

NATIONAL Assessment Centre Services [wef 1 Jan 2005]

| | | | |
|----------------------------|--|-----------------------|---------|
| Date In: 15/07/19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/TMI 19012483/13 | SAS e-filing | | |
| Veh No: SMM3563A | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 13/07/19 1550 | i-Motor Claim Form | | |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (**MA GARAGE** Tel: Fax:)

| | | |
|-----------------------------------|--|-----------------------|
| TP Particulars: | Veh No: ABC2363A | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

NA1905366

| Claimant's Particulars :- | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|----------|
| | | | 1st Bill | 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 | | | |
| Auditors' Comments :- | 5) FT : Follow-Through Survey (Resurvey) \$30 | | | |
| Cat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat. 2 / 3: | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | OD* | | | |
| | *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 30 | | | |
| | 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 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 | 15/07/2019 17:12 |
| Date Of Accident | 13/07/2019 15:50 |
| Exact Location Of Accident | PIE TWDS CHANGI B4 LOR 6 TOA PAYOH EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SMM3563A |
| Insured/Policyholder | |
| Name Of Registered Owner | PRIME CAR LIMO PTE LTD |
| Co Reg No | 201826883W |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-99999999 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | CHR-HYBRID |
| 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 | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 19-MK000135-R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | GOH KAI YONG |
| NRIC No | S1591829B |
| Date Of Birth | 10/03/1963 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/01/1981 |
| Driving Experience | 38 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91997527 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 265D PUNGGOL WAY #05-354 |
| Postcode | 824265 |
| 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? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| 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) | 4 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 3 | NAME: : UNKNOWN GENDER: : FEMALE |

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

PLS REFER TO THE ATTACHED STATEMENT.

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 | FBC2363A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|--------------|
| Name | GOH KAI YONG |
| Approximate Age | |
| Injuries Sustain | NECK & BACK |
| Injured person in which vehicle? | SMM3563A |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 lodging 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:

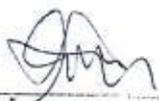
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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").

- (i) 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
- (ii) 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.
- (iii) 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.
- (iv) the information so collected under (a) 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.



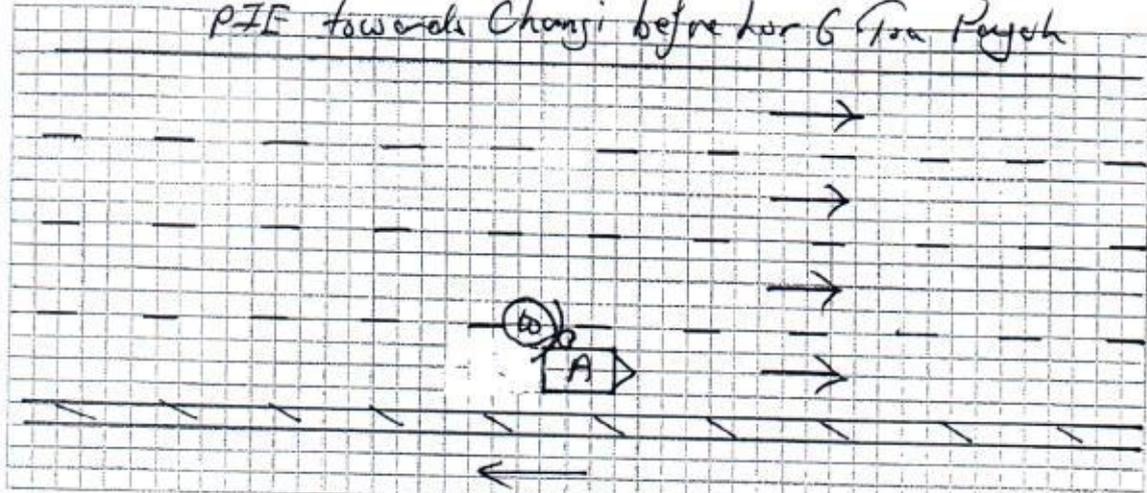
Policyholder's Signature
Date & Time:


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

 15/07/19
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

SKETCH PLAN

PIE towards Changi before Lor 6 Toa Payoh



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT (A) Smm 3563A (B) FBC 2363A

On 13/07/2019 at about 1550 hrs at along PIE towards

Changi before Lor 6 Toa Payoh Exit. I was travelling on the extreme Right Lane and when my front vehicle

slow down and stop due to heavy traffic hence I follow suit and come to a complete stop. Suddenly I heard

a loud bang from the left and notice a Vehicle (B)

rider rolling on the road. When I alighted, I realised

that it was Vehicle (B) who collided onto my whole left

portion of my vehicle (A) causing damages to my vehicle.

