NATIONAL Assessment Centre Services. [ref t Janloo] . NWA1/2006/3810

	Job description	Date & Time Completed	Done by
Date In: 24/07/2020 11:28	SAS e-filing		
Ref No: NBA1/7M12000763414	E-mail (Within 8hrs, AIC 2hrs)		
Veh No: GBH 7234E	I-Motor Claim Form		
D.O.A: 19/07/2020 13:15	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD / TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: FBM 4610X , 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 :

NA2003846

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Cal_1:

1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100)	INC ($110)		
3) TF : Towing Fee	$40/$45		
4) FT : Follow-Through Survey	$120		
5) FT : Follow-Through Survey (Resurvey)	$30		
For claims against INC Only (wef 10 Jan 2000)			
6) TR : Re-inspection	$75		
7) NI : Idea DA + SMRT Survey	$160		
8) NIUC Additional Services-			
OR:			
• NS: Courtesy Car / Tpt Allowance	$5		
• N6: Repair Coordination	$10		
• N7: Post Repair Inspection	$25		
• N8: DV / Collect Excess Coordination	$5		
TP (NII) : TP (Non INC) against INC	$30		
9) N12: Idea Mobile	$30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA120062310 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 24/07/2020 11:29
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 24/07/2020 12:22

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	24/07/2020 11:29
Date Of Accident	19/07/2020 13:15
Exact Location Of Accident	BLOCK 134 BUKIT BATOK AVENUE 6 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH7234E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	BOB.BATOSAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96553364
Alternative Phone No	OFFICE-96553364
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	BUYING LUNCH
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	ASRUL BIN AHMAD
NRIC No	SXXXX571G
Date Of Birth	29/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2005
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96553364
Fax Number	
Contact Number	OTHERS-96553364
EMail Address	BOB.BATOSAI@GMAIL.COM

Address	BLK 55 TEBAN GARDENS ROAD #23-453
Postcode	600055
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	COLLIDED INTO MOTORCYCLIST
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	FBM4610X
Vehicle Make/Model/Colour	YAMAHA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD SUFYAN BIN M SUHAIMI
NRIC/Passport Number	SXXXX864D
Contact Number	84487413
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT PLAN

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 Traffice 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 the copies of this report will be subsequently made available upon available upon application by interested parties.
7. By the lodgement of this report to the insurers, he/she consent to the archiving of this report at the centre and the 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, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurers (collectively the "**Personal Information**") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the insurer 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 on 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 Insurer's lawyer/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.

CAR RENTAL PTE LTD

Policyholder's Signature / Date

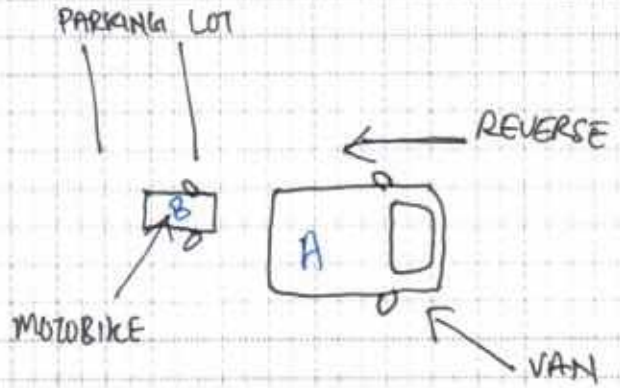
Driver's Signature (if driver is not the Policyholder) / Date

24/07/2020

Witnessed by Reporting Centre Personnel

Sketch Plan *

BIK 134 BUKIT BATOK AVENUE 6 CARPARK



A) GBH 7234E

B) FBM 4610X

Describe Circumstance of the Accident *

AT THE TIME, I WAS REVERSING INTENDED TO PARK THE VAN, I CHECKED MY MIRRORS AND CONTINUE TO REVERSE AT NORMAL I DID NOT SEE THE RIDER, HE WAS IN THE BLIND SPOT. THEN I HEARD A HORN SOUND, I BRAKE BUT HIT HIS FRONT TYRE OF THE BIKE WHICH CAUSED THE BIKE FRONT FENDER TO CRACK.

Declaration

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

OCKTOBELL CAR RENTAL PTE LTD

Policyholder's Signature

*

23/7

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

0820

24/07/2020

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for efiling.
2. Please report **correctly** the details of the accident [illegible]
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. [illegible] insurance companies to repudiate policy liability.
5. [illegible]
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 19/07/2020 Time: 1315HRS
Exact Location of Accident	BLK 134 BUKIT BATOK AVE 6 CARPARK
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBA 7234E
INSURED / POLICYHOLDER (OWN VEHICLE)	
Name of Registered Owner (Per 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 ○ CBV ○ Van ○ Lorry ○ Bus ○ M/cycle ○ Others
Exact Purpose for which vehicle was being used at time of accident	BUYING LUNCH AT THE COFFEE SHOP BLK 134 BT BATOK
Are you claiming under own insurance policy for repair to your vehicle?	○ Yes ○ No (If No, Pls select) ○ Third Party ○ Reporting
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	ASRUL BIN AHMAD
Personal Identification: NRIC (Singaporean/PR)	S8309571G
FIN/Passport Number	
Date of Birth	29/dd 03/mm 1983/yy
Driving Date Pass	22/dd 04/mm 2005/yy
Year of Driving Experience	15 Year(s) Month(s) 3 Month(s)
Occupation	○ Indoor ✓ Outdoor
Gender	✓ Male ○ Female
Contact Number / Mobile Phone / Fax No	96553364

Address of Driver *	55 TEBAN GARDEN ROAD #23-453 S(600055)
Email Address *	ddo.batosai@gmail.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
Vehicel Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Tyre of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear) *	
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 porperty 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 Regstration Number *	FBM 4610 X
Vehicle Make/ Model/ Colour	YAMAHA
Details of Properties	FRONT FENDER DAMAGE
Name of Driver	MUHAMMAD SUFYAN BIN M SUHAIMI
Personal Identification - NRIC (Singaporean/PR)	S9109864D
- FIN/Passport Number	—
Contact Number	84487413
Vehicle Make/ Model/ Colour	YAMAHA (BLACK)
Address of Driver	
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.: 199300014M) (GST Reg No.: M2-0000023-4)
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** GBH7234E **Chassis No.:** VSKYBAM20Z0170545
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 93 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