

NATIONAL Assessment Centre Services

Date In: 29/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/5M2190/5297/13	SAS e-filing		
Veh No: GBD7619A	E-mail (within 8hrs, AIC 2hrs)		
DOA 26/09/18 1050	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: T1B10254	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

NA1906551	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
	5) RT: 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:-		
	ON*		
	*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		
Cat 1:	Invoice dated	Fee Charged	
Cat 2/3:	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	29/08/2019 12:40
Date Of Accident	26/09/2018 10:50
Exact Location Of Accident	JLN EUNOS TWDS SIMS AVE E BUS STOP B4 JLN ISMAIL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7619A
Insured/Policyholder	
Name Of Registered Owner	INDOBOX PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MT101372
Cover Note Number	

Driver

Name of Driver	PARUMAH BIN OMAR
NRIC No	S2020352H
Date Of Birth	05/11/1952
Occupation	OUTDOOR
Date Of Driving Pass	08/05/1979
Driving Experience	39 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91851152
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 274C COMPASSVALE BOW #04-511
Postcode	543274
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 - CHANGE/CROSS LANE
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180926/2104

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	TIB1225U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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	UNKNOWN
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	TIB1225U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.**
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 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.



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.:

SKETCH PLAN

Along Jalan Eunus

A) GBD 7619A
B) TIB 1225U

BUS STOP
Jalan Ismail

A2
B1
B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: 7/20180926/2104

DECLARATION

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

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/08/19

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



SINGAPORE POLICE FORCE



T/20180926/2104

1 of 3

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180926/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2018 15:39		Vide Report No.: G/20180926/0082		Station Diary No.: 22	
Informant's Particulars					
Name of Informant: PARUMAH BIN OMAR			Address: APT BLK 274C COMPASSVALE BOW #04-511 SINGAPORE 543274		
ID Type / ID No.: NRIC NO / S2020352H			Contact No.: Home/Office: Mobile: 91851152		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 65	Date of Birth: 05/11/1952	Type of Informant: Driver		
Race: Javanese			Language: Malay		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/09/2018 10:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JALAN EUNOS SIMS AVENUE EAST bus stop before Jalan Ismail				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.Siti Rohaiyah Kasman
Traffic Police
Date : 29 AUG 2019

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD7619A	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Grey	Slightly Damaged	0
TIB1225U	Bus/Coach/Mi nibus	MERCEDES BENZ		Multi-Colored	Slightly Damaged	0



SINGAPORE POLICE FORCE



T/20180926/2104

Police Station Of Origin:

2 of 3

Eunos NPP

Report No. T/20180926/2104

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	PARUMAH BIN OMAR	ID No.	S2020352H
Related Vehicle	GBD7619A (Van)	Contact No.	91851152
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/9/2018 at about 1050hrs, I was driving my van, GBD7619A along Jalan Eunos towards Sims avenue east. I intend to go to Telok Kurau. I was driving on the second lane from the left. I signaled before changing lane and the lane to my left was clear. Subsequently, I change to the left lane. Suddenly, I felt a hit from the left rear and the impact caused my van to swerve left and ended perpendicular to the bus. I wish to state that I was driving at about 50km/h along Jalan Eunos.

After the accident, both myself and the bus driver alighted our vehicles. The bus driver seems perfectly fine and had taken pictures of the accident. I do not know why he had called for ambulance which he was conveyed to hospital after arrival of ambulance.

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

.....
Siti Rohaiyah Kasmani (MX)
Traffic Police

Date :

29 AUG 2019



**SINGAPORE
POLICE FORCE**



T/20180926/2104

3 of 3

Report No. T/20180926/2104

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 2 RADIN SALIHUL 'IMRAN BIN RADIN
FADLI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Authentication Stamp

NP168

Signature Of Informant:

Certified True Copy
pursuant to Sec. 78 of the
Evidence Act, Cap 97.

Date/Time:

26/09/2018 15:39

Siti Rohayah Kasmani (MX)
Traffic Police

Date :

29 AUG 2019

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (27/09/2018) (DD/MM/YYYY), TIME: (11:10) (HH:MM)

LOCATION: MONG JLN EUNOS

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CRD 7619A
b) INSURANCE COMPANY: TOXIO MARINE
c) POLICY NUMBER: MT101372
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN X NV350
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: INDOBX PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: PARUMATH BIN OMAR (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2020352H CONTACT: 91851152
c) ADDRESS: 274C COMPASSVALE RDW
#04-S11

* d) DATE OF BIRTH: (05/11/1952) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08051979

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: 639 BEDOK RESERVOIR NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: T1B 1225 U MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()

20/08/19
9:45 - no answer
11:45 - u

email = shahid@indobx.sg
VIDEO

Certificate of Insurance

FORM MZ300

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.: MT101372 (Commercial Vehicle)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBD7619A | Chassis No.: JN1MC2E26Z0003525 |
| 2. Name of Policyholder | INDOBOX PTE. LTD. | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 14/04/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 13/04/2019 | |
| 5. Persons or Class of Persons entitled to drive* | Any person who is driving on the policyholder's 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*
- 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing 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).

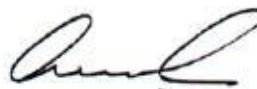
Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

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 No: 2193DDA
Insurance Plan:	Comprehensive Approved Workshop Plan			
Limit for total loss or theft:	Prevailing Market Value			
Policy Excess:	Own Damage Claims	SGD 750.00	(Original Excess : SGD 750.00)	
	Additional Excess for Unnamed Driver(s)	SGD 1,500.00	(All Claims)	
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 3,000.00	(All Claims)	
	WindScreen Excess	SGD 100.00		
Financial Interest:	ABWIN PRIVATE LIMITED			
Additional Terms:	(1) Policy excesses are amended as follow:- (a) Additional Excess All Claims for non-employee \$1,500 (b) Additional Excess All Claims for YEID \$3,000			

TOKIO MARINE INSURANCE SINGAPORE LTD.



Authorised Signature