

# NATIONAL Assessment Centre Services.

part 1 Jan 2005

NIA/20040571

Date In: 26/04/2020 17:00	Job description	Date & Time Completed	Done by
Ref No: NIA/20040571	SAS e-filing		
Veh No: SGL 8200R	E-mail (to: AIC 2hrs)		
D.O.A: 17/04/2020 13:05	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/Whan		

Preferred Wkup / INC Assign Wkup / QW: (	Tel:	Fax:
TP Particulars:	Veh No: EW 22G	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% P: 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 > \$3000] ( )		

Injury: ( )

Date/Time: ( )	

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Eng-In-Charge):	
Advisory Comments:	
Ref: 1:	
2/2	

Item	Amount	Remarks
1) ART: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (over 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: idao DA + EMRT Survey	\$160	
8) NTUC Additional Services		
9) NI: idao DA		
10) NI: idao DA		
11) NI: idao DA		
12) NI: idao DA		
13) NI: idao DA		
14) NI: idao DA		
15) NI: idao DA		
16) NI: idao DA		
17) NI: idao DA		
18) NI: idao DA		
19) NI: idao DA		
20) NI: idao DA		
21) NI: idao DA		
22) NI: idao DA		
23) NI: idao DA		
24) NI: idao DA		
25) NI: idao DA		
26) NI: idao DA		
27) NI: idao DA		
28) NI: idao DA		
29) NI: idao DA		
30) NI: idao DA		
31) NI: idao DA		
32) NI: idao DA		
33) NI: idao DA		
34) NI: idao DA		
35) NI: idao DA		
36) NI: idao DA		
37) NI: idao DA		
38) NI: idao DA		
39) NI: idao DA		
40) NI: idao DA		
41) NI: idao DA		
42) NI: idao DA		
43) NI: idao DA		
44) NI: idao DA		
45) NI: idao DA		
46) NI: idao DA		
47) NI: idao DA		
48) NI: idao DA		
49) NI: idao DA		
50) NI: idao DA		
51) NI: idao DA		
52) NI: idao DA		
53) NI: idao DA		
54) NI: idao DA		
55) NI: idao DA		
56) NI: idao DA		
57) NI: idao DA		
58) NI: idao DA		
59) NI: idao DA		
60) NI: idao DA		
61) NI: idao DA		
62) NI: idao DA		
63) NI: idao DA		
64) NI: idao DA		
65) NI: idao DA		
66) NI: idao DA		
67) NI: idao DA		
68) NI: idao DA		
69) NI: idao DA		
70) NI: idao DA		
71) NI: idao DA		
72) NI: idao DA		
73) NI: idao DA		
74) NI: idao DA		
75) NI: idao DA		
76) NI: idao DA		
77) NI: idao DA		
78) NI: idao DA		
79) NI: idao DA		
80) NI: idao DA		
81) NI: idao DA		
82) NI: idao DA		
83) NI: idao DA		
84) NI: idao DA		
85) NI: idao DA		
86) NI: idao DA		
87) NI: idao DA		
88) NI: idao DA		
89) NI: idao DA		
90) NI: idao DA		
91) NI: idao DA		
92) NI: idao DA		
93) NI: idao DA		
94) NI: idao DA		
95) NI: idao DA		
96) NI: idao DA		
97) NI: idao DA		
98) NI: idao DA		
99) NI: idao DA		
100) NI: idao DA		

Fee Charged  
Fee Charged

Signature



## 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	06/04/2020 17:00
Date Of Accident	02/04/2020 12:05
Exact Location Of Accident	SHAW CENTER CARPARK LEVEL 5 SCOTTS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL8200R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	EDUARDO.ROJAS@HEINEKEN.COM
Mobile Phone No	(LOCAL) +65-83396615
Alternative Phone No	OFFICE-83396615

### Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
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	20-ML000244-R00
Cover Note Number	

