

NATIONAL Assessment Centre Services. [ver 1 Jan 2005] **NA20047813**

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/05/2020 14:40 | Job description | Date & Time Completed | Done by |
| Ref No: NA/TM/20005870/Y | SAS e-filing | | |
| Veh No: GBA 2868X | E-mail (Within 2hrs, AIC 2hrs) | | |
| DOA: 21/05/2020 12:20 | 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/Whse | | |

Preferred Wkep / INC Assign Wkep / QW: () Tel: () Fax: ()

TP Particulars: Vch No: GU 576B 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 ()

General Remarks: () Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of reprior.

() 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 Done: ()

NA2002965

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Author's Comments: ()

Date: 2/3

| | |
|--|------------|
| 1) AR: Accident Reporting (\$30) | INC (\$10) |
| 2) DA: Damage Assessment (\$100) | \$40/\$45 |
| 3) TP: Towing Fee | \$120 |
| 4) PT: Follow-Through Survey | \$30 |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| For claim against INC Only (ver 10 Jan 2005) | |
| 6) TR: Re-inspection | \$75 |
| 7) NI: Idea DA + EMRT Survey | \$160 |
| 8) NTUC Additional Services: | |
| ON: | |
| *N5: Courtesy Car / Tpl Allowance | \$35 |
| *N6: Repair Coordination | \$10 |
| *N7: Post Repair Inspection | \$25 |
| *N8: DV / Collect Excess Coordination | \$35 |
| TE (Nil): TP (Nil) INC against TRG | \$20 |
| 9) N12: Idea Mobile | \$30 |

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 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 | 21/05/2020 14:40 |
| Date Of Accident | 21/05/2020 12:20 |
| Exact Location Of Accident | 6 ANG MO KIO INDUSTRIAL PARK 2 FACTORY |
| Country/State of Loss | SINGAPORE |

| DETAILS OF OWN VEHICLE | |
|--|--------------------------------------|
| Vehicle Registration Number | GBA2868X |
| Insured/Policyholder | |
| Name Of Registered Owner | ANG MO KIO MOTOR SERVICE |
| Co Reg No | 2XXXXX-00W |
| Email Address | MARCUSHUAM88@ICLOUD.COM |
| Mobile Phone No | (LOCAL) +65-84443598 |
| Alternative Phone No | OFFICE-84443598 |
| Vehicle Particulars | |
| Manufacturer | MERCEDES-BENZ |
| Model | VAN |
| 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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | MS011761 |
| Cover Note Number | |
| Driver | |
| Name of Driver | MARCUS HUAM JIN HUI |
| NRIC No | TXXXX580I |
| Date Of Birth | 15/02/2000 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 18/10/2018 |
| Driving Experience | 1 YEAR AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84443598 |
| Fax Number | |
| Contact Number | OFFICE-84443598 |
| Email Address | MARCUSHUAM88@ICLOUD.COM |

| | |
|---|--------------------------------------|
| Address | BLK 391 TAMPINES AVENUE 7 #05-217 |
| Postcode | 520391 |
| 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) | 2 |
| Passenger 1 | NAME: : REMUS LEONG 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

I WAS GOING TO TURN INTO NO. 6 ANG MO KIO INDUSTRIAL PARK 2 FACTORY, BUT THERE WAS A CAR TURNING OUT. SO I STOP AND LET HIM COME OUT. SUDDENLY VEHICLE GU4276B CAN'T STOP IN TIME AND BANG ONTO MY RIGHT REAR PORTION. AFTER THE ACCIDENT MY ASSISTANT AND I FEEL PAIN ON THE NECK.

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 | GU4276B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | LOW KONG LAU |
| NRIC/Passport Number | SXXXX926B |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MARCUS HUAM JIN HUI

Approximate Age

Injuries Sustain NECK PAIN

Injured person in which vehicle? GBA2868X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name REMUS LEONG

Approximate Age

Injuries Sustain NECK PAIN

Injured person in which vehicle? GBA2868X

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.

Ang Mo Kio Motor Service

Block 503A, Ang Mo Kio Industrial Park 3, #01-319,

Singapore 509537

Tel: 482-9288/482-9388

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

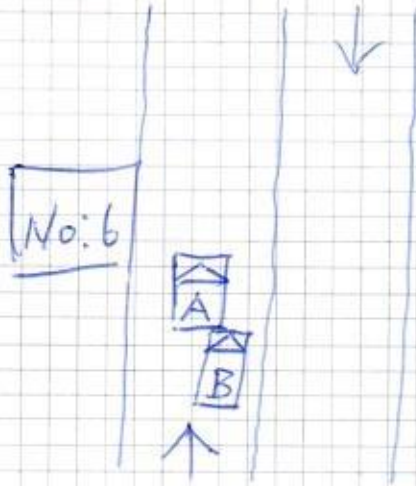
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

6 ANG MO KIO INDUSTRIAL PK 2 FACTORY



A) GBA 2868X

B) GU 4276B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going to turn in into ^{no} 6 Ang Mo Kio industrial park
2 Factory, but there was car turning out so I let him out
suddenly vehicle GU 4276B cant stop
Stop in time and bang onto my right rear
portion After the accident my assistant and I feel
pain on our neck

DECLARATION

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

Ang Mo Kio Motor Service
Block 503A, Ang Mo Kio Industrial Park 2, #01-319
Singapore 509537

Policyholder's Signature: 2-9388
Date & Time:

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 05 / 20) (DD/MM/YYYY), TIME: (12 : 21) (HH:MM)

LOCATION: 6 Ang Mo Kio Industrial Park 2 Factory

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 2868 X
b) INSURANCE COMPANY: Tokio Marine
c) POLICY NUMBER: MS011761
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL:
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: Ang mo kio Motor Service (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 26021-0000 CONTACT:
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MARCUS HOAM JIN HUI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T0004582 CONTACT: 84443598
c) ADDRESS: 81K 391 Tampines Ave 7 #05-217
S(520391)

*d) DATE OF BIRTH: (15 / 02 / 2020) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/02/18

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:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: GU 4276 B MODEL:

b) DRIVER'S NAME: Low Kong Lau

c) NRIC/FIN/PASSPORT: S2617926 B CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Remus Leong
S9825971F

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = marcusheam88@icloud.com

VIDEO

icloud.com

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 W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

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.: MS011761 (Commercial Vehicle)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBA2868X | Chassis No.: WDF63960323311819 |
| 2. Name of Policyholder | ANG MO KIO MOTOR SERVICE | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 09/11/2019 (00:00:00) | |
| 4. Date of Expiry of Insurance | 08/11/2020 | |
| 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 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 in the 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: 2518DDA

| | |
|---------------------|------------------|
| Insurance Plan: | Third Party Only |
| Financial Interest: | NIL |

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature