

# NATIONAL Assessment Centre Services

Date In: 16/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/FM/18000984/13	SAS e-filing		
Veh No: JN54989	E-mail (within 8hrs, AIC 2hrs)		
DOA: 11/01/17 2130	i-Motor Claim Form		
OD TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKK8907F	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 ( )	

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:-	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	Actions

NA1800389	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 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	16/01/2018 17:14
Date Of Accident	11/11/2017 21:30
Exact Location Of Accident	WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SJN5498Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DE'CAR RENTAL PTE LTD
Co Reg No	201530202G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90094354

**Vehicle Particulars**

Manufacturer	CITROEN
Model	C4
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

**Insurance Company**

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MI001365-R00
Cover Note Number	

**Driver**

Name of Driver	RYAN FIRMAN BIN MOHAMMAD SARMAN
NRIC No	S9816326C
Date Of Birth	20/05/1998
Occupation	INDOOR
Date Of Driving Pass	16/06/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91808487
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	30 MARYLAND DRIVE
Postcode	277522
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	1

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SKK8907T
Vehicle Make/Model/Colour	TOYOTA AXIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM SIOK KWAN WENDY
NRIC/Passport Number	S7131447B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE

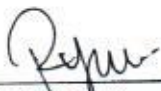
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

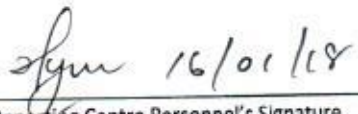
I understand, acknowledge, agree and consent that:

- (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: 16/01/2018

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

SKETCH PLAN

WOODLANDS AVE 1

A. SIN5498Y

B. SKK8907T

[illegible]

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

GARMC SketchPinForm\_V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 16/6/2018

*Sym 16/01/08*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

I WAS TRAVELLING STRAIGHT ALONG WOODLANDS AVE 1 ON THE RIGHT LANE OF A2-LANES RD. INFRT OF MY VEH(B) STOP DUE TO THE RED TRAFFIC LIGHT AHEAD AND I FOLLOWED SUIT TO STOP. WHEN THE TRAFFIC LIGHT CHANGE GREEN, INFRT OF MY VEH(B) MOVED OFF AND I FOLLOWED. SUDDENLY VEH B STOP HIS VEH AND I FOLLOWED SUIT <sup>BY</sup> MY VEH DIDN'T STOP COMPLETELY AND HIT ONTO THE REAR PORTION OF VEH B.



## ACCIDENT STATEMENT

ACCIDENT DATE: (11/11/2017) (DD/MM/YYYY), TIME: (21: ) (HH:MM)

LOCATION: woodlands Avenue 1

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJM 5498Y  
b) INSURANCE COMPANY: TOKIO MARINE  
c) POLICY NUMBER: 17-M1001365 - ROO  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: CITROEN CH  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
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: DE' CAR RENTAL PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 2015302026 CONTACT: 9009 4354  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

a) NAME: RYAN PIRMAN B MOHAMMAD SARMAN (MALE) / FEMALE  
b) NRIC/FIN/PASSPORT: 99816326C CONTACT: 9180 8487  
c) ADDRESS: 30 MARYLAND DRIVE 277522

\*d) DATE OF BIRTH: (20 / 05 / 1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR/ OUTDOOR)

F) YEARS OF DRIVING EXPERIENCE: 16 June 17

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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 SKK8907T

a) VEHICLE NUMBER: SKK 8707T MODEL: TOYOTA AXIO  
b) DRIVER'S NAME: LIM SIOK KWAN WENDY  
c) NRIC/FIN/PASSPORT: S7131447B CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = WEIHE87@HOTMAIL.COM.

$$f_{ax} =$$

16/01/18

waiting for vol ✓



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 4883  
[www.police.gov.sg](http://www.police.gov.sg)

Your Ref : M1705816/T  
Our Ref : GIA/T06309/17B/1461  
Date : 9 January 2018

DECAR RENTAL PTE LTD  
177 KAKI BUKIT AVENUE 1  
#01-00 SHU LI INDUSTRIAL PARK  
SINGAPORE 416023

DRIVER: RYAN FIRMAN BIN MOHAMMAD SARMAN

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING VEHICLES SJN5498Y & SKK8907T ON 11/11/2017 @  
2130HRS ALONG WOODLANDS AVENUE 1**

I refer to the above accident.

2 We have been informed by your insurance company, **Tokio Marine Insurance Singapore Ltd**, that you have yet to report the above accident despite a reminder. Please do so with the said insurance company as soon as possible.

3 If you were not involved in any such accident, please inform your insurance company as such.

4 Should you have any queries, you may contact your insurance company.

5 Thank you.

Yours faithfully,

**SSGT TANG SIEW PING**  
**for HEAD**  
**TRAFFIC INVESTIGATION**  
**TRAFFIC POLICE**



cc: TOKIO MARINE INSURANCE SINGAPORE LTD  
20 MCCALLUM STREET  
#09-01 TOKIO MARINE CENTRE  
SINGAPORE 650347  
ATTN: JEFFREY TAY – TEL: 6592 6413



REPUBLIC OF SINGAPORE DRIVING LICENCE

Unladen Weight: S9816326C

RYAN FIRMAN BIN MOHAMMAD SARMAN

Birth Date: 20 May 1998

Issue Date: 16 Jun 2017

002694954E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9816326C

RYAN FIRMAN BIN MOHAMMAD SARMAN

Race: BOYANESE

Date of birth: 20-05-1998

Sex: M

Country/Place of birth: SINGAPORE

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

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

EFFECTIVE DATE: 16 Jun 2017

NP 428A

Licence No: S9816326C

5213984

NRIC No. S9816326C

Date of issue: 28-08-2013

30 MARYLAND DRIVE  
SINGAPORE 277522

NRIC No: S9816326C

Date: 01/09/2015

# 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

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.:** 17-MI001365-R00 (Private Motor Car)

- 1. Index Mark and Registration Number of Vehicle** SJN5498Y **Chassis No.:** VF7LCNFUF74880537
- 2. Name of Policyholder** DE' CAR RENTAL PTE LTD
- 3. Effective date of the Commencement of Insurance for the purposes of the Act** 31/08/2017
- 4. Date of Expiry of Insurance** 30/08/2018
- 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.
- 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 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:** 2397DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Own Damage Claims SGD 2,000
	Excess-Third Party (Sect II) SGD 1,500
	Windscreen Excess SGD 100
<b>Financial Interest:</b>	HERITAGE AUTO ENTERPRISE PTE LTD