

NATIONAL Assessment Centre Services.

1 Jan 2020

MA20056567

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 03/01/2020 12:43 | Job description | Date & Time Completed | Done by |
| Ref No: N/A 20056567 | SAS e-illing | | |
| Web No: 546 81872 | E-mail (E-jobs, AIC, etc) | | |
| DOA: 03/01/2020 08:45 | I-Motor Claim Form | | |
| OD: TP: Reporting Only | I-Motor W/O (within OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Whan | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / OW: (| Tel: | Fax: |
| TP Particulars: | Veh No: 88A 78767 | 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: (\$ | Landing: \$1,000 () / \$2,000 () | |

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

() 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: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

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

| | | |
|------------|---|------------|
| MA20056567 | 1) AIC: Accident Reporting (\$30) | |
| | 2) DA: Damage Assessment (\$100) | INC (\$10) |
| | 3) TP: Towing Fee | \$40/\$45 |
| | 4) PT: Follow-Through Survey | \$120 |
| | 5) PP: Follow-Through Survey (Resurvey) | \$30 |
| | 6) TR: Re-inspection | \$75 |
| | 7) NI: (day DA + SMRT Survey) | \$160 |
| | 8) NTUC Additional Service | |
| | 9) NI: (day DA + SMRT Survey) | \$3 |
| | 10) NI: (day DA + SMRT Survey) | \$3 |
| | 11) NI: (day DA + SMRT Survey) | \$3 |
| | 12) NI: (day DA + SMRT Survey) | \$3 |
| | 13) NI: (day DA + SMRT Survey) | \$3 |
| | 14) NI: (day DA + SMRT Survey) | \$3 |
| | 15) NI: (day DA + SMRT Survey) | \$3 |
| | 16) NI: (day DA + SMRT Survey) | \$3 |
| | 17) NI: (day DA + SMRT Survey) | \$3 |
| | 18) NI: (day DA + SMRT Survey) | \$3 |
| | 19) NI: (day DA + SMRT Survey) | \$3 |
| | 20) NI: (day DA + SMRT Survey) | \$3 |

Fee Charged

Fee Charged

Invoice dated

Invoice dated

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 | 03/07/2020 12:43 |
| Date Of Accident | 02/07/2020 09:45 |
| Exact Location Of Accident | SLIP ROAD FROM PAYA LEBAR TURN LEFT TO SIMS AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SLE8187Z |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No | 2XXXXX651D |
| Email Address | MWHELAN@ME.COM |
| Mobile Phone No | (LOCAL) +65-83896834 |
| Alternative Phone No | OFFICE-83896834 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | ALPHARD |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE 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 | COMMERCIAL VEHICLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | TOKIO MARINE INSURANCE SINGAPORE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 20-ML000256-R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WHELAN MARK ANDREW |
| NRIC No | GXXXX962U |
| Date Of Birth | 19/04/1973 |
| Occupation | INDOOR |
| Date Of Driving Pass | 04/08/2016 |
| Driving Experience | 3 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83896834 |
| Fax Number | |
| Contact Number | OTHERS-83896834 |
| Email Address | MWHELAN@ME.COM |

| | |
|---|------------------------|
| Address | 10A BUKIT TUNGGAL ROAD |
| Postcode | 309723 |
| 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 - 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? | 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 | SHA7876T |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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 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 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' law firms/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;




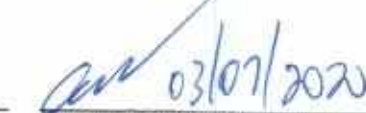
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

