

NATIONAL Assessment Centre Services. [Unit 1 Jan 2005]

Date In: 05/05/2020 11:26		Job description	Date & Time Completed	Done by																																																									
Ref No: N/A/7M/2000/86V		SAS e-filing																																																											
Veh No: GBE 20514		E-mail (Upload this, AIG this)																																																											
O.O.A: 04/05/2020 06:44		1-Motor Claim Form																																																											
OD: TP Reporting Only		1-Motor W/O (Within: OD this, TP this)																																																											
		1-Photo Uploaded																																																											
		Assessment/Survey Report																																																											
TP Insurer:		Ass't Report by Fax / Hand to Owner/Whom																																																											
Preferred Wkep / INC Assign Wkep / QW:		Tel:		Fax:																																																									
TP Refuse/Ins:	Veh No: PD 9487	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 ()																																																												
() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.																																																													
() Total Loss Case: to e-mail Insurer URGENTLY.																																																													
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()																																																													
1) Apply for Transport Allowance () / Courtesy Car ()																																																													
2) QC Check / Post Repair Inspection ()																																																													
3) Upload Resurvey Photo [Repair Cost > \$9000] ()																																																													
Injury: ()																																																													
Driver/Owner:																																																													
Contact No:																																																													
Damaged Portion:																																																													
QC Checked by (Engr-In-Charge):																																																													
Additional Comments:																																																													
Tel: 1:																																																													
<table border="1"> <thead> <tr> <th>Item</th> <th>Amount</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td>1) All Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100) INC (\$10)</td> <td></td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$170</td> <td></td> </tr> <tr> <td>4) PT: Follow-Through Survey</td> <td>\$30</td> <td></td> </tr> <tr> <td>5) PT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td>For following items: INC Only (over 10 in 200)</td> <td></td> <td></td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idea DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td> ON:</td> <td>\$3</td> <td></td> </tr> <tr> <td> NS: Courtesy Car / Tpt Allowance</td> <td>\$10</td> <td></td> </tr> <tr> <td> NG: Repairs Coordination</td> <td>\$25</td> <td></td> </tr> <tr> <td> NT: Post Repair Inspection</td> <td>\$3</td> <td></td> </tr> <tr> <td> IN: DV / Collect Excess Coordination</td> <td>\$10</td> <td></td> </tr> <tr> <td> TE (NI) / TP (IN) INC: (against INC)</td> <td>\$0</td> <td></td> </tr> <tr> <td>9) NI: Idea Mobile</td> <td></td> <td></td> </tr> <tr> <td>Invoice dated</td> <td></td> <td>Fee Charged</td> </tr> <tr> <td>Invoice dated</td> <td></td> <td>Fee Charged</td> </tr> </tbody> </table>					Item	Amount	Remarks	1) All Accident Reporting (\$30)			2) DA: Damage Assessment (\$100) INC (\$10)			3) TP: Towing Fee	\$170		4) PT: Follow-Through Survey	\$30		5) PT: Follow-Through Survey (Resurvey)	\$30		For following items: INC Only (over 10 in 200)			6) TR: Re-inspection	\$75		7) NI: Idea DA + SMRT Survey	\$160		8) NTUC Additional Services:			ON:	\$3		NS: Courtesy Car / Tpt Allowance	\$10		NG: Repairs Coordination	\$25		NT: Post Repair Inspection	\$3		IN: DV / Collect Excess Coordination	\$10		TE (NI) / TP (IN) INC: (against INC)	\$0		9) NI: Idea Mobile			Invoice dated		Fee Charged	Invoice dated		Fee Charged
Item	Amount	Remarks																																																											
1) All Accident Reporting (\$30)																																																													
2) DA: Damage Assessment (\$100) INC (\$10)																																																													
3) TP: Towing Fee	\$170																																																												
4) PT: Follow-Through Survey	\$30																																																												
5) PT: Follow-Through Survey (Resurvey)	\$30																																																												
For following items: INC Only (over 10 in 200)																																																													
6) TR: Re-inspection	\$75																																																												
7) NI: Idea DA + SMRT Survey	\$160																																																												
8) NTUC Additional Services:																																																													
ON:	\$3																																																												
NS: Courtesy Car / Tpt Allowance	\$10																																																												
NG: Repairs Coordination	\$25																																																												
NT: Post Repair Inspection	\$3																																																												
IN: DV / Collect Excess Coordination	\$10																																																												
TE (NI) / TP (IN) INC: (against INC)	\$0																																																												
9) NI: Idea Mobile																																																													
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 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. 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	05/02/2020 11:26
Date Of Accident	04/02/2020 06:45
Exact Location Of Accident	ALONG ADMIRALTY ROAD WEST TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2651H
Insured/Policyholder	
Name Of Registered Owner	T.O.P.DESIGN & ENGINEERING PTE LTD
Co Reg No	2XXXXX501E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97766158
Alternative Phone No	OFFICE-97766158

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	THIRD PARTY
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-MV008522-R03
Cover Note Number	

Driver

Name of Driver	LEE KUM FONG
NRIC No	SXXXX411C
Date Of Birth	20/12/1963
Occupation	OUTDOOR
Date Of Driving Pass	13/05/1995
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97766158
Fax Number	
Contact Number	OTHERS-97766158
Email Address	NOEMAIL

Address BLK 266 YISHUN STREET 22
#08-172

Postcode 760266

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? 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) 10

