NA12005300?

NATIONAL Assessment Centre Services.

Date In: 27/06/2020 10:29	Job description	Date & Time Completed	Done by
Ref No: NBA/TM/2020064877Y	SAS e-filing		
Veh No: SKQ 7983	E-mail (Epsla 4hrs, AIC 2hrs)		
D.O.A: 18/06/2020 18:35	I-Motor Claim Form		
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD (TP) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Tel: Fax:

Preferred Wksp / INC Assign Wksp / QW: ( ) / INC ( ) / Non-INC ( ).

TP Particulars: Veh No: PC5883B Tel: ( )

Owner / Driver: ( ) Cover Type: ( )

Policy No: ( ) Period: ( )

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 ( )

Strictly Customer's Information strictly Confidential & Strictly NO refer of repairer.

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > $3000] ( )

Injury :

NA2003297

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30); INC ($15)		
2) DA : Damage Assessment ($100);	$40/$45	
3) TP : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (w.e.f 10 Jun 2013)	$75	
6) TR : Re-inspection	$100	
7) NI : New DA + SMRT Survey		
8) NTUC Additional Services:		
OD:	$5	
*NS: Courtesy Car / Tpt Allowance	$10	
*NS: Repair Coordination	$20	
*NS: Post Repair Inspection	$5	
*NS: DV / Collect Excess Coordination	$20	
TP (NTI) : TP (Non INC) against INC	30	
9) NII: New Mobile		

Invoice dated Fee Charged

Invoice dated Fee Charged

MNA120053007 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 22/06/2020 10:26
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 22/06/2020 11:17

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 witholding 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	22/06/2020 10:26
Date Of Accident	18/06/2020 18:35
Exact Location Of Accident	ALONG SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ298B
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	MDHILMI92@LIVE.COM
Mobile Phone No	(LOCAL) +65-96744391
Alternative Phone No	OFFICE-96744391
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E CVT (A)
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	20-ML000257-R00
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HILMI BIN ZASARI
NRIC No	SXXXX924J
Date Of Birth	09/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96744391
Fax Number	
Contact Number	OTHERS-96744391
EMail Address	MDHILMI92@LIVE.COM

Address	BLK 894C WOODLANDS DRIVE 50 #04-11
Postcode	732894
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	PC5483B
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VELAITHAM VEERAPPAN
NRIC/Passport Number	SXXXX074Z
Contact Number	81253207
Address	BLK 60 GEYLANG BAHRU #16-3307
Postcode	330060
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ8924A
Vehicle Make/Model/Colour	KIA CAREN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG XIAN POH
NRIC/Passport Number	SXXXX106J
Contact Number	91700759
Address	BLK 215B COMPASSVALE DRIVE #13-520
Postcode	542215
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the nature 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 information 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 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and confirm 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 the accident shall be additionally referred to as the "insurers"), the insurers' law practice 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 any 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.