### Driver

Name of Driver	ROJAS FLORENCIO EDUARDO
Passport No/FIN	GXXXX563T
Date Of Birth	03/04/1969
Occupation	INDOOR
Date Of Driving Pass	09/11/2016
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83396615
Fax Number	
Contact Number	OTHERS-83396615
EMail Address	EDUARDO.ROJAS@HEINEKEN.COM

Address	2, ARDMORE PARK #26-04
Postcode	259947
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	COLLIDED INTO PARKED VEHICLE
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)	1

#### 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	EW22G
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98558808
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# SKETCH PLAN

## IMPORTANT PLAN

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association Of Singapore (GIA) for archiving and the copies of this report will be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the 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, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer 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 or 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

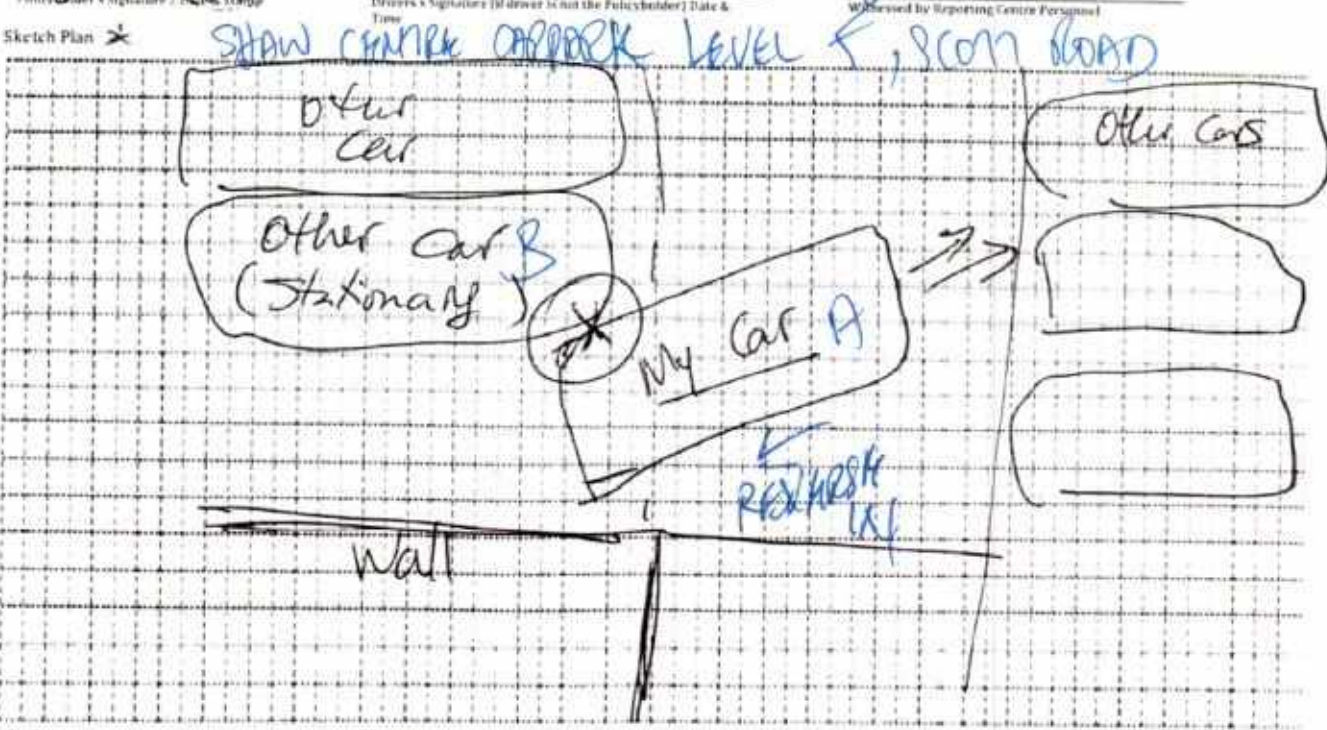
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurer's lawyer/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.

