

NATIONAL Assessment Centre Services

NA 2001473

2/2

Date In: 21/02/20	Job description	Date & Time Completed	Done by:
Ref No. NA/IM20002991/13	SAS e-filing		
Veh No: SMN 7570L	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 20/02/20 1640	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: SME 5283L, 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		

NA2001473

Client's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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) NI: Idao 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 (N11) against INC \$20		
	9) N12: Idao Mobile \$0		
Cal. 1:	Invoice dated	Fee Charged	
Cal. 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	21/02/2020 11:53
Date Of Accident	20/02/2020 16:40
Exact Location Of Accident	BOON LAY WAY B4 YUAN CHING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM7570C
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Co Reg No	2XXXXX883W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	COMMERIAL 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-MK000854-R00
Cover Note Number	

Driver	
Name of Driver	LOO SOON GUAN DANNY
NRIC No	SXXXXX397B
Date Of Birth	01/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	10/04/2002
Driving Experience	17 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92712101
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 556 HOUGANG ST 51 #08-348
Postcode	530556
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 - 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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

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	SME5283L
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)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

LOO SOON GUAN DANNY

WAIST & SHOULDERS
SMM7570C
YES
NO

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.

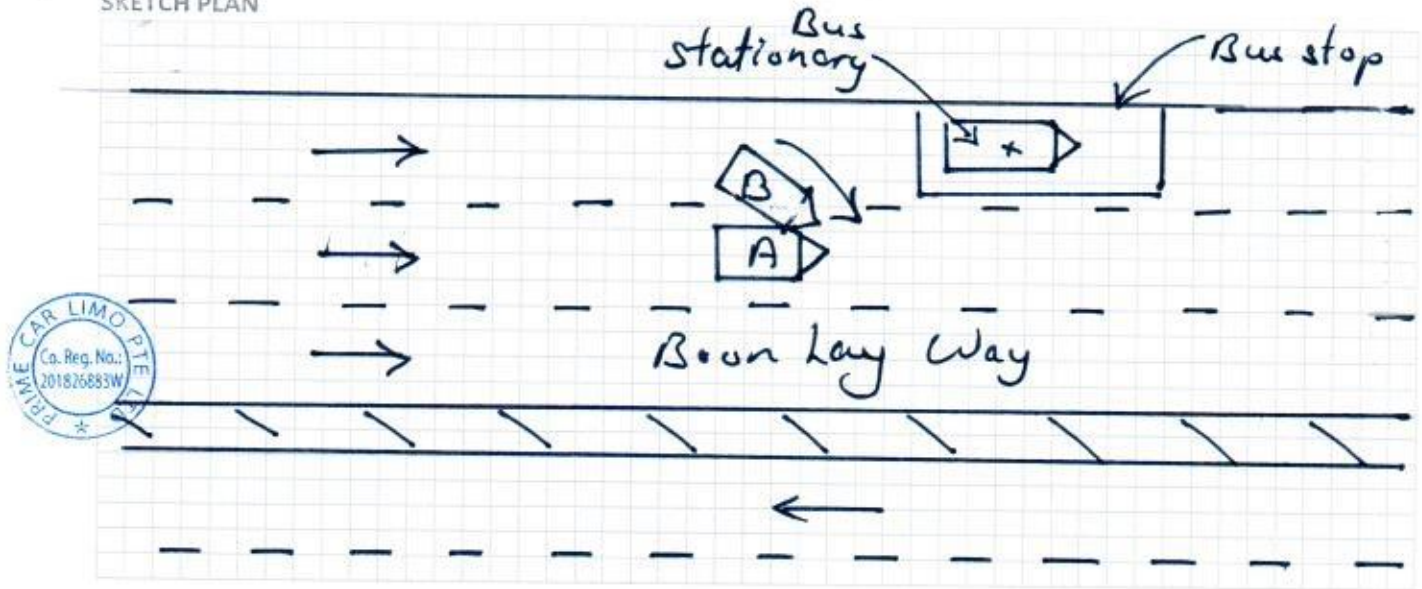


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/02/2020 at about 1640 hrs at along Boon Lay Way towards Corporation Road before Yuan Ching Road. I was travelling on the centre lane and suddenly a Vehicle (B) on my left veered into my lane without checking her blindspot and without proper lookout hence collided onto my left front Portion of my Vehicle (A) causing damages to my vehicles.

CA) SMM 7570 C

CB) SME 5283 L

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 & Time:

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: 20/02/2020	Time: 1640h	(hh:mm) 24 hr format
Location Boon Lay Way before Yuan Ching Road		
Vehicle Number SMM 7570C		
Insured Name Prime car limo pte Ltd		
NRIC / FIN 201826883W	Contact Number	
Make Honda	Model Shuttle hybrid	
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-MK000854-R00		
Name of Driver LOO SOON GUAN Danny		() Same as Insured
NRIC / FIN S7234397B	Contact Number 9271 2101	
Date of Birth 01/10/1972		
Driving Pass Date 10/04/2002		
Occupation () Indoor (/) Outdoor		
Gender (/) Male () Female		
Email Address (/) NO EMAIL		
Address of Driver Blk 556 Hongang Street 51 #08-348 S(530556)		
Was driver an employee of the Insured's Company? () Yes (/) No		
If No, Relationship of the Driver with the Insured Hirer		
() 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 waist and shoulders		
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 SME 5283L		
Veh C		
Veh D		
Veh E		
Veh F		

3 persons including driver 1 female 1 male



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-MK000854-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SMM7570C Chassis No.: GP71214543
2. Name of Policyholder PRIME CAR LIMO 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.
The hirer.

Any other person who is driving on the hirer's order or with his/ 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 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
Financial Interest: SING INVESTMENTS & FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

Printed 09/10/2019

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: 201826883W
Owner ID Type: Company
Owner Name: PRIME CAR LIMO PTE. LTD.
Registered Address: 61 UBI AVENUE 2 #01-03 AUTOMOBILE MEGAMART SINGAPORE 408898
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SMM7570C
Previous Vehicle No.: -
Effective Date of Ownership: 12 Jul 2019
Original Regn Date: 12 Jul 2019
Registration Date: 12 Jul 2019
Year of Manufacture: 2018
Vehicle Type: Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
Vehicle Scheme: -
Vehicle Attachment 1: No Attachment
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HONDA
Vehicle Model: SHUTTLE HYBRID 1.5 AUTO
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: GP71214543
Engine No.: LEB6557700
Motor No.: H13717528
Engine Capacity / Power Rating: 1496 cc / 22.0 kW
Maximum Power Output: 101.0 kW (135 bhp)
Propellant: Petrol-Electric
Max Unladen Weight: 1190 kg
Maximum Laden Weight: 1465 kg
Open Market Value: \$20,905.00
PARF Eligibility: Yes
PARF Eligibility Expiry Date: 11 Jul 2029
Minimum PARF Benefit: \$5,633.00
No. of Transfers: 0
IU Label No.: 1129478417
COE No.: 2019060103001316K
COE Expiry Date: 11 Jul 2029
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Registration Category: B - Car above 1600cc or 97kW (130bhp)
Quota Premium (QP) / Prevailing Quota Premium: \$42,564.00 / -
Actual QP Paid: \$42,564.00
QP (Regn Cat): \$42,564.00
OPC Cash Rebate Eligibility: No
QP during COE Bidding Exercise: \$42,564.00
Additional Registration Fee Rate: First \$20,000.00 (100%), next \$905.00 (140%)
Actual ARF Paid: \$11,267.00
Vehicle Lifespan Expiry Date: No Lifespan
CO2 Emission: 89.00 (g/km)
CEV/VES Rebate Utilised Amount: \$10,000.00
CO Emission: 0.029000 (g/km)
HC Emission: 0.013000 (g/km)
NOx Emission: 0.006000 (g/km)
PM Emission: 0.200000 (mg/km)
Message: To renew the COE, the Prevailing Quota Premium payable is that of Category B. This is a public service vehicle.