Policyholder's Signature, Date & Time

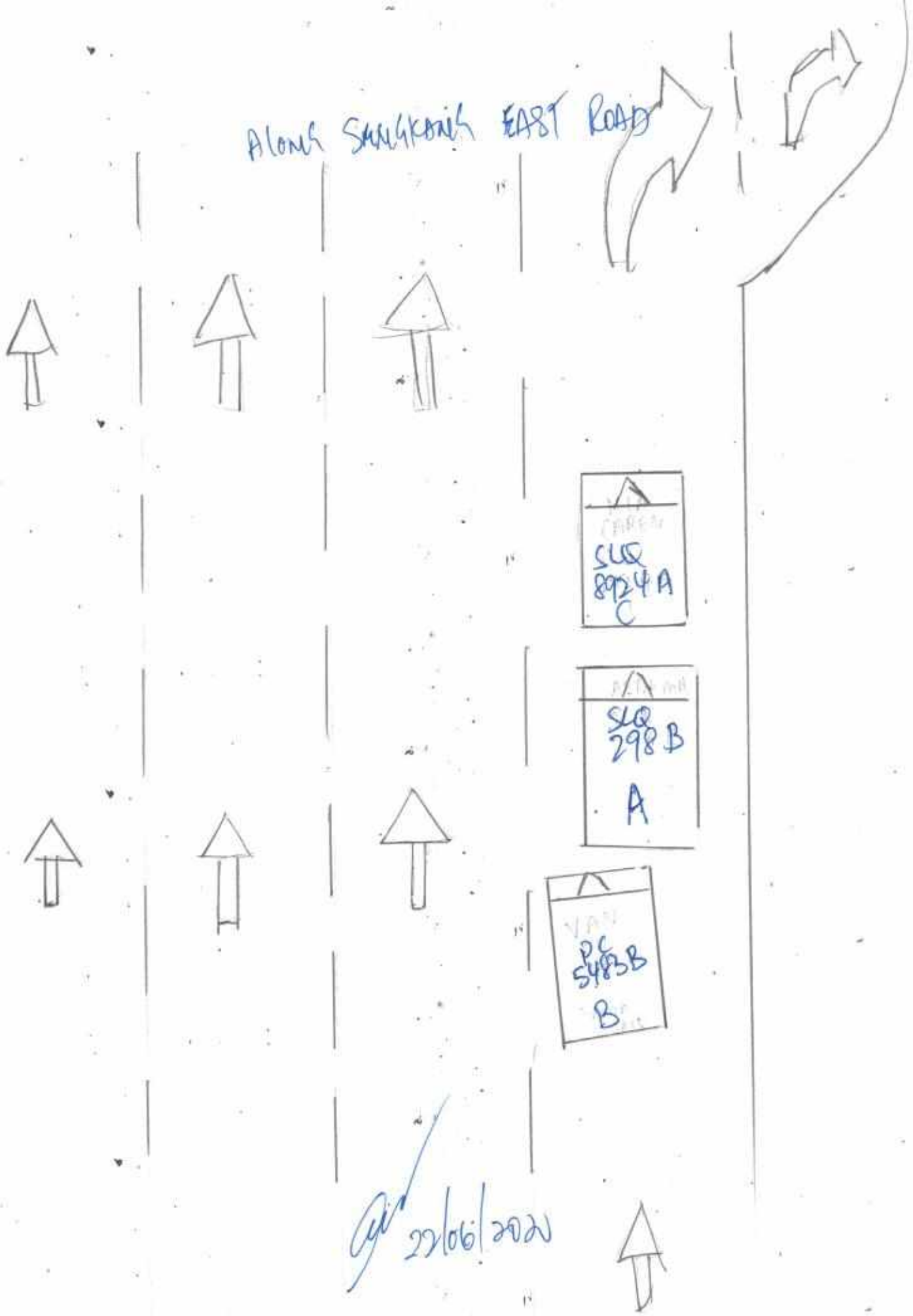
Driver's Signature (if driver is not the policyholder) Date & Time

Witnessed by Reporting Centre Personnel

22/06/2020

Sketch Plan :-

REFER TO ATTACHED


ALONG SUKHUMVIT EAST ROAD
SLQ 8924 A C
SLQ 298 B A
PC 5483 B B
22/06/2021

Describe Circumstance of the Accident *

On the 18th June 2020 at about 1833hrs, I was on duty driving my Metro mounted vehicle registration number SLR 998B with my partner PC Tan Jin Cheng at Serangoon East Road

I was cruising in the first lane towards Buangkok Green when the traffic comes to a stop. A passenger van with registration number PC 5483 B collided into the rear of my vehicle. This caused it to launch forward and collided into another vehicle in front with registration number SLR 8924A.

There were damages to the rear bumper and front number plate of SLR 998B vehicle number SLR 8924A and damages on the rear left bumper while PC 5483 B on the front right bumper of the vehicle.

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

Policyholder's Signature / Thumbprint

Driver's Signature (if driver is not the policyholder) / Date & Time

22/06/2020

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to _____ Authorised Reporting Centre ("ARC") for eFiling.
2. Please report promptly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorise* User.
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 issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any case reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	#	Date: Thurs, 16 June 2016 Time: 1833hrs
Exact Location of Accident	#	SENGKANG EAST ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number	^	SLQ2988

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Card)	GOLDBELL CAR RENTAL PTE LTD
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	200710651D

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model		Manufacturer: TOYOTA Model: 1.5E CVT
Type of Vehicle*		◯ Saloon ◯ MPV ◯ CRV ◯ Van ◯ Lorry ◯ Bus ◯ Mopds ◯ Others
Exact Purpose for which vehicle was being used at time of accident	*	
Are you claiming under your own insurance policy for repair to your vehicle?		◯ Yes ◯ No If No, Pls select ◯ Third Party ◯ Reporting
Vehicle Category*		◯ Private ◯ Commercial ◯ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *		TOKIO MARINE
Type of Policy		◯ Comprehensive ◯ Third Party Fire & Theft ◯ TP Only
Fleet Policy		◯ Yes ◯ No
Policy Number *		20-MLB0022-2 RUB (PRIVATE MOTOR CAR)
Motor CI		

DRIVER

◯ Same as Insured above

Name of Driver	^	MOHAMMAD HILMI BIN ZASARI
Personal Identification - NRIC (Singaporean/PR)	^	S9232924J
- FIN/Passport Number	^	
Date of Birth	*	dd/ mm/ yyyy
Driving Date Pass	*	dd/ mm/ yy
Year of Driving Experience	*	Year(s) Month(s)
Occupation	*	Indoor ✓ Outdoor
Gender	*	✓ Male ◯ Female
Contact Number / Mobile Phone / Fax No	*	[illegible]

Address of Driver	BLK 844C WOODLANDS DRIVE 50 #04-11 Postcode (73[illegible]4)
Email Address	[illegible]@live.com
Was driver an employee of the Insured's Company?	○ Yes ○ No
If No, Relationship of the Driver with the Insured	HIRER
Vehicle Registration Number of Driver's Own	○ Yes ○ No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision,Side Swipe, Front to Rear)	CHAIN COLLISION - MIDDLE VEHICLE
Weather Conditions	⊘ Clear ○ Raining ○ Others
Road Surface	○ Dry ⊘ Wet ○ Others

OTHER INFORMATION

a. Was anybody injured in the accident?	○ Yes ⊘ No
b. Was any other vehicle or property damaged? (including Witness)	⊘ Yes ○ No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	○ Yes ⊘ 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?	○ Yes ○ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SLC[illegible]24A
Vehicle Make/ Model/ Colour	KIA CARENS - RED
Details of Properties	
Name of Driver	NG XUAN POH (C)
Personal Identification - NRIC (Singaporean/PR)	S7840[illegible]H
- FIN/Passport Number	
Contact Number	9[illegible]0750
Address	BLK 215B COMPASSVALE DRIVE #13-520,SINGAPORE 542215
Name of Insurance Company	
No. of Passenger (including Driver)	

(Note - Please use page 5 if you need to add more vehicles.)

DETAILS OF OTHER VEHICLE / PROPERTY 2	
Vehicle Registration Number	PC5483B
Vehicle Make/ Model/ Colour	TOYOTA HIACE - WHITE
Details of Properties	
Name of Driver	VETAITHAM VEERAPPAN (B)
Personal Identification - NRIC (Singaporean/PR)	S1244074Z
- FIN/Passport Number	
Contact Number	8125 3207
Address	BLOCK 60 GEYLANG BAHRU # 16-3307, SINGAPORE 330060
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 3	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

DETAILS OF OTHER VEHICLE / PROPERTY 4	
Vehicle Registration Number	
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (Including Driver)	
Name of Insurance Company	

Tokio Marine Insurance Singapore Ltd.
(Company Reg. No. 196200014M) (GST Reg. No. M2-0000073-4)
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T (65) 6221 8111 F (65) 6221 4355 / (65) 6224 0855 E tmis@tokiomarine.com.sg W www.tokiomarine.com

TOKIO MARINE
INSURANCE GROUP

FORM ML106

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-ML000257-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SKQC98B **Chassis No.:** MHFB29F3702012535
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.
   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.
   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).

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hui Boon Jie - ITD **Printed** 01/04/2020