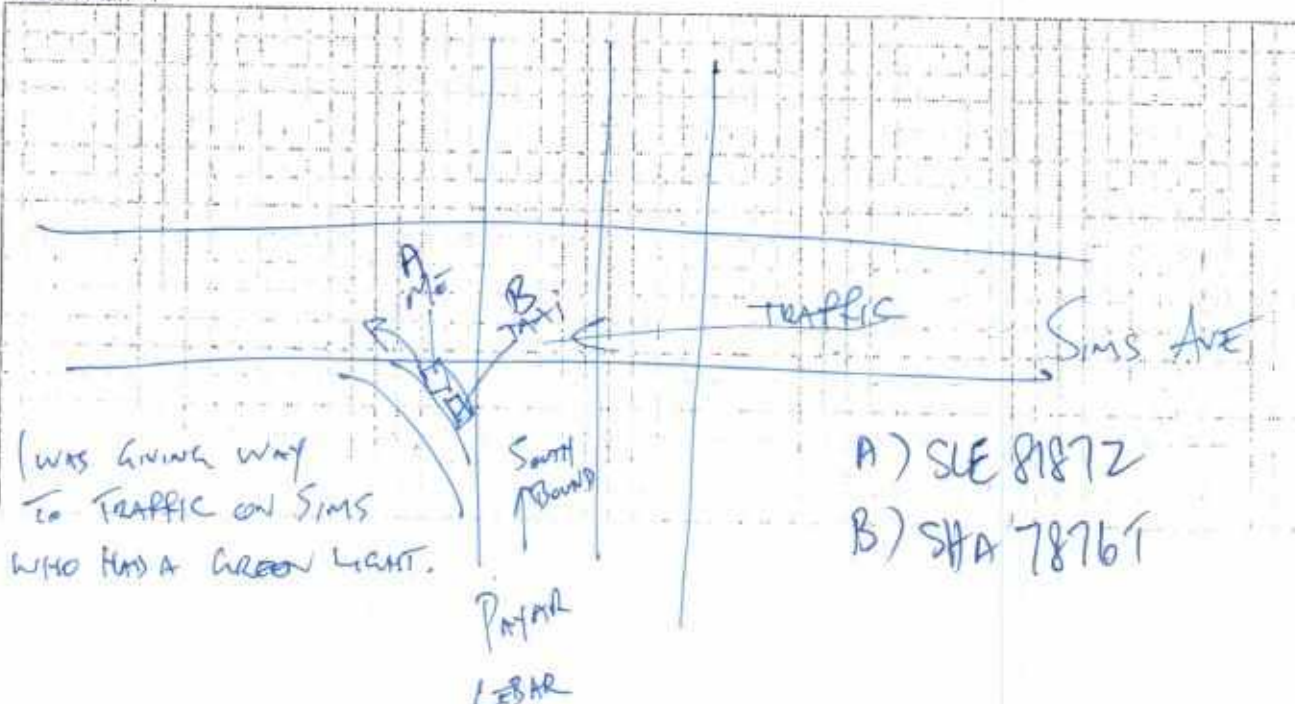
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/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  & Time  Driver's Signature (if driver is not the policyholder) / Date & Time  Witnessed by Reporting Centre Personnel  03/07/2020

Sketch Plan *



Describe Circumstance of the Accident *

I WAS STOPPED AT AN INTERSECTION AND WTS
HIT FROM BEHIND. TAXI DRIVER ADMITTED FAULT.

Declaration

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


Policyholder's Signature / Date




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

 08/07/2020
Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for 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 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 false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident * Date: 2-7-20 Time: 9:45am
 Exact Location of Accident * CNR PAYAK LEBAR & Sms AVE

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLF 81872

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 toy Alphard

Type of Vehicle*

☐ Saloon ☒ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others, _____

Exact Purpose for which vehicle was being used at time of accident *

ERLANDS

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 *

Type of Policy

☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☐ No

Policy Number

Motor Cl

DRIVER

☐ Same as Insured above

Name of Driver

MAK WHEAN

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

G3169962U

Date of Birth

dd/ 19 mm/ 04 /yy 1973

Driving Date Pass

dd/ 04 mm/ 08 /yy 2016

Year of Driving Experience

Year(s) 29 Month(s) _____

Occupation

☐ Indoor ☐ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

83896834

| | | |
|---|--|-------------------|
| Address of Driver | * 10.4 BUKIT TIMAH RD | Postcode (309723) |
| Email Address | * MWHOLAN@ME.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) | | |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|---|---|
| Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear) | * REAR END |
| 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 |

OTHER INFORMATION

| | |
|---|--|
| 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 TAXI THAT HIT ME |

DETAILS OF POLICE ACTION

| | |
|---|--|
| 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?) |

DETAILS OF OTHER VEHICLE / PROPERTY 1

| | |
|---|-------------|
| Vehicle Registration Number | * SHA 78761 |
| 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) | |

(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: tmsis@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-ML000256-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLE8187Z **Chassis No.:** JTNGFDH208005423
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 1,250 |
| | 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