coordination	$20	
TP (N11) : TP (Non INC) against INC	30	
9) N12: Idea Mobile		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 25/06/2020 12:04

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	25/06/2020 11:35
Date Of Accident	23/06/2020 12:20
Exact Location Of Accident	CTE TOWARDS AYE BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5878R
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	ELDRIN.ALKHATTAB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81816923
Alternative Phone No	OFFICE-81816923
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	20-ML000245-R00
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ELDRIN BIN RAHMAT
NRIC No	SXXXX171H
Date Of Birth	02/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2013
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81816923
Fax Number	
Contact Number	OTHERS-81816923
EMail Address	ELDRIN.ALKHATTAB@GMAIL.COM

Address	BLK 134 BEDOK RESERVOIR ROAD #08-1229
Postcode	470134
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2449999 - **FAX NO**: 62447258
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200623/2129 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT CAPTURED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY3682Y
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN KUM HAN
NRIC/Passport Number	SXXXX402I
Contact Number	
Address	
Postcode	

Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ6171H
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO BIN JOO
NRIC/Passport Number	SXXXX962C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ELDRIN BIN RAHMAT
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBG5878R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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 assertion may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Mangement Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/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 any 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.

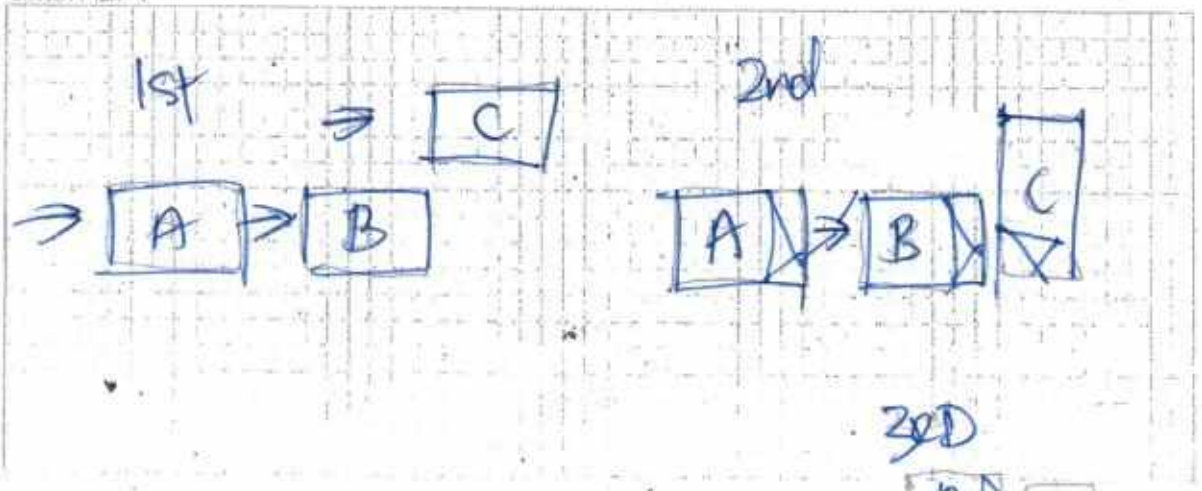
Policyholder's Signature / Date & Time

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

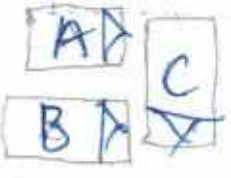
25/06/2020

Witnessed by Reporting Centre Personnel

Sketch Plan



3RD



A - GBG5878R

B - SKZ61T1H

C - GY3682Y

Describe Circumstance of the Accident *

On 23/06/2020 at about 1220 hours, I was driving my Toyota Dyna bearing vehicle registration number GBG 5878T along CTE towards AYE before Bukit Timah Exit. I was driving on the third lane when I observed that a Toyota Cabstar bearing vehicle registration number GY 3682Y which was driving on the 4th lane had lost control and the vehicle ended up turning right to block off my lane. As such, it had caused a blue Volvo bearing vehicle number SKZ6171H to collide onto it as it was unable to stop in time. As I wanted to avoid collision, I tried to filter left but my vehicle had collided the rear left side of the Volvo and eventually colliding with the Cabstar before coming to a stop. At that point of time, no one required medical attention. We managed to exchange particulars and made our own way. I wish to state that my vehicle had to be towed away. Subsequently, I felt pain at my right wrist, right knee and right toe. As such I went to Singapore General Hospital and I was issued with 5 days MC (23/6 - 27/6). I wish to add that my vehicle had an i-car camera but the workshop was unable to retreive the footage.

