NATIONAL Assessment Centre Services. (ref 1 Job/Doc). NAA1300060642

Date In: 17/07/2020 16:33	Job description	Date &Time Completed	Done by
Ref No: NBA/TM12000741614	SAS e-filing		
Veh No: SLV3218L	E-mail (Within 8hrs, AIC 2hrs)		
DOA: 17/07/2020 09:15	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		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: PA 9894H . 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 :

NAA2003737

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

		Status
1) AR : Accident Reporting ($30)		
2) DA : Damage Assessment ($100)	INC ($80) $40/$45	
3) TF : Towing Fee	$120	
4) FT : Follow-Through Survey	$30	
5) FT : Follow-Through Survey (Resurvey) For claiming against INC Only (wef 10 Jan 2010)	$75	
6) TR : Re-Inspection	$160	
7) N1 : Idea DA + SMRT Survey		
8) NTUC Additional Services:- OR:	$3	
*N5: Courtesy Car / Tpt Allowance	$10	
*N6: Repair Co-ordination	$25	
*N7: Post Repair Inspection	$3	
*N8: DV / Collect Excess Coordination	$20	
TP (N11) : TP (Non INC) against DIG	30	
9) N12: Idea Mobile		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

MNA120060442 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 17/07/2020 16:33
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	17/07/2020 16:33
Date Of Accident	17/07/2020 09:15
Exact Location Of Accident	SENTOSA ROUNDABOUT TURNING LEFT TO SENTOSA GATEWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLV3218L
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	LYDIA.LOH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96673876
Alternative Phone No	OFFICE-96673876
Vehicle Particulars	
Manufacturer	BMW
Model	530I
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?	YES
If No, Please state action to be taken	
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-ML000244-R00
Cover Note Number	
Driver	
Name of Driver	HANG YUN SHIN @ HENG YUN SHIN
Passport No/FIN	GXXXX603N
Date Of Birth	04/04/1968
Occupation	INDOOR
Date Of Driving Pass	31/05/2018
Driving Experience	2 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96673876
Fax Number	
Contact Number	OTHERS-96673876
EMail Address	LYDIA.LOH@YAHOO.COM

Address	-
Postcode	
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	SIDE SWIPE
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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9894H
Vehicle Make/Model/Colour	SCANIA
Details Of Properties	
Vehicle Category	BUS
Name of Driver	TAIB BIN HUSSIEN
NRIC/Passport Number	SXXXX217C
Contact Number	BLK 6090 TAMPINES NORTH DRIVE 1
Address	#07-414 524609
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of this 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 Mangement 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 yers/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/mailer 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.

Policyholder's Signature, Date & Time

GOEBEL CAR RENTAL PTE LTD

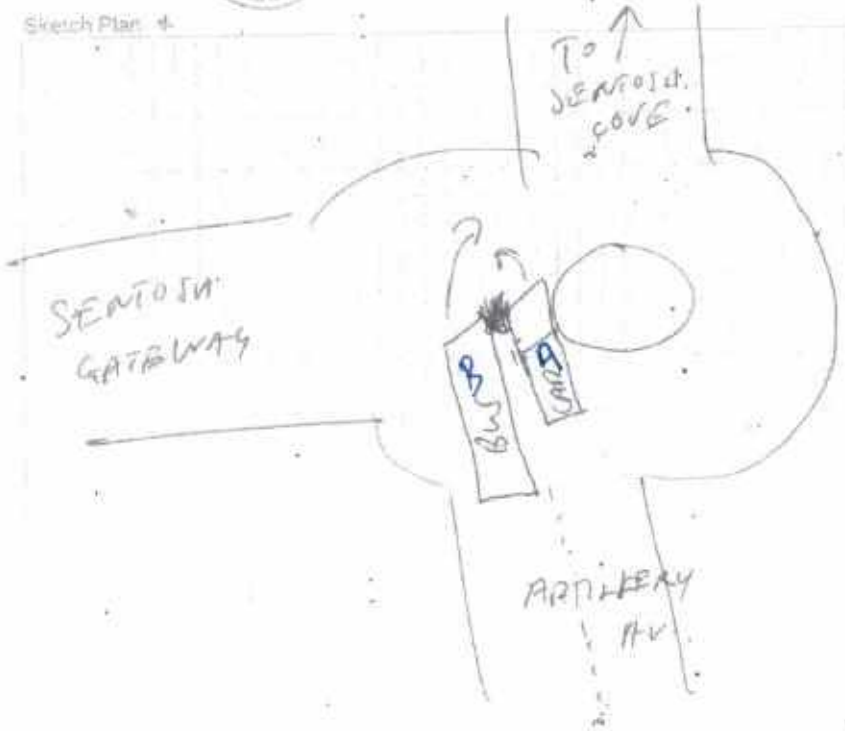
Driver's Signature (if driver is not the policyholder) Date & Time