Passenger 1 NAME: : WORKER
GENDER: : MALE

Passenger 2 NAME: : WORKER
GENDER: : MALE

Passenger 3 NAME: : WORKER
GENDER: : MALE

Passenger 4 NAME: : WORKER
GENDER: : MALE

Passenger 5 NAME: : WORKER
GENDER: : MALE

Passenger 6 NAME: : WORKER
GENDER: : MALE

Passenger 7 NAME: : WORKER
GENDER: : MALE

Passenger 8 NAME: : WORKER
GENDER: : MALE

Passenger 9 NAME: : WORKER
GENDER: : MALE

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 PA9480T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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 LEE KUM FONG

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? GBE2651H

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 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. 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:



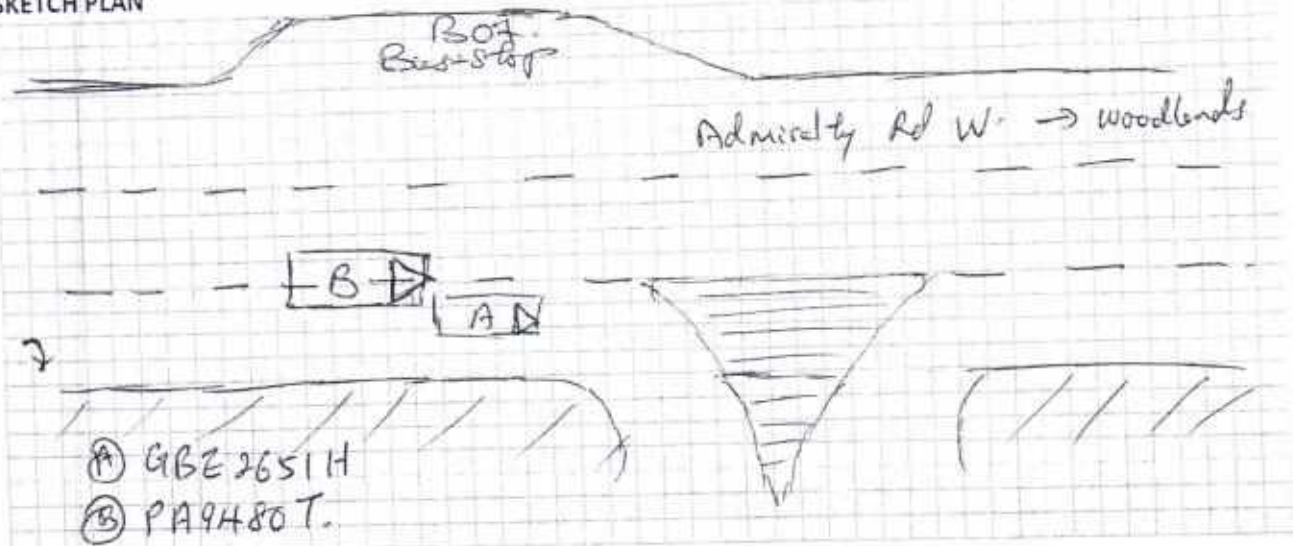

Driver's Signature
(If driver is not the policyholder)
Date & Time:



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


05/02/2020


SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was at the U-turn/ right turning lane. I slow down as I was about to make an U-turn within my lane. Suddenly veh B (Bus) collided onto my vehicle rear portion. After the accident impact, I feel giddy and uncomfortable. I consulted doctor and was given 2 days R/C.

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:

Handwritten signature of the driver.

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

Handwritten signature of the reporting centre personnel, dated 05/07/2020, with a handwritten name 'Rajesh Kumar' and a handwritten number '3'.

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: 04/02/2020 (dd/mm/yy) Time of Accident: 06:45 (24-HR-FORMAT)

Vehicle No.: GBE2651H Vehicle Make & Model: Toyota Dyna

Exact location of Accident: Admiralty Rd West (Woodlands)

Policyholder's Name / IC No.: T.O.P Design & Engineering Pte Ltd / 200302501E

Driver's Name / IC No.: Lee Kam Fong / S1626411C (As Above) ☐

Driver's Contact No.: 97766158 Company Contact No (Company Veh Only): _____

Driver's Address: B1K 266 Yishan St D #08-172 S (760266)

Email address: _____ Insurance Company: _____

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): 10

*Passanger Name: all male worker

Gender: Male / Female
Gender: Male / Female

*Passanger Name: _____

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: Lee Kam Fong

Injuries Sustain: 2 days m/c Injured Person in Which Vehicle: GBE2651H

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

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: PA9480T

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: _____

Tokio Marine Insurance Singapore Ltd.

(Company Reg No: 192300014M) (GST Reg No: M2-000023-1)
 20 Macao Street #08-01 Tokio Marine Centre Singapore 069048
 T: (65) 6221 6111 F: (65) 6221 4256 / (65) 6224 0906 E: info@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP
FORM MZ100

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-MV008522-R03 (Comm Vehicle Carry Own Goods)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBE1651H | Chassis No.: JTFAT35Y30K205156 |
| 2. Name of Policyholder | T.O.F DESIGN & ENGINEERING 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* | 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 while 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 93 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 whatever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost or 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: 0896DDB

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Excess - All Claims	SGD 750
Financial Interest:	ETHOZ CAPITAL LTD	

Tokio Marine Insurance Singapore Ltd.

Authorized Signature