

NATIONAL Assessment Centre Services [print / delete] *MAN190509/25*

Date In: <i>08/07/2013</i> 2013	Job description	Date & Time Completed	Done by
Ref No: <i>NAH/IN/190/20544</i>	SAS e-filing		
Veh No: <i>PC 63DE</i>	E-mail (within 4hrs; AIG 2hrs)		
D.O.A: <i>05/07/2013</i> 08:20	i-Motor Claim Form		
OD: TP <i>Reporting Only</i>	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 Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: *SBK 6767A* 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:	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

NA1905099

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditor's Comment(s):	5) FT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Itc-inspection \$75		
Est. J:	7) N1: Idno DA + SMRT Survey \$160		
Est. 2/3:	8) NTUC Additional Services:		
1/1'd	9) N12: Idno Mobile \$30		
	10) N11: TP (N-in INC) against INC \$20		
	11) N13: DV / Collect Excess Coordination \$5		
	12) N14: Repair Co-ordination \$10		
	13) N15: Post Repair Inspection \$25		
	14) N16: DV / Collect Excess Coordination \$5		
	15) N17: TP (N-in INC) against INC \$20		
	16) N18: Idno Mobile \$30		
	17) N19: Idno Mobile \$30		

Invoice dated: _____ Pen Charged: _____
 Invoice total: _____ 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 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	08/07/2019 20:13
Date Of Accident	05/07/2019 08:20
Exact Location Of Accident	UPPER BUKIT TIMAH ROAD BEFORE KING ALBERT PARK MRT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6312E
Insured/Policyholder	
Name Of Registered Owner	E M SERVICES PTE LTD
Co Reg No	-
Email Address	JESNEY_MOO@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-83512988
Alternative Phone No	OFFICE-62758880

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 D HR MICROBUS (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MJ001110-R01
Cover Note Number	

Driver

Name of Driver	BAIZID
NRIC No	G8012400M
Date Of Birth	03/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83512988
Fax Number	
Contact Number	OFFICE-62758880
E Mail Address	JESNEY_MOO@ICLOUD.COM

Address	98 HENDERSON ROAD
Postcode	159543
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (including own vehicle) 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	SBK6767A
Vehicle Make/Model/Colour	
Details Of Propertles	
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**.
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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.

EM Services Pte Ltd

98 Henderson Road

Singapore 159543

Tel: 62758880 Fax: 62721506

Policyholder's Signature

Date & Time:

08 JUL 2014

10:00AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

08 JUL 2014

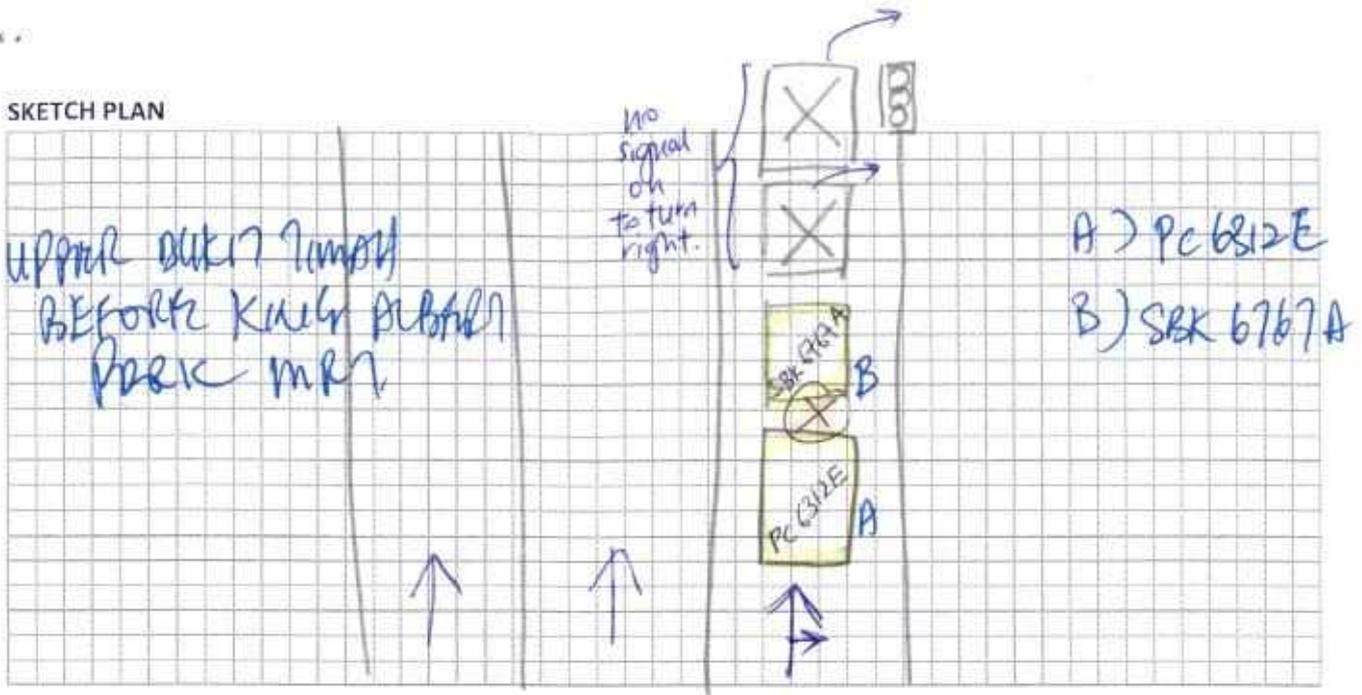
10:00AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Upon the traffic light turning green, the two vehicles in front of vehicle SBK 6767A, did not pre-warn the other drivers behind of their intention of turning right on the traffic junction. Without signalling right on their vehicle, vehicle SBK 6767A (with the intention and assumption the vehicles would all be going straight), the driver made a sudden jammed break as the two vehicles suddenly made an abrupt right turn.