RICK T/20200623/2129.

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

GOLDBELL GAS RENTAL PTE LTD

Policyholder's Signature * | Driver's Signature (if driver is not the policyholder)* Date & Time | Witnessed by Reporting Centre Personnel

25/06/2020

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to the Authorised Reporting Centre ("ARC") for eFiling.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT		
Date and Time of Accident	*	Date: 23/06/2020 Time: 12:20
Exact Location of Accident	*	CTE towards AYE before Bukit Timah Exit
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	*	GRG 5878R
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner *(See Insurance Cert.)*		Goldbell Car Rental Pte Ltd
Personal Identification - NRIC (Singaporean/PR)		-
- FIN/Passport Number		-
- Not Applicable		200710651D
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model		Manufacturer Toyota Model Dyna 150 5MT
Type of Vehicle*		◯ Saloon ◯ MPV ◯ CRV ◯ Van ◯ Lorry ◯ Bus ◯ M/cycle ◯ Others:
Exact Purpose for which vehicle was being used at time of accident	*	Work
Are you claiming under your own insurance policy for repair to your vehicle?		◯ Yes ◯ No (If No,Pls select ◯ Third Party ◯ Reporting)
Vehicle Category*		◯ Private ◯ Commercial ◯ Motorcycle
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company *		Tokio Marine
Type of Policy		◯ Comprehensive ◯ Third Party Fire & Theft ◯ TP Only
Fleet Policy		◯ Yes ◯ No
Policy Number		20-ML000345-R00
Motor CI		
DRIVER		◯ Same as Insured above
Name of Driver	*	MUHAMMAD EDRIN BIN RAHMAT
Personal Identification - NRIC (Singaporean/PR)	*	S9235171H
- FIN/Passport Number	*	
Date of Birth	*	02 dd/ 10 mm/ 1992 yy
Driving Date Pass	*	27 dd/ 06 mm/ 2012 yy
Year of Driving Experience	*	8 - Year(s) Month(s)
Occupation	*	Driver ◯ Indoor ◯ Outdoor
Gender	*	◯ Male ◯ Female
Contact Number / Mobile Phone / Fax No.	*	8181 6923

Address of Driver *	BLK 134 BEDOK RESERVOIR ROAD #08-1229 Postcode: 470134
Email Address *	eldrin.alkhattab@gmail.com
Was driver an employee of the Insured's Company?	✓ Yes ○ No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	○ Yes ○ No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

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

OTHER INFORMATION

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

DETAILS OF POLICE ACTION

Was the Accident reported to the Police? *	✓ Yes ○ No (If Yes, please state which Police Station.)
Police Station Name Police Station Address Police Station Contact	Bedok North N.P.C 30 Bedok North Road 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 *	SJG 6878 R
Vehicle Make/ Model/ Colour	Toyota Dyna (Silver)
Details of Properties	
Name of Driver	MUHAMMAD ELDRIN BIN RAHMAT
Personal Identification - NRIC (Singaporean/PR)	S9235171H
- FIN/Passport Number	
Contact Number	81816923
Address	Blk 134 Bedok Reservoir Road #08-1229 470134
Name of Insurance Company	
No. of Passenger (Including Driver)	-

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

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	GY 3682 Y
Vehicle Make/ Model/ Colour	Toyota Cabstar
Details of Properties	
Name of Driver	TAN KUM HAN
Personal Identification - NRIC (Singaporean/PR)	S0735402I
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	SKZ 6171H
Vehicle Make/ Model/ Colour	Volvo.
Details of Properties	
Name of Driver	HO BIN JOO
Personal Identification - NRIC (Singaporean/PR)	S7007962C
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

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

SINGAPORE POLICE FORCE

T/20200623/2129

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200623/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/06/2020 23:53		87

