NATIONAL Assessment Ce		wel 1 Jan'05] M		No.
Date In: 69/18-18:12	Jeb description		Date & Time Completed	Done by
Res No: NAJTMZ 18016330/24	SAS e-filing		i	
Veh No: Sipstach	E-mail (within 8)	hrs, AIC 2hrs)		
D.O.A: 4/9/8-17:10	i-Motor Clain	Form		
OD (TP) Reporting Only	i-Motor W/O	(Within: OD 2hrs	s, TP 4hrs)	
OD 7 177 Reporting Only	i-Photo Uploa	ded		
TP Insurer:	Assessment/Sur	vey Report		
17 Insurer.	Ass't Report by	Fax / Hand t	o Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(	32 Sec. 1954 7 5	Tel: Fa	x; )
TP Particulars: Veh No: X	00935	INC (	)/Non-INC( ).	
Owner / Driver: (			Tel:	)
Policy No: ( )	Period: (	)	Cover Type: (	)
Confirmed by : (		Date:	Time:	)
Insured/Driver Liability: ( %	6) [Note-Est. Status (W	O): N: 0-20	0%; P: 21-79%. P: 80-10	0%]
Year of Registration: (	) Warranty: YES (	)/NO(	)	
Excess: (\$ ) Loading:	\$1,000 ( )/\$2,000 (	)		
General Remarks		**************************************		on the same
( ) Walk-In Customer: Customer's		idential & Str	<u> </u>	
( ) Total Loss Case : to e-mail In:			*	·
	oice: YES ( ) / NO	) ( ) ; T	owing Co: (	, )
				Andread of the last of the las
Remarks:- (INC hotline: 6788 6610		10.00	Dates: Time Completed	and Manager
	) / Courtesy Car ( )		-	
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost:	> \$3000] ( )	7.0		
Injury:			<del>_ '</del>	
Date/Time Actions		Total Commen	5 - F 1 344 9	MACANE.
11,449417				OMFISK Deb. T.K.F.
			,	
	-			
	-			
No many of the state of the sta		Investor Dear	paration Checklist	Anif (S) Amil (3)
VA1803696	19			fu Bill Add Bill
laimant's Particulars :-	1		Assessment (\$100); INC (\$80)	
river/Owner:		) TF : Towing Fe		20
ontact No:		) FT : Follow-Th	rough Survey (Resurvey) S	30
		For claiming as ) TR : Re-inspec	toinst INC Only (wef 10 Jan 2005)	75
arnaged Portion:	7	) N1 : Idao DA +	SMRT Survey \$1	60
	8	OD*	nal Services:-	+
C Checked by (Engr-In-Charge):		*NS: Courlesy	Con i i protection	\$5
St. Marie Apart (Malaine Australian Antonio an	and the balance of the Co	*N6: Repair Co *N7: Fost Repa		10
uditors' Comments :-		*N8: DV / Coll	ect Excess Coordination	\$5
1.1:		TP (N11): TP	(1. the second of the second	20
2/3;		The same trible		
213,	1	nvoice dated	Fee Charged Fee Charged	Sain and a

Fregular Cont

### 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,
- Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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	06/09/2018 18:12
Date Of Accident	04/09/2018 17:10
Exact Location Of Accident	PIONEER RD ENTERING AYE
Country/State of Loss	SINGAPORE
processors of the consequence of the consequence of the	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLP5736B
Insured/Policyholder	
Name Of Registered Owner	TRK AUTO RENTAL SEREVICES
Co Reg No	53358468W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82255444
Alternative Phone No	OFFICE-82255444
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM RSZ 1.8 A
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	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MJ001124-R00
Cover Note Number	

-				
D	•	14	0	

Name of Driver MOHAMED ROSLI BIN MOHAMED ZIN

 NRIC No
 \$8318852I

 Date Of Birth
 15/06/1983

 Occupation
 INDOOR

 Date Of Driving Pass
 07/10/2008

Driving Experience 9 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98562651

Fax Number

Contact Number OFFICE-98562651

EMail Address NOEMAIL

BLK 250 YISHUN AVENUE 9 Address

#04-227

Postcode 760250

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 SIDE SWIPE Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

YES

NO

2

NO

NO

NAME: : HUANG RONG

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number XD5593S

Vehicle Make/Model/Colour ORANGE TOW TRUCK HEAVY DUTY (FUSO)

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number 84282375

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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, involces, 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:
  - 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:

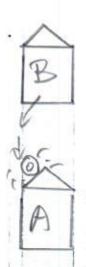
Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Valide BXD 55935

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Entering to AYE city I saw Hunting Tow truck drive There was where we exchange particular Hunting ops me I also told her via Whatapp that after the accident me and I have the evidence of our conversation, large sen only. I have violen before accident proof [Venive below B *(XD 55935)]	grand this wen hp. 8750-5530.  I car vibrate at 70 km.  I have the image of damage
	— Reporting Only
You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause	Reporting Only Claim OD

DECLARATION

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

Policyholder Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# 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 <u>truthful</u> and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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 felse 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

	ACCIDENT STATEMENT
Date Of Report	06 09 2018
☆ Date Of Accident	04092018 5110Pm
☆ Exact Location Of Accident	Pioneer Rd entering AYE
☆ Country/State of Loss	Singapore 110
<b>"这个时间是是是是这种时间的</b>	DETAILS OF OWN VEHICLE
☆ Vehicle Registration Number	SLP5736B
Insured/Policyholder	3417700
ame Of Registered Owner / Company	7. 4. 0. 1. 1. 0.
RIC No / Work Permit No / ROC No	Trk Auto Rental Services
Email Address	53358468W
Mobile Phone No	ecv@elitecarventures.com.
Alternative Phone No	(LOCAL) 832554+4 Others-
Vehicle Particulars	Others-
화 Manufacturer	in to
☆ Model	Honola
★ Exact Purpose for which vehicle was being	Handa stream
at time of accident	Private Dee / Commercial Use/ Hirer Use
Are you claiming under your own insurance for repair to your vehicle? If No, Please state action to be taken	Yes / No / Third Party
Yehicle Category	Private Lies Commonals Webs
Insurance Company	Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government
1 ime of Insurance Company	
ਸੈ e Of Coverage	Tokio Marine Insurance Singapore Ltd.
et Policy	comprehensive Approved working.
화 Policy Number	Yes / No
Cover Note Number	18-MJ001124-ROO arivate motor car)
Driver	
☆ Name of Driver	
NRIC No	S 831885) I NOHAMED ZIN
Date Of Birth	12   06   14 43
Occupation	Undoor Outdoor
Date Of Driving Pass	
Driving Experience	07/10/2008
Gender	9 years
Mobile Number	MALE
Fax Number	(Local) 9856 2651.
Contact Number	TO I COMPANY
EMail Address	Others-
	rostee 1525@ gmail. com

12	Address	_BIK 250 Hishun Ave 9 #-04-227
Ŕ	Postcode	760250
×	Was driver an employee of the Insured's Compan	Y Yes / No .
N	If No, Relationship of the Driver with the Insured	123769
	Vehicle Registration Number of Driver's Own Vehicle	Owner / Relative / Friend / Parent / Spouse / Children / Sibling / Hirer
	Insurance Company of Driver's Own Vehicle	
	General Information of the Accident	STREET TO STREET AND STREET AND STREET AND STREET
廿	Type Of Accident	Collision :
廿	Weather Conditions	Rainning / Clear / Other :
廿	Road Surface	
	Other Information	Wet / Ory) / Other:
拉	Was any foreign vehicle involved in this accident?	Yes / No
		1557(0)
立	Was any body injured in the Accident?	Yes / No Name:
	Was any other material or property damaged?	(FE) I No
	ave been approached by unknown person(s)	Yes (No)
	coliciting/offering accident claims assistance.	Day Day
	Number of Passengers (Including Driver)	2 - Hunny Kong (Female)
	Details of Police Action	0 0
	Was the accident reported to the police?	Yes / No
	If Yes,Please state which Police Station	
	Police Station Name	
	Police Station Address	ROAD: , POSTCODE: , COUNTRY:
	Police Station Contact	TEL NO: - FAX NO:
	Was notice of intended Prosecution given?	Yes / No
	If Yes,against whom?	
(	Circumstances of Accident	
-	Attachment(s)	
A	Are accident photos available for attachment?	(Pes)/ No
4	as there any video captured by Car Camera?	Yes) No
V	vas there any audio recorded?	Yes (No)
- 1	DETAILS O	OF OTHER VEHICLE PROPERTY 1
<b>☆</b> ∨	/ehicle Registration Number	XD 5593 S
	/ehicle Make/Model/Colour	DRAWGE TOW TRUCK HEAVY DUTY (FUSO)
D	Details Of Properties	HUATIONE CONTRACTOR
N	lame of Driver	
N	RIC/Passport Number	
C	ontact Number	SU(2) 2//2/22
A	ddress	\$482 84282375 (DOWGE) 8750 \$530 (HOLWEN)
Po	ostcode -	
Ins	surance Company Name	
Na	ature Of Damage	
No	o. Of Passenger (Including Driver)	
De	etails of Witness	
Na	ame	
Ph	none Number	E 50764
	M-	

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$83188521





MOHAMED ROSLI BIN MOHAMED ZIN



15-06-1983 Country/Place of birth SINGAPORE



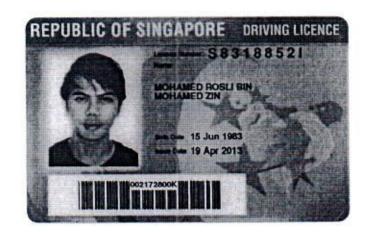
5196921





05-07-2013

APT BLK 250 YISHUN AVENUE 9 #04-227 SINGAPORE 760250

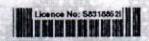


## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

### EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 10 Mey 2004
Class 2A Motorcycles between 201 cc and 400 cc 17 Cct 2006
Class 3 Motor Cars=3 3000kg with =<7 passengers, exclusive 07 Cct 2008
of the driver; and other motor vehicles =< 2500kg
'Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg
'Motor vehicles which are not constructed to carry load or passengers and the unladen weight > 2500kg

NP 428A



## 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: tmls@tokiomarine.com.sg W: www.tokiomarine.com

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.: 18-MJ001124-R00 (Private Motor Car)

 Index Mark and Registration Number of Vehicle

SLP5736B

Chassis No.: RN61041763

2. Name of Policyholder

TRK AUTO RENTAL SERVICES

3. Effective date of the Commencement of Insurance for the purposes of the Act

21/08/2018

4. Date of Expiry of Insurance

20/08/2019

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.
- Use whilst drawing a trailer except the towing (other than for reward) 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

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value Own Damage Claims

SGD 2,000

Policy Excess:

Insurance Plan:

Excess-Third Party (Sect II)

SGD 1,500 SGD 100

Financial Interest:

Windscreen Excess RICARDO CARS PTE LTD

Tokio Marine Insurance Singapore Ltd.

Account: 1141DDB

**Authorised Signature** 

User Name: Yeo Chor Joo Irene - Mot

Printed 21/08/2018