Policyholder's Signature:  Date:  Time: 

Witnessed By Reporting Centre Personnel:  Date: 06/04/2020

Sketch Plan: 

A) SGL 8200 R

B) EN 22 G



Describe Circumstance of the Accident \*

MANEUVERING OUT OF A NARROW PARKING  
SPOT, AIMING TO SQUARE THE CAR INTO THE LOT  
I HIT THE CAR NEXT TO MINE ON ITS FRONT  
RIGHT SIDE WITH MY REAR LEFT SIDE

Declaration

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

  
Policyholder's Signature / 

\*   
Driver's Signature (if driver is not the Policyholder) Date &  
Time

 06/04/2020  
Witnessed By Reporting Officer (Personnel)

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. **Complete and submit this form to the Authorised Reporting Centre ("ARC") for e-filing.**
2. Please report **correctly** the details of the accident to speed up the claims process.
3. This Form must be **completed by the Policyholder and/or the Authorised Driver.**
4. 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.**
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. **Any false reporting may be referred to the Traffic Police Department for investigation.**

## ACCIDENT STATEMENT

Date and Time of Accident \* Date: **APRIL 2nd, 2020** \* Time: **12:05 PM**  
 Exact Location of Accident \* **SHAW CENTER CAR PARK LEVEL 5, SCOTTS RD**

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* **SGL 8200 R**

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

- Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Type of Vehicle

☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others \_\_\_\_\_

Exact Purpose for which vehicle was being used at time of accident \* **GOING FOR LUNCH**

Are you claiming under own insurance policy for repair to your vehicle? ☐ Yes ☐ No (If No, Pls select ☐ Third Party ☒ Reporting)

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company

Type of Policy ☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy ☐ Yes ☐ No

Policy Number

Motor CI

**DRIVER** ☐ Same as Insured above

Name of Driver \* **EDUARDO ROJAS FLORENCIO**

Personal Identification - NRIC (Singaporean/PR) \*

- FIN/Passport Number \* **9323 1563 T**

Date of Birth \* **03 /dd 04 /mm 1969 /yy 1969**

Driving Date Pass \* **09 /dd 11 /mm 2016 /yy 2016**

Year of Driving Experience \* **32** Year(s) Month(s) **6** Month(s)

Occupation \* **PROCUREMENT DIRECTOR** ☒ Indoor ☐ Outdoor

Gender \* ☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No. \* **8339 6615**

Address of Driver	*	2, ARDMORE PARK #2804
Email Address	*	259947 SINGAPORE eduardo.mojas@heineken.com
Was Driver An Employee of the Insured's Company?		<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own		<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	*	SIDE SWIPE
Weather Conditions	*	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	*	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others
<b>OTHER INFORMATION</b>		
a. Was anybody injured in the accident?	*	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	*	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	*	<input type="radio"/> Yes <input checked="" type="radio"/> No (if Yes, please state which Police Station.)
Police Station Name		
Police Station Address		
Police Station Contact		Tel No. Fax No.
Was notice of Intended Prosecution given?		<input type="radio"/> Yes <input type="radio"/> No (if Yes, against whom?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	*	EW229
Vehicle Make/ Model/ Colour		
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		9855 8808
Vehicle Make/ Model/ Colour		BMW
Address of Driver		
Name of Insurance Company		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles)		



## Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-000023-4)

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](mailto:tmis@tokiomarine.com.sg) W: [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

FORM MZ406

### 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.: 20-ML000244-R00 (Private Motor Car)

- |  |  |                                |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SGL8200R   | Chassis No.: WBAWY92070LE00852 |
| 2. Name of Policyholder  | GOLDBELL CAR RENTAL PTE LTD  |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 01/04/2020   |                                |
| 4. Date of Expiry of Insurance   | 31/03/2021   |                                |
| 5. Persons or Class of Persons entitled to drive*                              | Any person who is driving on the Policyholder's order or with their permission.<br>The hirer.<br>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
- 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: 3092DDZ

Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Excess - All Claims	SGD 1,000
	Windscreen Excess	SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

Printed: 01/04/2020