17/7/20 11:45

17/07/2020

Witnessed by Repairing Centre Personnel

Sketch Plan :-



A) SLV 3218L

B) PA 9894 H

Describe Circumstance of the Accident *

My car was approaching Sentosa Roundabout from Artillery Av. intending to turn left to Sentosa Gateway. Bus was on the left lane intending to turn right to proceed ahead to Sentosa Cove. No signal right on bus. As I wanted to turn left I signaled left from early on. I assumed bus was turning left too as he did not signal to the right and was on the left lane. As we were on the roundabout our vehicles collided; grazing the side of my car and his bumper.

Declaration

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

Policyholder's Signature

GOLDBELL GROUP PTE LTD

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

17/7/20 11:05 am

Witnessed by Reporting Centre Personnel

17/07/2020

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to any Authorised Reporting Centre ("ARC") for efiling.
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: 17 JULY 2020 Time: Between 9am - 9.30 am
Exact Location of Accident *	SENTOSA ROUNDABOUT

DETAILS OF OWN VEHICLE

Vehicle Registration Number *	SLV 3218L

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 _____
Type of Vehicle*	◯ Saloon ◯ MPV ◯ CRV ◯ Van ◯ Lorry ◯ Bus ◯ M/cycle ◯ 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 *	
Type of Policy	◯ Comprehensive ◯ Third Party Fire & Theft ◯ TP Only
Fleet Policy	◯ Yes ◯ No
Policy Number	
Motor CI	

DRIVER

Same as Insured above

Name of Driver	HANG YUN SHIN
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number *	G3412603N
Date of Birth *	04 dd/ 04 mm/ /yy 1968
Driving Date Pass *	31 dd/ 05 mm/ /yy 2018
Year of Driving Experience *	Year(s) 34 Month(s)
Occupation *	HOUSEWIFE Indoor Outdoor
Gender *	◯ Male ✓ Female*
Contact Number / Mobile Phone / Fax No *	96673875

Address of Driver	BLK 6 CAPELLA, 1 THE KNOLLS SENTOSA Postcode : 098297
Email Address	lydia.loh@yahoo.com
Was driver an employee of the Insured's Company?	○ Yes ✓ No
If No, Relationship of the Driver with the Insured	
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 collison, Head-On collision,Side Swipe, Front to Rear)	SIDE SWIPE
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	SENTOSA RANGER
Police Station Address	MR. SHAHRIZAN
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	PA 9894 H
Vehicle Make/ Model/ Colour	SENTOSA BUS - SCANIA / ORANGE
Details of Properties	
Name of Driver	TAIB BIN HUSSEIN
Personal Identification - NRIC (Singaporean/PR)	S0159217C
- FIN/Passport Number	
Contact Number	
Address	A/T BUS LOGO TAMPINES NORTH DRIVE 1 #07-414 SINGAPORE 528609
Name of Insurance Company	
No. of Passenger (Including Driver)	

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

Tokio Marine Insurance Singapore Ltd.
(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000021-4)
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 subsidiary of the Tokio Marine Group

TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MZ406

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-ML000244-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLV3218L **Chassis No.:** WBAJA52070G886530
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:	HONG LEONG FINANCE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

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