

NATIONAL Assessment Centre Services

(w/e 1 Jan 2020)

2

Date In: 23/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/TM/20001437/13	SAS e-filing		
Veh No: SLE301M	E-mail (w/In 3hrs, ADT 2hrs)		
D.O.A: 22/01/20 2000	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: (	M GARAGE	Tel:	Fax:
TP Particulars:	Veh No: SLE4986E	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:	
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Date/Time	Actions

NA 2000888	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming assist INC Only (w/e 10 Jan 2020)		
	6) TR: Re-inspection \$75		
	7) N1: Idas 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 / Collision Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Int. 1:

Int. 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	23/01/2020 18:00
Date Of Accident	22/01/2020 20:00
Exact Location Of Accident	BEF JUNCTION OF GAMBAS AVE AND SEMBAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE301M
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR LEASING PTE LTD
Co Reg No	2XXXXX241D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97873243

Vehicle Particulars

Manufacturer	TOYOTA
Model	VOXY 2.0
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000862-R00
Cover Note Number	

Driver

Name of Driver	CHUA AI LENG
NRIC No	SXXXX874G
Date Of Birth	13/03/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/08/2006
Driving Experience	13 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97873243
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 874 WOODLANDS STREET 82 #05-514 SINGAPORE 730874
Postcode	730874
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 (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)	2
Passenger 1	NAME: : TAN YINING
	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

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	SLF4988E
Vehicle Make/Model/Colour	
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)	

SKETCH PLAN


IMPORTANT NOTICE


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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 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:

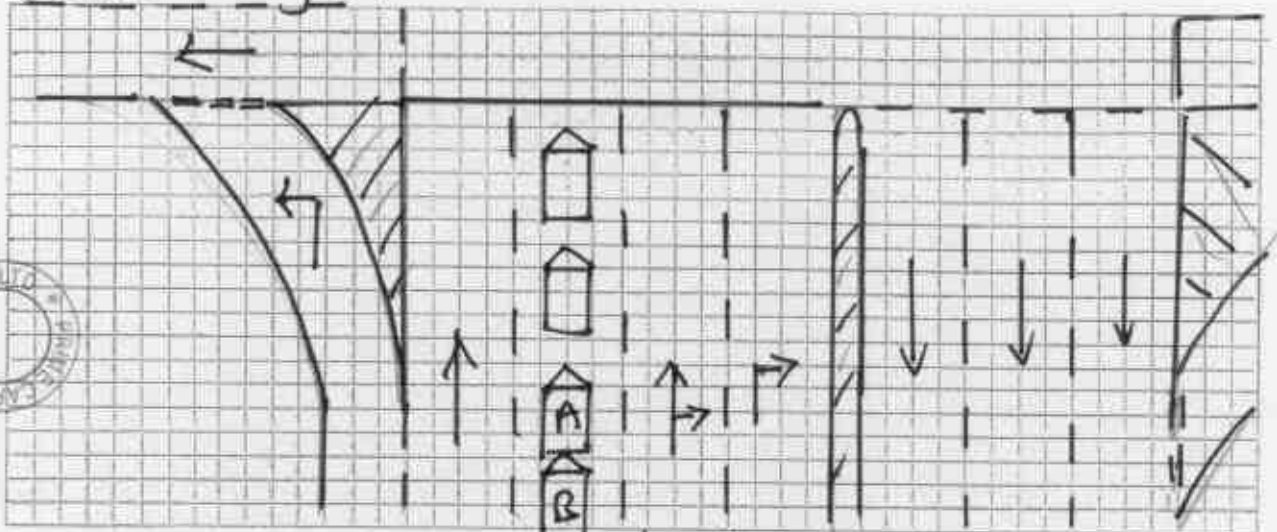
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


Reporting Centre Personnel'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 Sembawang Rd



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Gambas Ave

On 22/01/2020 at about 2000 hrs at along Gambas Ave towards Yishun before Junction of Sembawang Road.

I was travelling on the 2nd lane from the left and came to a stop before the 'RED' traffic light behind few vehicles. Suddenly I felt a great

impact from the Rear and when I alighted, I realised that it was Vehicle (B) who hit onto my

Rear Portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside

my vehicle.

(A) SLE 301 M

(B) SLF 4986 E

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 the foregoing particulars are true in every respect.

Policyholder's Signature
Date: 27-01-2020

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

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

SINGAPORE ACCIDENT STATEMENT

Accident Date: 22/01/2020	Time: 2000hrs	(hh:mm) 24 hr format
Location <u>Before Junction of Gombas Ave & Sembawang Rd</u>		
Vehicle Number <u>SLE 301M</u>		
Insured Name <u>PRIME car leasing pte Ltd</u>		
NRIC/FIN <u>201508241D</u>	Contact Number	
Make <u>Toyota</u>	Model <u>VOXY 2.0</u>	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company <u>TOKIO MANGU</u>		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number <u>19-MK000862-R00</u>		
Name of Driver <u>Chua Ai Leng</u>		() Same as Insured
NRIC/FIN <u>S7010874G</u>	Contact Number <u>9787 3243</u>	
Date of Birth <u>13/03/1970</u>		
Driving Pass Date <u>21/08/2006</u>		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender () Male (<input checked="" type="checkbox"/>) Female		
Email Address (<input checked="" type="checkbox"/>) NO EMAIL		
Address of Driver <u>Blk 874 Woodlands #2 #05-514 S(730874)</u>		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured <u>Hirer</u>		
() Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B <u>SLE 4986E</u>		
Veh C		
Veh D		
Veh E		
Veh F		

2 person including driver

- 1 female passenger
- Tan Yining



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-MK000862-R00 (Private Motor Car)

- | | | |
|--|---|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLE301M | Chassis No.: ZRR800135025 |
| 2. Name of Policyholder | PRIME CARS LEASING PTE LTD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 15/10/2019 | |
| 4. Date of Expiry of Insurance | 14/10/2020 | |
| 5. Persons or Class of Persons entitled to drive* | <p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>The hirer.</p> <p>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.
- 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: 2500DDA

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Excess - All Claims	SGD 1,500
Financial Interest:	DBS BANK LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

241D

Vehicle Details

Vehicle No.:

5LE301M

Vehicle to be Exported:

Yes

Intended Deregistration Date:

23 Jan 2020

Vehicle Make:

TOYOTA

Vehicle Model:

VOXY 2.0X A

Primary Colour:

Black

Manufacturing Year:

2015

Engine No.:

3ZR8620558

Chassis No.:

ZRR800135025

Maximum Power Output:

112.0 kW (150 bhp)

Open Market Value:

\$23,394.00

Original Registration Date:

04 Jul 2016

First Registration Date:

04 Jul 2016

Transfer Count:

0

Actual ARF Paid:

\$24,752.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

03 Jul 2026

PARF Rebate Amount:

\$18,564.00

Intended COE Rebate Details

COE Expiry Date:

03 Jul 2026

COE Category:

E - Open Category

COE Period(Years):

10

QP Paid:

\$57,390.00

COE Rebate Amount:

\$36,738.00

Total Rebate Amount:

\$55,302.00

The information contained herein is correct as at 23 Jan 2020

OK