NATIONAL Assessment Centre Services. (w.e.f 1 Jan'08). MA/04/20055341

Date In: 29/06/2020 15:20	Job description	Date & Time Completed	Done by
Ref No: NBD/TM/2000675/Y	SAS e-filing		
Veh No: GBE6972E	E-mail (Kjuja 4hrs, AIC 2hrs)		
DOA: 21/06/2020 18:30	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 / OW: (Tel: Fax:)

TP Particulars: Veh No: 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 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 :

NA20034130

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($10)	
	$40/$45	
3) TF : Towing Fee		
4) FT : Follow-Through Survey	$120	
5) FT : Follow-Through Survey (Resurvey)	$30	
For claiming against INC Only (wef 10 Jan 2005)	$75	
6) TR : Re-Inspection	$160	
7) NI : Idea DA + SMRT Survey		
8) NTUC Additional Services:		
OD:	$5	
*NS: Courtesy Car / Tpt Allowance	$10	
*NS: Repair Co-ordination	$25	
*NS: Post Repair Inspection		
*NS: DV / Collect Excess Coordination	$3	
TP (NII) : TP (Non INC) against INC	$10	
	$30	
9) NI : Idea Mobile		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NATIONAL Assessment Centre Services.

	Job description	Date &Time Completed	Done by
Date In:			
Ref No:	SAS e-filling		
Veh No:	E-mail (Within 1hrs, AIC 2hrs)		
D.O.A:	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 / OW: (Tel: Fax:

TP Particulars: Veh No: 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 repairer.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

		Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditor's Comments:

1) AR : Accident Reporting ($30);			
2) DA : Damage Assessment ($100); INC ($40)	$40/$45		
3) TF : Towing Fee	$100		
4) FT : Follow-Through Survey	$30		
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2003)	$75		
6) TR : Re-Inspection	$160		
7) NI : Non DA + SMRT Survey			
8) NTUC Additional Services: OR:	$5		
• N5: Courtesy Car / Tpt Allowance	$10		
• N6: Repair Co-ordination	$25		
• N7: Post Repair Inspection	$5		
• N8: DV / Collect Excess Coordination	$20		
TP (N11) : TP (Non INC) against DVG	30		
9) N12: Non Mobile			
Invoice dated	*Fee Charged*		
Invoice dated	*Fee Charged*		

Sat. 1:

C 2/2

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	29/06/2020 15:20
Date Of Accident	27/06/2020 18:30
Exact Location Of Accident	BLK 445 MULTI STOREY CARPARK DECK 3A C/P LOT 68
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE6972E

Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	ANDY.LBY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91257085
Alternative Phone No	OFFICE-91257085

Vehicle Particulars

Manufacturer	FIAT
Model	DABLO
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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-ML000245-R00
Cover Note Number	

Driver

Name of Driver	ANDY LEE BOON YUEN (LI WENYAN)
NRIC No	SXXXX713H
Date Of Birth	02/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2013
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91257085
Fax Number	
Contact Number	OTHERS-91257085
EMail Address	ANDY.LBY@HOTMAIL.COM

Address	BLK 242 BUKIT BATOK EAST AVENUE 5 #12-194
Postcode	650242
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 21 BUKIT BATOK EAST AVE 4 , **POSTCODE:** 659840 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-6659999 - **FAX NO**: 66655793
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200628/2041

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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. 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 lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and the copies of the report being made available as stated.
8. **Consent under the Personal Data Protection Act (PDPA)**

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my insurer(s) and the General Insurance Association of Singapore ("**GIA**") (in its own personal capacity) may 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 obtained by my insurer (collectively the "**Personal Information**") and disclose 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 agencies/authority such as the police, for the purpose 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) communicating 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 claim (collectively, the "**Purposes**").

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms are also 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 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 the evaluation, investigation and management of 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.

CAR RENTAL PTE LTD

Policyholder's Signature
Title & Date

Driver's Signature
(if driver is not the policyholder)
Date & Time: 25/06/2020
1435hrs

29/06/2020
Name: Rosli
NRIC/FIN No.

