

NATIONAL Assessment Centre Services

Print & Sign

MANH7153124

Date In: 20/11/2017 11:00

Ref No: NBA/TMI/10220584

Veh No: GBE 2221K

D.O.A: 17/11/2017 13:30

OD: TP Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-Mailing

E-mail (while this, AIC this)

4-Motor Claim Form

4-Motor W/O (while: OD this, TP this)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No: SKC 8012S

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

% (Note: Bst 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: UNP Hotline: 6788 6616

Date & Time Completed

Done by

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time: Action:

NA1707170

Incident Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Bugs-In-Charge):

Will for Comments:

L 1:

L 2/3:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

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

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$10

For claimant against INC Only (over 10 Jan 2018)

6) TR: Re-inspection \$15

7) NT: 24h DA + SMRT Survey \$160

8) NTUC Additional Services:

Q11:

*NT: Courtesy Car / Tpl Allowance \$5

*NT: Repair Coordination \$10

*NT: Post Repair Inspection \$15

*NT: DY / Collect Unacc. Coordination \$5

TP (NT): TP (Non INC) against INC \$20

9) NT: 24h Mobile \$10

Invoice total

Fee Charged

Invoice total

Fee Charged

STAMPED

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 ability.
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 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	20/11/2017 11:00
Date Of Accident	17/11/2017 13:30
Exact Location Of Accident	ALONG HILL STRET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2221K
Insured/Policyholder	
Name Of Registered Owner	SOLE FITNESS
Co Reg No	B53199331X
Email Address	CARVON_KENO@LIVE.COM
Mobile Phone No	(LOCAL) +65-96255198
Alternative Phone No	OFFICE-62703544

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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	MU008423
Cover Note Number	

Driver

Name of Driver	PARVEEN KUMAR S/O THANARAJOO
NRIC No	S9447747F
Date Of Birth	05/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96255198
Fax Number	
Contact Number	OFFICE-62703544
Email Address	CARVON_KENO@LIVE.COM

Address	BLK 451 HOUGANG AVENUE 10 #13-553
Postcode	530451
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	2

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 SKETCH PLAN

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	SKC8012S
Vehicle Make/Model/Colour	VOLKSWAGEN SCIROCCO
Details Of Properties	
Name of Driver	RAYMOND
NRIC/Passport Number	
Contact Number	96311233
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

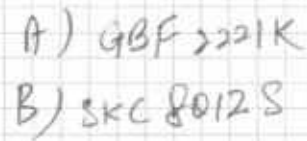
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

SOLE FITNESS
52 TELOK BLANGAH ROAD
#02-07 TELOK BLANGAH HOUSE
SINGAPORE 098829
TEL: 6770 3344
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.:

ALCOALY HILL STRIKE



I was waiting to U-turn at the road. A bus in front made a U-turn unsuccessfully and had to perform a 3-part turn. As such, I waited for the bus to reverse and continue to traverse. Then this VW Scrocco hit my van from the back. Note that my vehicle had ~~not moved~~ only moved slightly from stationary, likewise for the VW Scrocco behind me.

DECLARATION

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

ACCIDENT STATEMENT

ACCIDENT DATE: 17 / 10 / 2017 (DD/MM/YYYY), TIME: 13 : 30 (HH:MM)

LOCATION: HILL STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 2221K
 b) INSURANCE COMPANY: TOKIO MARINE INSURANCE
 c) POLICY NUMBER: MM 008423
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN
 f) TYPE: (SALOON / COUPE / MPV / CAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: DELIVERY
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: SOUE FITNESS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: B53199331 / CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(2)

- DRIVER
 a) NAME: PREVEEN KUMAR SIA THANNARATOS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9447747E CONTACT: 96255198
 c) ADDRESS: BLK 451 HANGAR AVE 10 ST 13-553
Singapore 530-151

* d) DATE OF BIRTH: 05 / 12 / 1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING LICENSE: 04 AUG 2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
 b) ROAD SURFACE: (DRY / WET / OTHERS) _____
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SKC 8012S MODEL: VOLKSWAGEN SUPRACCO
 b) DRIVER'S NAME: RAYMOND
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 96311233

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = carvon_kend@live.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9447747F



Name

PARVEEN KUMAR S/O
THANARAJOO

த பர்வீன் குமார்

Race

INDIAN

Date of birth

05-12-1994

Country of birth

SINGAPORE

Sex

M

S9447747F



4421820

NRIC No. S9447747F



Date of issue

26-06-2009

Address

APT BLK 451 HOUGANG AVENUE 10
#13-553
SINGAPORE 530451

REPUBLIC OF SINGAPORE DRIVING LICENCE

Driving Licence No. S9447747F



PARVEEN KUMAR S/O
THANARAJOO

Birth Date: 05 Dec 1994

Issue Date: 04 Aug 2017



002710838C

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 04 Aug 2017

NP 428A



Licence No: S9447747F

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

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



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine 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.: MU008423 (Commercial Vehicle)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBF2221K | Chassis No.: JN1MC2E26Z0006906 |
| 2. Name of Policyholder | SOLE FITNESS | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 29/07/2017 (00:00:00) | |
| 4. Date of Expiry of Insurance | 28/07/2018 | |
| 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: 2362DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 750.00	(Original Excess : SGD 750.00)
	Additional Excess for Unnamed Driver(s)	SGD 1,500.00	(All Claims)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 3,000.00	(All Claims)
	WindScreen Excess	SGD 100.00	
Financial Interest:	MAYBANK		
Additional Terms:	(1) Policy excesses are amended as follow:-		
	(a) Additional Excess All Claims for non-employee \$1,500		
	(b) Additional Excess All Claims for YEID \$3,000		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature