NATIONAL Assessment Contro	e Services (ser i James)			
Date In: 13/09/18	Jeb description	Date & Time Completed	Done	by
Rel No NA/7M3 18016731/13	SAS e-filing			
Veh No 51417936	E-mail (within 8hrs, AIC 2hrs)		+	Western Act of
DOA 31/07/18 2000				
00 00 00	i-Motor W/O (Within: OD 2hr	s. TP 4hrs)		
OD TP (Reporting Only)	i-Photo Uploaded			***
TP Insurer:	Assessment/Survey Report			
1 Finsurer	Ass't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax:		)
TP Particulars: Veh No:	TEGSSSO INC	)/Non-INC( )		
Owner / Driver: (		Tel:	)	
Policy No: ( ) Per	iod: ( )	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	
	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. F: 80-100	%]	
	Varranty: YES ( )/NO (	)		
	00 ( ) / \$2,000 ( )			
General Remarks:- ( ) Walk-In Customer: Customer's infor		Markeding		
Drive-In ( ) / Towed-In ( ); Invoice:  Remarks:- (INC horline: 6788 6616)	YES( )/NO( );T	owing Co. ( Date&Time Completed	Done	) hv
		Dates: Time Completed	Done	by
2) QC Check / Post Repair Inspection	ourtesy Car ( )			
3) Upload Resurvey Photo [Repair Cost > \$30	0001 ( )			
Injury :				
Date/Time Actions	Shaankaka Gagaaya ka		XII	
Zerons		2007 (1986) (1985) (1986) (1986)	O It is to	
		2		
	Ladin a court		T Course	Amt (\$)
NA1805834	Invoice Pre	paration Checklist	Amt (\$)	Add Bill
laimant's Particulars :-	1) AR : Acciden	Reporting (\$30); Assessment (\$100); INC (\$80)	-	
Driver/Owner:	3) TF : Towing I	oc \$40/\$4:		
Contact No:		hrough Survey (Resurvey) \$30	+	
	For claiming a 6) TR: Re-inspe	gainst INC Only (wef 10 Jan 2005) ction \$75	5	
Damaged Portion:	7) N1 : Idae DA 8) NTUC Additi	+ SMRT Survey \$160		-
C Checked by (Engr-In-Charge):	OD.			
- Cherica Dy (Digi-In-Charge)	*N5: Courtesy *N6: Repair C	Car / Tpt Allowance \$3 Co-ordination \$10	_	
Auditors' Comments :-	*N7: Fost Rep			
at. 1:	<u>TP</u> (N11) : TF	(Non INC) against INC \$20		
at. 2 / 3:	9) N12: Idac Mo Invoice dated	bile 30		at at Talk
	Invaire dated	Fee Charged	1140	W. C.

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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 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.
- 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.

THE PROPERTY OF THE PARTY OF TH	ACCIDENT STATEMENT		
Date Of Report	13/09/2018 12:22		
Date Of Accident	31/07/2018 20:00		
Exact Location Of Accident	ALONG BKE B4 DAIRY FARM RD EXIT		
Country/State of Loss	SINGAPORE		
Section of the Control of the Contro	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJH1792E		
Insured/Policyholder			
Name Of Registered Owner	ASCOTT CAR RENTAL PTE LTD		
Co Reg No			
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-81448833		
Vehicle Particulars			
Manufacturer	HYUNDAI		
Model	130		
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE		
Are you claiming under your own insurance policy or repair to your vehicle?	NO		
f No, Please state action to be taken	REPORTING ONLY		
/ehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD		
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	NO		
Policy Number	18-MI001390-R01		
Cover Note Number			
Driver			
Name of Driver	MUHAMMAD FITRI BIN KAMAL		
NRIC No	S9309937J		
Date Of Birth	25/03/1993		
Occupation	INDOOR		
Date Of Driving Pass	30/04/2018		
Driving Experience	0 YEAR AND 3 MONTH		

MALE

(LOCAL) +65-86065263

FIT13@LIVE.COM

Address BLK 19 UPP BOON KENG ROAD

#05-1182

Postcode 380019

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? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 5

Passenger 1

NAME: :

NO

NO

: NUR SULIYANA

GENDER: : FEMALE

Passenger 2

NAME:

: ROBIAH BTE MOHD

GENDER: : FEMALE

Passenger 3

NAME:

: SITI SURIANI

GENDER:

: FEMALE

Passenger 4

NAME:

: MUHD ALIMAN

GENDER: : MALE

**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

I WAS TRAVELLING ALONG BKE B4 DAIRY FARM RD EXIT ON THE EXTREME RIGHT LANE. SUDDENLY INFRT OF MY VEH E-BRAKE AND I FOLLOWED SUIT BUT MY VEH DIDN'T STOP COMPLETELY AND HIT ONTO THE REAR PORTION OF VEH B.

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

SFG2552C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

LIFE

S8277307Z

# 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.
- Information provided must be as <u>truthful and 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, 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:
  - 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 .:

# 

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Pls refu to the statement.

DECLARATION

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

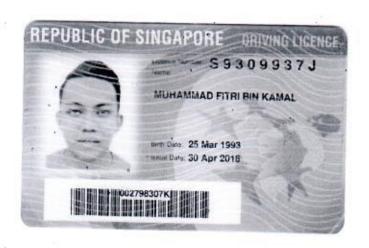
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

13/9/18

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm\_V3





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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen 30 Apr 2018 weight < 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A



4200396 No. S9309937J 02-04-2008 APT BLK 19 UPPER BOON KENG ROAD #05-1182 SINGAPORE 380019 NRIC No. \$9309937J Date:20/09/2011 (R)

# 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





# 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-MI001390-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SJH1792E

Chassis No.: KMHDC81DMAU065474

2. Name of Policyholder

ASCOTT CAR RENTAL PTE LTD

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

07/09/2018

4. Date of Expiry of Insurance

06/09/2019

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.

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

Insurance Plan:

Third Party, Fire & Theft

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Excess-Third Party (Sect II)

SGD 2,500

Financial Interest:

HERITAGE AUTO ENTERPRISE PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot

Printed 07/09/2018