SKETCH PLAN

UMKALUNDU N/BAY WBS PARKING

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200628/2041

DECLARATION

29/06/2020

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 06 / 2020) (DD/MM/YYYY), TIME: (18 : 50) (HH:MM)

LOCATION: 445 CLEMENTI AVE 3

1. DETAILS OF VEHICLE
   a) VEHICLE NUMBER: GBE6972E
   b) INSURANCE COMPANY:
   c) POLICY NUMBER:
   d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
   e) MAKE & MODEL: FIAT DOBLO
   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: [illegible] (MALE / FEMALE)
   b) NRIC/FIN/PASSPORT: CONTACT:
   c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger (including driver) ( )

3. DRIVER
   a) NAME: ANDY LEE BOON YUEN (MALE / ~~FEMALE~~)
   b) NRIC/FIN/PASSPORT: S7150713H CONTACT: 91257085
   c) ADDRESS: 242 BUKIT BATOK EAST AVENUE 5.

   *d) DATE OF BIRTH: (02 / 09 / 1991) (DD/MM/YYYY)
   e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)
   f) DATE OF DRIVING PASS 14/08/2013
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
   IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: friend
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

* No of passenger (including driver) ( )

   a) VEHICLE NUMBER: MODEL:
   b) DRIVER'S NAME:
   c) NRIC/FIN/PASSPORT: CONTACT:
9. THIRD PARTY VEHICLE

* No of passenger (including driver) ( )

   d) VEHICLE NUMBER: MODEL:
   e) DRIVER'S NAME:
   f) NRIC/FIN/PASSPORT: CONTACT:

email = andy.lby@hotmail.com

VIDEO

SINGAPORE POLICE FORCE

T/20200628/2041

Report No. T/20200628/2041

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE 659840
Tel No: 1800-6659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
28/06/2020 15:33		57

Informant's Particulars

Name of Informant: ANDY LEE BOON YUEN			Address: APT BLK 242 BUKIT BATOK EAST AVENUE 5 #12-194 SINGAPORE 650242	
ID Type / ID No.: NRIC NO / S9130713H			Contact No.: Home/Office: Mobile: 91257085	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 28	Date of Birth: 02/09/1991	Type of Informant: Vehicle Owner	
Race: Chinese			Language:	Institution / School Name:
Occupation: MARKET DEVELOPER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/06/2020 18:30	Type of Location: Car Park

Location:

CLEMENTI AVENUE 3

Block 445 multi storey carpark deck 3a carpark lot 68

Weather:	Road Surface:	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume:
Type of Collision:		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6972E	Van	FIAT	Boblo		Slightly Damaged	0

SINGAPORE
POLICE FORCE

T/20200628/2041

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Brief Details.

On 27/06/2020 at about 1830hrs, I discovered that the front left side of my car was dented and the glass cover of the signal light on my left view mirror was broken. I believed that my car was hit. I parked my vehicle at Blk 445 Clementi ave 3 multi storey carpark at lot 68 at deck 3a about 1630hrs and the lot beside the affected side of my vehicle was empty. At the time of discovery, there was a car parked next to my vehicle SLS6289C but I am not sure if the car was involved in the collision. There is no in car camera in my vehicle. I have no suspect in mind. There was no police camera at the vicinity of incident.

SINGAPORE POLICE FORCE

T/20200628/2041

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE 659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sgt 2 MUHAMMAD KHAIRIL SHAH BIN ABDUL MALEK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/06/2020 15:33
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	SINGAPORE POLICE FORCE SIGNATURE

Tokio Marine Insurance Singapore Ltd
(Company Reg. No.: 199800014M) (GST Reg No.: M2-0008023-4)
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

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-ML000245-R00 (Comm Vehicle Carry Other Goods)

1. **Index Mark and Registration Number of Vehicle** GBE6972B **Chassis No.:** ZFA26300006B46862
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).

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
Financial Interest:	DBS BANK LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

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