

NATIONAL Assessment Centre Services

(Rev 1/2000)

Date In: 20/06/2018 16:07

Ref No: NA/TMI18011202/KY

Veh No: SJH 5059 M

D.O.A: 16/06/2018 13:00

OD: TP / Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 24hrs, AIO 24hrs)

1-Motor Claim Form

1-Motor W/O (within 30 days, 24 hrs)

1-Photo Uploaded

Assessment/Survey Report

Assessment Report by Box/Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW:

TP Particulars

Yell No:

SLM4066Z INC

Tel:

Fax:

Owner / Driver:

Policy No(s):

Period:

Tel:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

% (Note: Bt Status (WO): NI 0-20%, P: 21-79%, P: 80-100%)

Year of Registration:

Warranty: YES () / NO ()

Excess (\$)

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

General Remarks:

() Work-in Customer: Customer's information strictly Confidential & strictly NO refer of repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.

Driver-In:

Towed-In:

Invoice:

YES () / NO ()

Towing Co:

Remarks:

NA Police Line 678810016

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:

NA1803873

Vehicle Preparation Checklist

1) ARI Accident Reporting (330)

2) DA: Damage Assessment (3100) INC (40)

3) TP: Towing Fee (330)

4) PT: Follow Through Survey (330)

5) PT: Follow Through Survey (Resurvey) (330)

Excess/Incident/INC Only (Post 10/10/2000)

6) TR: Full Inspection (330)

7) NI: DA + SMRT Survey (330)

8) NTUC Additional Survey (330)

9) Q1:

NI: Courtesy Car / Tpl Allowance (330)

NI: Repair Coordination (330)

NI: Post Repair Inspection (330)

NI: DY / Collision/General Coordination (330)

ZZ (NI): TP (NAH INC) Contact INC (330)

NI: Mobile (330)

Invoice dated

Post Charge

Invoice dated

Post Charge

Insured's Signature:

Driver/Owner:

Project No:

Assigned Person:

Checked by (Sign-in-Charge):

Will for Comments:

L1:

L2:

NA1803873

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 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	20/06/2018 16:07
Date Of Accident	16/06/2018 13:00
Exact Location Of Accident	HOUGANG AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH5059M
Insured/Policyholder	
Name Of Registered Owner	CAR RENTAL SG PTE LTD
Co Reg No	-
Email Address	PEARL_CHAN22@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93231240
Alternative Phone No	OFFICE-93231240

Vehicle Particulars

Manufacturer	SUZUKI
Model	-
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?	NO
If No, Please state action to be taken	THIRD PARTY
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-M1001720-R00
Cover Note Number	

Driver

Name of Driver	PEARL LYNN CHAN
NRIC No	S9303627A
Date Of Birth	22/01/1993
Occupation	INDOOR
Date Of Driving Pass	09/09/2014
Driving Experience	3 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93231240
Fax Number	
Contact Number	OTHERS-93231240
Email Address	PEARL_CHAN22@HOTMAIL.COM

Address	BLK 709 JURONG WEST ST 71 #14-30
Postcode	640709
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	CLEAR
Road Surface	DRY

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?	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?	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	SLM4066Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ISMAIL BIN MOHD YACOB
NRIC/Passport Number	S1135283I
Contact Number	87263822
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PEARL LYNN CHAN
------	-----------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJH5059M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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 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:

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

20/6/2018

SKETCH PLAN

Honggang Ave 8

A - SJH 5059M
B - SLM 4066Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car A driving along Ave 8. Car B reversing without signal. Hits on front of Car A.

DECLARATION

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

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.:

20/6/2018

Reported on 20/6/2018
@ 1555H

ACCIDENT STATEMENT

ACCIDENT DATE: 16/6/2018 (DD/MM/YYYY), TIME: 13.00 (HH:MM)

LOCATION: Hougang Ave 8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 5059M
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93231240
c) ADDRESS: BK 709 Jurong West St 71 #14-30
640709

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) HIRED
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) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM 4066Z MODEL: _____
b) DRIVER'S NAME: ISMAIL BIN MOHD YACOB
c) NRIC/FIN/PASSPORT: S1135283I CONTACT: 87263822

9. THIRD PARTY VEHICLE

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

Email = pearl_chan22@hotmail.com

Fax = pearl_chan22@hotmail.com

Driver did not bring IC
but got (Passport Singapore) ✓

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence Number: **S9303627A**
Name: **PEARL LYNN CHAN**


Birth Date: **22 Jan 1993**
Valid Date: **09 Sep 2014**

 002343627H

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

EFFECTIVE DATE

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$ **09 Sep 2014**

 Licence No: S9303627A

NP 428A

[illegible]

PEARL LYNN CHAN



Sex	Nationality	
F	SINGAPORE	CITIZEN
Date of birth		Place of birth
22 JAN 1993		SINGAPORE
Date of issue		Date of expiry
26 SEP 2013		11 NOV 2018
Modifications		Authority
SEE PAGE 2		MINISTRY OF HOME AFFAIRS
National ID No		
S9303627A		

PASGPCHAN<<PEARL<LYNN<<<<<<<<<<<<<<<<<<<<<<<<<<<<
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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



TOKIO MARINE
INSURANCE GROUP

FORM MZ406

A member of the
Tokio Marine Group

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-MI001720-R00 (Private Motor Car)

- | | | |
|--|-----------------------|--------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJH5059M | Chassis No.: ZC71S421515 |
| 2. Name of Policyholder | CAR RENTAL SG PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 21/11/2017 | |
| 4. Date of Expiry of Insurance | 20/11/2018 | |
| 5. Persons or Class of Persons entitled to drive* | | |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature