

# NATIONAL Assessment Centre Services

Date In: 11/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/TM/2007183/13	SAS e-filing		
Veh No: SMQ1336G	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 10/07/20 0840	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 / QW: (M GARAGE	Tel:	Fax:
TP Particulars:	Veh No: SKU5203H	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%; F: 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. ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA2003626	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
Auditors' Comments:	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	11/07/2020 12:24
Date Of Accident	10/07/2020 08:40
Exact Location Of Accident	JUNC OF TAMPINES AVE 5 & AVE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMQ1336G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Co Reg No	2XXXXX883W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000854-R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	YEO GUAN CHUAN
NRIC No	SXXXX770D
Date Of Birth	19/09/1962
Occupation	OUTDOOR
Date Of Driving Pass	21/03/1981
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96972939
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 450G TAMPINES ST 42 #07-378
Postcode	527450
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?	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)	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**

PLS REFER TO THE ATTACHED STATEMENT.

**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	SKU5203H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	YEO GUAN CHUAN
------	----------------

Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SMQ1336G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## SKETCH PLAN

### IMPORTANT NOTICE

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### 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.

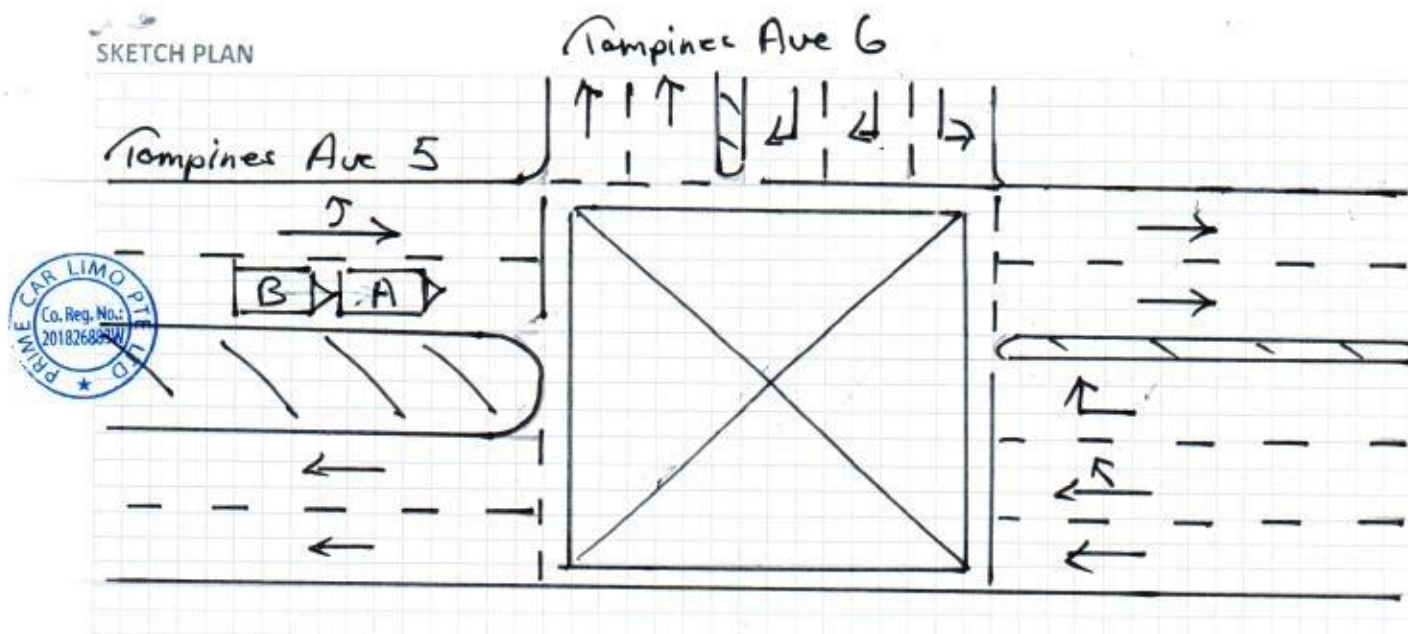


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/07/2020 at about 0840 hrs at Junction of  
Tampines Ave 5 and Tampines Ave 6. I was travelling  
on the extreme Right Lane along Tampines Ave 5 and came  
to a stop behind a vehicle before the 'RED' traffic light  
at the above mentioned junction. When the traffic light turns  
'GREEN' and before I could started to move off, suddenly  
I felt a great impact from the Rear and when I alighted,  
I realised that it was Vehicle 'B' who hit onto my Rear  
Portion of my Vehicle 'A' causing damages to my Vehicle.

(A) SMQ 1336 G

(B) SKU 5203 H

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## DECLARATION

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

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.:



## SINGAPORE ACCIDENT STATEMENT

0840

Accident Date: 10/07/2020 09/11/2020 Time: 1607hrs (hh:mm) 24 hr format

Location Junction of Tampines Ave 5 & Ave 6

Vehicle Number SMA 1336G

Insured Name Prime Car Limos Pte Ltd

NRIC / FIN 201826883W Contact Number

Make Toyota Model Sienna

Are you claiming under your own insurance policy for repair to your vehicle?

( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting

Insurance Company Tokio Marine

Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only

Policy Number 19-MK000854-R00

Name of Driver YEO Guan Chuan ( ) Same as Insured

NRIC / FIN S1537770D Contact Number 9697 2939

Date of Birth 19/09/1962

Driving Pass Date 21/03/1981

Occupation ( ) Indoor ( / ) Outdoor

Gender ( / ) Male ( ) Female

Email Address ( / ) NO EMAIL

Address of Driver B1K 4509 Tampines Aet 42 #07-378 S(527450)

Was driver an employee of the Insured's Company? ( ) Yes ( / ) No

If No, Relationship of the Driver with the Insured Hired

( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling

Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No

If Yes, Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

Weather Conditions ( / ) Clear ( ) Raining ( ) Others

Road Surface ( / ) Dry ( ) Wet ( ) Others

Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No

Was anybody injured in the accident? ( / ) Yes ( ) No

If yes, injured detail Back & neck

Was there any video captured by Car Camera? ( ) Yes ( / ) No

Was the Accident reported to the Police? ( ) Yes ( / ) No If yes attach police report

DETAILS OF 3<sup>rd</sup> party Name / Nric Contact

Veh B SKV 5203H

Veh C

Veh D

Veh E

Veh F

1 person including driver



### 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.: 19-MK000854-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SMQ1336G Chassis No.: NSP1707197979
2. Name of Policyholder PRIME CAR LIMO PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 30/10/2019
4. Date of Expiry of Insurance 14/10/2020
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.

\* 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: 2500DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Excess - All Claims SGD 1,800
	Windscreen Excess SGD 100
Financial Interest:	DBS BANK LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



## Register New Vehicle (Acknowledgement)

## Vehicle Particulars

Vehicle No.:	SMQ1336G	Vehicle Scheme:	Normal
Vehicle Type:	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	SIENTA 7-SEATER 1.5G CVT
Chassis No.:	NSP1707197979	Engine No.:	2NR1128852
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	6
Engine Capacity:	1496 cc	Power Rating:	-
Maximum Power Output:	80.0 kW ( 107 bhp )		
Unladen Weight:	1320 kg	Maximum Laden Weight:	1705 kg
Primary Colour:	Blue	Secondary Colour:	-
First Registration Date:	30 Oct 2019	Original Registration Date:	30 Oct 2019
Manufacturing Year:	2019	Open Market Value:	\$22,046.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$6,432.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$20,000.00 (100%), next \$2,046.00 (140%)
Actual ARF Paid:	\$12,865.00		

## Owner Particulars

Owner Name:	PRIME CAR LIMO PTE. LTD.
Owner ID Type:	Company
Owner ID:	201826883W
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	61
Registered Street Name:	UBI AVENUE 2
Registered Unit No.:	# 01 - 03
Registered Building Name:	AUTOMOBILE MEGAMART
Registered Postal Code:	408898
COE No. / Expiry Date:	2019060101001969D / 29 Oct 2029
COE Bid Category:	A - Car up to 1600cc & 97kW (130bhp)
QP Paid:	\$27,000.00

## Transaction Details

Business Transaction Ref. No.:	20191030152454692687
Business Transaction Date:	30 Oct 2019
Business Transaction Time:	15:24:54

## Message

The above vehicle has been successfully registered.

Please note that \$30,426.00 will be deducted from your GIRO account.

OK

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