With the sudden jammed break made by vehicle SBK 6767A, driver of PC 6312E reacted promptly and made a safety call at breaking as well. However, due to the existing close proximity between both vehicles, he was unable to avoid a minor surface collision upon the instinctive break. This, therefore, resulted in the minor incident along upper Bukit Merah road, before King Albert Park MRT.

DECLARATION

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

EM Services Pte Ltd
 98 Henderson Road
 Singapore 159543
 Tel: 62758880 Fax: 62721506

Policyholder's Signature: *[Signature]*

Date & Time: 08 JUL 2019

GIARM: 10:00 AM rm_v3

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

Date & Time: 08 JUL 2019 10:00 AM

Reporting Centre Personnel's Signature

Name: *[Signature]*

NRIC/FIN No.:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 05 / 07 / 2019 (dd/mm/yy) Time of Accident: 08 : 20 (24-HR-FORMAT)

Vehicle No.: PC 6312 E Vehicle Make & Model: NISSAN NV350 HR MICROBUS Private Hire: (Y/N)

Exact location of Accident: UPPER BT TIMAH ROAD BEFORE KING ALBERT PARK MRT

Policyholder's Name / IC No.: E M SERVICES PTE LTD

Driver's Name / IC No.: BAI210 , G 8012400 M (As Above)

Driver's Contact No.: 6275 8880 83512988 Company Contact No (Company Veh Only): 6275 8880

Driver's Address: 98 HENDERSON ROAD , SINGAPORE 159543

Email address: jwmmoo@emve.com.sg Insurance Company: TOKIO MARINE INSURANCE GROUP

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative **Employee** Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

Occupation (nature of job) Indoor / Outdoor

Private use / Work purpose

*No. of Passengers (Including Driver): 1

*Passanger Name: _____

Gender: Male / Female

*Passanger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SBK 6767 A

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



S PASS

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
E M SERVICES PTE LTD

Sector: SERVICE



Name:
BAIZID
Occupation:
DRIVER

S Pass No.
O 62414278

Date of Application
15-11-2017

Date of issue
27-12-2017

Date of Expiry
27-12-2019



L8528765

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: G8012400M

Name: BAIZID

For LKK/NAC Use

Birth Date: 03 Mar 1981

Issue Date: 29 Jun 2010

Valid Till: 20/08/2024

002950379K

VISIT PASS

Immigration Regulations

Name:
BAIZID

For LKK/NAC Use



Date of Birth	Sex	Nationality
03-03-1981	M	BANGLADESHI
FIN	Date of Issue	Date of Expiry
G8012400M	27-12-2017	27-12-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

EFFECTIVE DATE

- Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 21 Aug 2014
- Class 4 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 \leq 7250kg 21 Nov 2018

For LKK/NAC Use Only



NP 426A

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-000023-4)
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 MZ600

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.: 19-MJ001110-R01 (Private Bus)

- 1. **Index Mark and Registration Number of Vehicle** PC6312E **Chassis No.:** JN1UC4E26Z0006655
- 2. **Name of Policyholder** E M SERVICES PRIVATE LIMITED
- 3. **Effective date of the Commencement of Insurance for the purposes of the Act** 01/04/2019
- 4. **Date of Expiry of Insurance** 31/03/2020

5. Persons or Class of Persons entitled to drive*

Any person provided he is in the Policyholder's employ and is driving on their 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*

Use only for the carriage of passengers or goods in connection with the Policyholder's business.

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.

* 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: 0465DDB

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 2,500
	Excess-Third Party (Sect II)	SGD 2,500
	Windscreen Excess	SGD 200

Tokio Marine Insurance Singapore Ltd.

Authorised Signature