

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA 18 16342**

Date In: 19/12/18 - 18:54	Job description	Date & Time Completed	Done by
Ref No: NA 1802283/24	SAS e-filing		
Veh No: 8MS158V	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/12/18 - 13:00	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: WA 5275W	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%. P: 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

NA1808336	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) 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		
QC Checked by (Engr-In-Charge):	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:-		
	OP:		
	*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 \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

2at. 1:

2at. 2 / 3:

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 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. 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	19/12/2018 18:54
Date Of Accident	02/12/2018 13:00
Exact Location Of Accident	FEDERAL HWY
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM5158U
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V12323/VPZ/R00
Cover Note Number	

Driver

Name of Driver	TOH JUN KAI
NRIC No	S9039565C
Date Of Birth	23/10/1990
Occupation	INDOOR
Date Of Driving Pass	28/04/2009
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91160540
Fax Number	
Contact Number	OFFICE-91160540
EMail Address	NOEMAIL

Address	BLK 845 JURONG WEST STREET 81 #10-225
Postcode	640845
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	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WA5275W (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
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.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : TAN JIUN TZE GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MALAYSIA
Police Station Address	ROAD: - , POSTCODE: - , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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 Witness 1

Name	TAN JIUN TZE
Phone Number	85783595
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WA5275W
Vehicle Make/Model/Colour	PROTON SAGA/SILVER
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)	1

SKETCH PLAN

IMPORTANT NOTICE

- 1. The report must be correctly completed (the Role of the Insured is prior to the claim process)
- 2. The report must be completed by the Policyholder and/or the Authorised Driver
- 3. The report must be truthful and accurate as possible Any willful misrepresentation or withholding of material information will be taken as grounds to repudiate policy liability.
- 4. The report will be given to the relevant insurance companies if not an admission of policy liability on the part of the insured or insureds.
- 5. Any false reporting may be referred to the Police for investigation
- 6. The report will be forwarded by the insurers to the GfA Records Management Centre established by the General Insurance Association of Ireland and that copies of this report will for a fee be made available upon application by interested parties.
- 7. The insureds will also report to the insurers and/or the relevant competent or the authorities of their country of the Centre and accepted for the purpose of being made available to interested parties.
- 8. Consent under the Personal Data Protection Act (PDPA)



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5 December 2012

4500

Handwritten signature: *[Signature]*

SKETCH PLAN

A - SGM 5158U
B - WA 5275W



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7 December 2018 at 12:59pm, I was driving Toyota Wish SGM 5158U while coming Pantai Bahru from Federal Highway. I was about to move off the traffic light when the other car Proton Saga (silver) WA 5275W suddenly surged towards my car rear. This resulted in a dent on the car's rear bumper and some paint scratches.

DECLARATION



Officer's Signature: *[Signature]*
 Date & Time: 8 December 2018
 9:45am

Resolving Officer's Signature: *[Signature]*
 Name: *[Name]*
 NRIC/FIN No: *[NRIC/FIN No]*



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai Diambil : PANTAI Pegawai Penyiasat : R104845
Daerah Diambil : BRICKFIELDS
Kontinjen Diambil : KUALA LUMPUR
No Repot : TRAFIK KUALA LUMPUR/118578/18
(K118578/2018)
Tarikh : 02/12/2018
Waktu : 13:29
Bahasa Diterima : B. Malaysia

Butir-butir Penerima Repot :

Nama : NORHUDA BT SHAHRIN No Personel : R167072 Pangkat : KPL

Butir-butir Jurubahasa (Jika Ada) :

Nama : --- No K/P(Baru) : --- No Polis/Tentera : ---
No Paspot : --- Bahasa Asal : ---
Alamat : ---

Butir-butir Pengadu :

Nama : Toh Jun Kai
No. K/P (Baru) : --- No Polis/Tentera : --- No Paspot : E6810621B
No Sijil Beranak : --- Jantina : Lelaki Tarikh Lahir : 23/10/1990
Umur : 28 Tahun 1 Bulan Keturunan : Singaporean Warganegara : Singapore
Pekerjaan : ACCOUNTANT
Alamat Tinggal : 845 JURONG WEST STREET 81 #10-225 SINGAPORE , 640845
Alamat IbuBapa : ---
Alamat Pejabat : ---
No Tel(Rumah) : --- No Tel(Pejabat) : --- No Tel(Bimbit) : 0164398737

Pengadu Menyatakan :

On 2 December 2018 at 12:59pm, I was driving Toyota Wish SGM 5158U while exiting Pantai Bahru from Federal Highway. I was about to move off the traffic light when the other car Proton Saga (silver) WA 5275 W suddenly surged towards my car rear. This resulted in dented in of the car's rear bumper, and some paint cracks.

**Salinan Tidak Boleh Digunakan Untuk Tuntutan Atau Perbicaraan di Mahkamah
(Hanya Untuk Kegunaan Dalaman PDRM Sahaja)**

- NRIC
- DRIVING LICENSE
- CERTIFICATE OF INSURANCE
- POLICE REPORT IF ANY

Given on 17/12/2018 @ 10:55 AM.

[Signature]

Date of Accident : 2 December 2018 Time : 12.54 pm

Location Of Accident : Federal Highway

Country/State of Loss : Malaysia

INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name : _____

Email Address : _____ Reg Owner ID : _____

Mobile Phone No : _____ Alternative Phone No : _____

INSURANCE COMPANY (OWN VEHICLE)

Handling Insurer : _____ Fleet Policy : **Yes / No**

Type Of Coverage : **Comprehensive / Third Party** Policy Number : _____

DRIVER IDENTIFICATION

Driver Name : Teh Jun Kai

Date Of Birth : 23 October 1990 Driving Date Pass : 28 April 2009

Driver ID : 59039565 Occupation : Indoor / Outdoor

H/P Phone No : 9116 0540 Alternative Phone No : _____

Address : 845 Jurong West St 81 #10-225 Singapore 640845

Email Address : junkei.fah@gmail.com Relationship : _____

Was driver an employee of the Insured's Company? : **Yes / No** Mr.

Driver's Own Vehicle Reg No : _____ Driver's Own Insurer : _____

VEHICLE INFORMATION

Vehicle Registration No : SGM 5158U

Manufacturer : Toyota Model : Wish

Reporting Type : **Own Damage / Third Party / Reporting Only**

Exact Purpose for which vehicle was being used at time of accident : **Private Use / Company Use /**
Hired Use

GENERAL INFORMATION OF THE ACCIDENT

Weather Condition : **Clear / Raining / After Rain**

Injured : **Yes / No**

Road Surface : **Dry / Wet / Damp**

Police Reported : **Yes / No**

Approach by Unknown : **Yes / No**

Video Camera : **Yes / No**

Number of Passengers (Including Driver) : 3 (male)

Waiting for certificate?
& Company Chop?

DETAILS OF INJURED PERSON

Name : _____

Injuries Sustained : _____

Were seat belts worn? : **Yes / No**

Approximate Age : _____

Injured person in which vehicle? : _____

Was injured conveyed to hospital by ambulance? : **Yes / No**

Address : _____

WITNESSDetails of Witness : Tan Jium TeeContact Number : 8578 3595 Email Address : tanjiumtee@rms.singapore.sg**DETAILS OF OTHER VEHICLES**Vehicle Registration No : WA 5275 WVehicle Make/Model/Colour : Proton Saga (silver)

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : 1 Contact Number : _____

Vehicle Registration No : _____

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____

Vehicle Registration No : _____

Vehicle Make/Model/Colour : _____

Name of Driver : _____ Driver's NRIC : _____

Address : _____

No. Of Passenger (Including Driver) : _____ Contact Number : _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9039565C**

Name **TOH JUN KAI**

Date of Birth **23 Oct 1990**

Issue Date **26 Apr 2009**

061736081C




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9039565C**

Name **TOH JUN KAI**

卓俊凱

Race **CHINESE**

Date of birth **23-10-1990**

Country of birth **SINGAPORE**

Sex **M**

S9039565C





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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 28 Apr 2009

NP 428A

Licence No: S9039565C



3785757

NRIC No: **S9039565C**

Date of issue **28-10-2005**

APT BLK 845 JURONG WEST STREET 81 #10-225 SINGAPORE 640845

NRIC No: **S9039565C**

Date: **09/04/2009 (H)**


No: **6215015**





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)

Certificate No	SD18V12323 /NPZ /R00
Form	MZ406C
Date Of Issue	30-OCT-2018
1.Index Mark and Registration No. of Vehicle:	SGM5158U
2.Chassis number of Vehicle:	ZNE100327433
3.Name of Policyholder:	ROSET LIMOUSINE SERVICES PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-NOV-2018 00:00 AM
5.Date of Expiry of Insurance:	31-OCT-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p>
7.Limitations as to use*:	<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.</p>
8.Policy does not cover:	<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>
<p>*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.</p>	
<p>I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>	
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <hr style="width: 20%; margin-left: auto;"/> <p>Authorised Signature</p>	
<p>For Information only:</p> <p>COVERAGE : Third Party Fire & Theft,Geographical Area: Singapore only,Grabcar Extension</p> <p>SUM INSURED: MARKET VALUE AT THE TIME OF LOSS</p> <p>EXCESS: Refer Memorandum - Section II S\$2000,Refer Memorandum - Fire & Theft S\$2000</p> <p>FINANCE COMPANY:</p> <p>PRODUCER NAME: NEWSTATE STENHOUSE (S) PTE LTD</p>	

PLSL/-01-NOV-18

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