I have 3 passengers inside my vehicle. My vehicle need to tow back to workshop due to the damages on the rim & tyre.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

Signature 15/07/19

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

SINGAPORE ACCIDENT STATEMENT

| | | | | |
|---|--|-------------------------|--|----------------------|
| Accident Date: 13/07/2019 | | Time: 1550 hrs | | (hh:mm) 24 hr format |
| Location PIE TOWARDS CHANGI BEFORE LOR 6 TGA PAYOH EXIT | | | | |
| Vehicle Number SIMM 3563A | | | | |
| Insured Name PRIME CAR LIMO PTE LTD | | | | |
| NRIC/FIN 2078 26883W | | Contact Number | | |
| Make TOYOTA | | Model CHR HYBRID 1.8G | | |
| 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 19 - MK 000135 - R00 | | | | |
| Name of Driver GOH KAI YONG | | () Same as Insured | | |
| NRIC/FIN S1591829B | | Contact Number 91997527 | | |
| Date of Birth 10/03/1963 | | | | |
| Driving Pass Date 21/11/1981 | | | | |
| Occupation () Indoor (/) Outdoor | | | | |
| Gender (/) Male () Female | | | | |
| Email Address () NO EMAIL | | | | |
| Address of Driver BLK 265D PUNGGOL WAY #05-354 S (824765) | | | | |
| Was driver an employee of the Insured's Company? () Yes (/) No | | | | |
| If No, Relationship of the Driver with the Insured HIREE | | | | |
| () 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 driver neck & back pain | | | | |
| 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 FBC 2363A | | | | |
| Veh C | | | | |
| Veh D | | | | |
| Veh E | | | | |
| Veh F | | | | |

include driver = 4 person

passenger (1) male, unknown

passenger (2) male, unknown

passenger (3) female, unknown

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1591829B



Name
GOH KAI YONG

吴 茂 良

Race
CHINESE

Date of birth
10-03-1963

Sex
M

Country/Place of birth
SINGAPORE

For LKK/NAC Use Only

147821

SMM3563A

Driver



5645527

NRIC No S1591829B



For LKK/NAC Use Only

Date of issue
05-09-2016

Address
APT BLK 265D PUNGGOL WAY
#05-354
SINGAPORE 824265

REPUBLIC OF SINGAPORE DRIVING LICENCE

51591829B

GOH KAI YONG

For LKK/NAC Use Only

Birth Date: 10 Mar 1963

Issue Date: 23 Jun 2009

00058346D



SMM 3563 A
Driver

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

| CLASS | DESCRIPTION | PASS DATE |
|---------|--|-------------|
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 21 Jan 1981 |

For LKK/NAC Use Only

Licence No: 51591829B

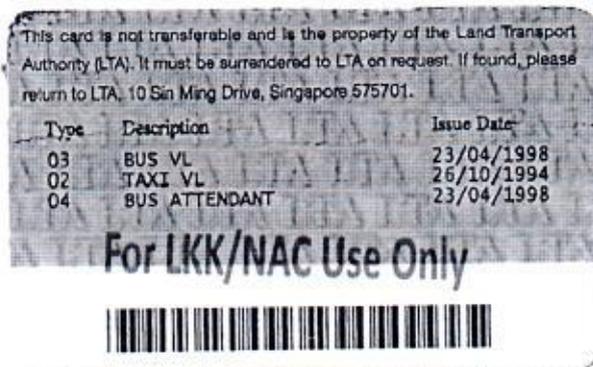


NP 420A



SMM3563A

Driver



Tokio Marine Insurance Singapore Ltd.

Company Reg No. (99300014M) (GST Reg No. M2-000021-1)

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 MX1 H

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-MK000135-R00 (Private Motor Car)

- | | | |
|--|---|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMM3563A | Chassis No.: ZYX102091546 |
| 2. Name of Policyholder | PRIME CAR LIMO PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 26/06/2019 | |
| 4. Date of Expiry of Insurance | 14/10/2019 | |
| 5. Persons or Class of Persons entitled to drive* | <p>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.</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. 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.
 - 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: 2500DDA

| | | |
|--------------------------------|--------------------------------------|-----------|
| Insurance Plan: | Comprehensive Approved Workshop Plan | |
| Limit for total loss or theft: | Prevailing Market Value | |
| Policy Excess: | Excess - All Claims | SGD 1,800 |
| | Windscreen Excess | SGD 100 |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Ong Yen Tzie - Motor Und

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