Informant's Particulars

Name of Informant:			Address:
MUHAMMAD ELDRIN BIN RAHMAT			APT BLK 134 BEDOK RESERVOIR ROAD #08-1229 SINGAPORE 470134
ID Type / ID No.:			Contact No.:
NRIC NO / S9235171H			Home/Office: Mobile: 81816923
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	27	02/10/1992	Driver
Race:			Language: / Institution / School Name:
Malay			English
Occupation:			Driving Licence Information:
Driver			Class: 2B,2A,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
	Others	No	23/06/2020 12:20	Straight Road

Location:
Along Road 1
CENTRAL EXPRESSWAY

TOWARDS AYE BEFORE BUKIT TIMAH EXIT

Weather:	Road Surface:	Road Speed Limit:
Drizzling	Wet	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	Heavy
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Side		No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG5878R	Lorry	TOYOTA	DYNA	Silver	Seriously Damaged	0
GY3682Y	Lorry	NISSAN	CABSTAR	Silver	Slightly Damaged	0
SKZ6171H	Car	VOLVO		Blue	Seriously Damaged	0

SINGAPORE POLICE FORCE

T/20200623/2129

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200623/2129

CONTINUATION OF REPORT

Details of Person Involved					
Ahy Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	MUHAMMAD ELDRIN BIN RAHMAT		ID No.	S9235171H	
Related Vehicle	GBG5878R (Lorry)		Contact No.	81816923	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	23/06/2020		Date Discharge	23/06/2020	
No. of Days granted Medical Leave	05		Degree of Injury	Slight	
Driver					
Name	TAN KUM HAN		ID No.	S0735402I	
Related Vehicle	GY3682Y (Lorry)		Contact No.	NIL	
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	
Driver					
Name	HO BIN JOO		ID No.	S7007962C	
Related Vehicle	SKZ6171H (Car)		Contact No.	NIL	
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 23/06/2020 at about 1220 hours, I was driving my Toyota Dyna bearing vehicle registration number GBG5878R along CTE towards AYE before Bukit Timah Exit. I was driving on the third lane when I observed that a Toyota Cabstar bearing vehicle registration number GY3682Y which was driving on the 4th lane had lost control and the vehicle ended up turning right to block off my lane. As such, it had caused a blue Volvo bearing vehicle registration number.SKZ6171H to collide onto it as it was unable to stop in time. As I wanted to avoid collision, I tried to filter left but my vehicle had collided the rear left side of the Volvo and eventually colliding with the Cabstar before coming to a stop.

SINGAPORE
POLICE FORCE

T/20200623/2129

Police Station Of Origin;
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

CONTINUATION OF REPORT

At that point of time, no one required immediate medical attention. We managed to exchange particulars and made our own way. I wish to state that my vehicle had to be towed away. Subsequently, I felt pain at my right wrist, right knee and right toe. As such, I went to Singapore General Hospital and I was issued with 5 days MC (23/6 - 27/6)

I wish to add that my vehicle had an in-car camera but the workshop was unable to retrieve the footage.

SINGAPORE POLICE FORCE

T/20200623/2129

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200623/2129

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: G / Sgt 3 KHAIRI YAHYA BIN MOHD SANI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/06/2020 23:53
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp
NP168

25/06/2020

29/06/2020

25/06/20

25/06/2020

25/06/2020

25/06/2020

Tokio Marine Insurance Singapore Ltd.
(Company Reg No. 193900014M) (GST Reg No. M2-0000025-4)
29 M'C allum Street #08-01 Tokio Marine Centre Singapore 068946
T: (65) 6221 8111 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

FORM MZ406

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)

Policy No.: 20-ML000245-R00 (Comm Vehicle Carry Other Goods)

1. **Index Mark and Registration Number of Vehicle** GBG2878R **Chassis No.:** JTFAT35Y10K209092
2. **Name of Policyholder** GOLDBELL CAR RENTAL PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 01/04/2020
4. **Date of Expiry of Insurance** 31/03/2021
5. **Persons or Class of Persons entitled to drive***
   Any person who is driving on the Policyholder's order or with their permission.
   The hirer.
   Any other person who is driving on the hirer's order or with his/ 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***
   Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
   Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to 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 whom the vehicle is hired.

* *Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 93 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).

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD **Printed** 01/04/2020