

NATIONAL Assessment Centre Services

(Ref: 1 Jan 2005)

NA18082392

Date In: 26/06/2008 15:12	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NBA/TM/180016/5/Y	E-mail (within 3hrs, AIC 2hrs):		
Veh No: 47 2535 R	i-Motor Claim Form		
D.O.A: 28/06/2008 13:35	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (P) Reporting Only	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: 8KW 5455L	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:- (INC 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	Actions

NA1804053	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-in INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile \$0		
Cat 2 / 3:	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 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	26/06/2018 15:12
Date Of Accident	24/06/2018 13:35
Exact Location Of Accident	UPPER CHANGI ROAD NORTH TOWARDS LOYANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT3535R
Insured/Policyholder	
Name Of Registered Owner	MAINT-KLEEN PTE LTD
Co Reg No	200210284W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92724738
Alternative Phone No	OFFICE-90304284

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	MU009969
Cover Note Number	

Driver

Name of Driver	JOSIAH TEH CHOON SIN
NRIC No	S1613741C
Date Of Birth	09/10/1963
Occupation	INDOOR
Date Of Driving Pass	20/07/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92724738
Fax Number	
Contact Number	OTHERS-90304284
Email Address	NOEMAIL

Address	BLK 533 BEDOK NORTH STREET 3 #04-772
Postcode	460533
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - AUTHORISE DRIVER
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	2
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

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	SKW5455L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

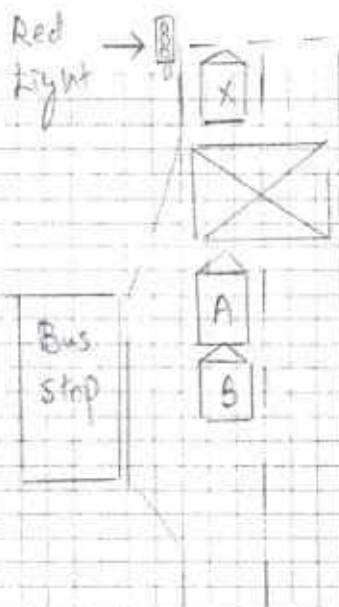


Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: *Pauli W...*
NRIC/FIN No.: *9201 1234 5678*

SKETCH PLAN



A = G13535R

B = 5KW5455L

Upper Chang Road North
towards Loyang Way

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

26/06/2018

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

Handwritten signature and NRIC/FIN number of the reporting centre personnel.

On 24.06.18 at about 13:35 hours along Upper Changi Road North towards Loyang Way. I was travelling straight on the lane 2, when I approached the yellow box (in front of Changi Japanese School) and there were vehicles queuing front of me and the traffic light was red hence I stop there.

Suddenly I heard a loud bang from behind. When I alighted I realised it was vehicle (B) had hit onto rear portion of my vehicle (A).

Vehicle (A): GT 3535R

Vehicle (B): SKW 5455L



Handwritten signature/initials

on 26/06/2018
Rishi Wadhwa

SINGAPORE ACCIDENT STATEMENT

Accident Date: 27/06/18		Time: 12 35		(hh:mm) 24 hr format	
Location Upper Changi Road North towards Loyang Way					
Vehicle Number GT 3535R					
Insured Name Maint-Kleen Pte Ltd					
NRIC/FIN 200210284W		Contact Number 9272 4738		DPR-Clm	
Make Toyota		Model Dyna			
Are you claiming under your own insurance policy for repair to your vehicle?					
() Yes If No, Pls select: (✓) Third Party () Reporting					
Insurance Company Tokio Marine					
Type of Policy (✓) Comprehensive () Third Party Fire & Theft () TP Only					
Policy Number MU009969					
Name of Driver Josiah Teh Choon Sim				() Same as Insured	
NRIC/FIN S1613741C		Contact Number 90304284			
Date of Birth 04/10/1964					
Driving Pass Date 20/07/2011					
Occupation (✓) Indoor () Outdoor					
Gender (✓) Male () Female					
Email Address - No e-mail - (✓) NO EMAIL					
Address of Driver Blk 533 Block North Street 3					
# 04-772 5(46553)					
Was driver an employee of the Insured's Company? () Yes () No <i>Authorise Driver</i>					
If No, Relationship of the Driver with the Insured					
() Owner () Spouse () Friend () Relative () Children () Sibling					
Does the Driver Own Any Other Vehicle? () Yes () No					
If Yes, Vehicle Registration Number of Driver's Own Vehicle					
Insurance Company of Driver's Own Vehicle					
Weather Conditions (✓) Clear () Raining () Others					
Road Surface (✓) Dry () Wet () Others					
Was any foreign vehicle involved in this accident? () Yes (✓) No					
Was anybody injured in the accident? () Yes (✓) No					
If yes, injured detail					
Was there any video captured by Car Camera? () Yes (✓) No					
Was the Accident reported to the Police? () Yes (✓) No If yes attach police report					
DETAILS OF 3 rd party		Name / Nric		Contact	
Veh B		JKW 5455L			
Veh C					
Veh D					
Veh E					
Veh F					

Driver Only

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S1613741C



Name

JOSIAH TEH CHOON SIN

鄭俊森

Race

CHINESE

Date of birth

09-10-1963

Sex

M

Country of birth

SINGAPORE

S1613741C

GT3535R

driver



4823467



NRIC No: S1613741C

Date of issue

06-09-2010

APT BLK 533 BEDOX NORTH STREET 3 #04-772
SINGAPORE 480533

NRIC No: S1613741C

Date: 08/05/2017

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S 1613741C**
Name
JOSIAH TEH CHOON SIN

Birth Date: **09 Oct 1963**
Issue Date: **20 Jul 2011**

 001963915C

GT 3B3SR

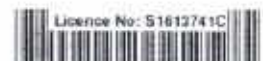
driver

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 3500kg 20 Jul 2011

NP 428A



Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 102300014M) (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: tms@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE 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.: MU009969 (Commercial Vehicle)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GT3535R | Chassis No.: JTFAT35Y20K206279 |
| 2. Name of Policyholder | MAINT-KLEEN PTE LTD 18 KAKI BUKIT ROAD 3 | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 14/09/2017 (00:00:00) | |
| 4. Date of Expiry of Insurance | 13/09/2018 | |
| 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 or 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: 2538DDA	
Insurance Plan:	Comprehensive Other Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 1,000.00	(Original Excess : SGD 1,000.00)
	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:	UNITED OVERSEAS BANK LIMITED		
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 Young, Elderly or Inexperienced Drivers (YEID) \$3,000		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature