

Date In: <b>12/08/2020 10:48</b>	Job description	Date & Time Completed	Done by
Ref No: <b>X1A2004143</b>	SAS e-illing		
Veh No: <b>SLR 642K</b>	E-mail (4 jobs Max, A/C 2hrs)		
D.O.A: <b>12/08/2020 10:35</b>	I-Motor Claims Form		
① TP Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ( ) Yrs ( ) Fwrt ( )

TP Particulars: Vch No: **G15J1825B** 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: Y/IS ( ) / NO ( )

Excess: (\$) Loading: \$1,000 ( ) / \$2,000 ( )

Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

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: \_\_\_\_\_

<b>X1A2004143</b>	1) Allt Accident Reporting (\$30)	
Driver/Owner:	2) DA + Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP + Towing Fee \$400/43	
Damaged Portion:	4) PT + Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PF + Follow-Through Survey (Resurvey) \$10	
	For claiming against INC Only (over 10 Jan 2020)	
	6) TR + Re-inspection \$75	
	7) NI + Idea DA + EMIT Survey \$160	
	8) NTUC Additional Services:	
	NI:	
	* NI: Courtesy Car / Tpl Allowance \$3	
	* NI: Reps Coordination \$10	
	* NI: Post Repair Inspection \$25	
	* NI: DV / Colled Issues Coordination \$5	
	TP (NI) + TP (NI) INC against INC \$10	
	9) NI: Idea Mobile \$6	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

**MAA/20068013**

## 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	12/08/2020 10:43
Date Of Accident	10/08/2020 10:35
Exact Location Of Accident	LEEDON ROAD BEFORE HOLLAND ROAD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR642K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	AFCY_SG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81211397
Alternative Phone No	OFFICE-81211397
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS
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
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	20-ML000257-R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	ALLAN FONG CHEE YANG (FANG QIYANG)
NRIC No	SXXXX5341
Date Of Birth	24/05/1973
Occupation	INDOOR
Date Of Driving Pass	19/06/1992
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81211397
Fax Number	
Contact Number	OTHERS-81211397
EMail Address	AFCY_SG@YAHOO.COM.SG

Address	7 LEEDON HEIGHTS #05-20
Postcode	267953
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 - MAJOR/MINOR RD
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**

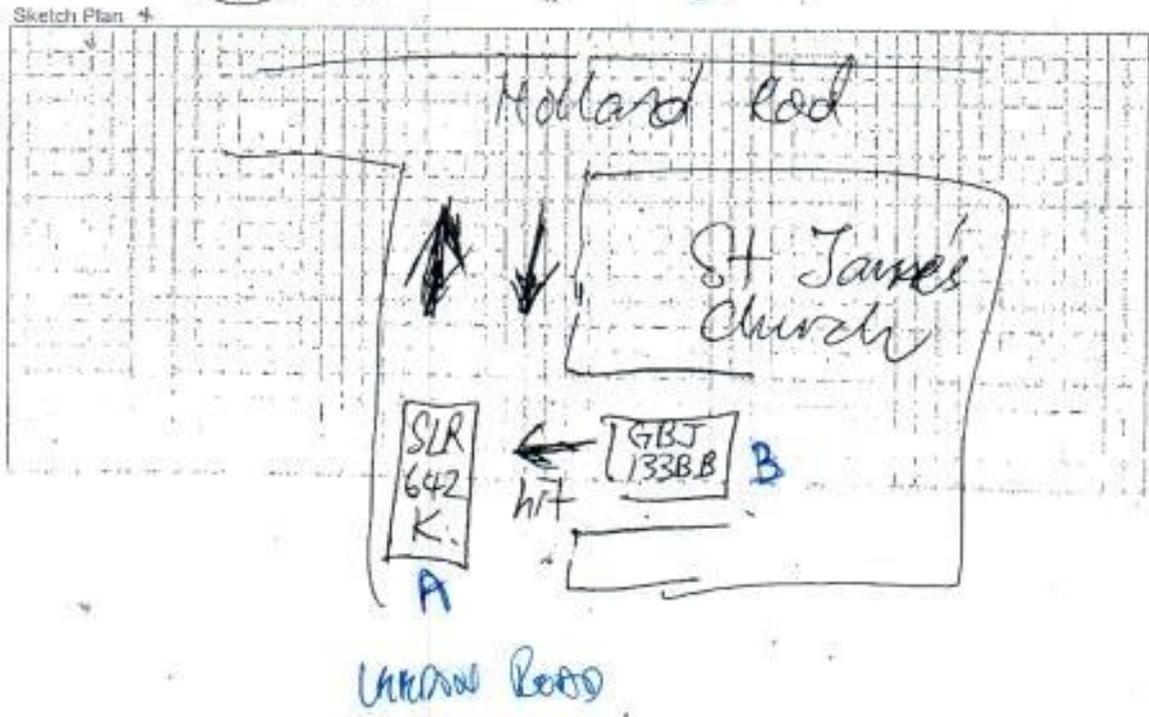
Vehicle Registration Number	GBJ1335B
Vehicle Make/Model/Colour	NISSAN VENETTE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SANDIE YONG KAH LING
NRIC/Passport Number	SXXXX028B
Contact Number	97380344
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (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 Authorized Driver.
  3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow Insurance companies to revoke 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 be 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 be 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 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 \_\_\_\_\_ Date's Signature (if driver is not the policyholder) / Date \_\_\_\_\_ Witnessed by Reporting Centre Personnel  15/08/2020



Describe Circumstance of the Accident \*

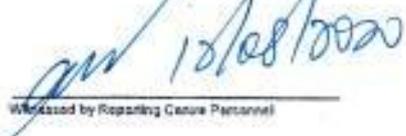
On 10/8/20 10:35, I was driving slowly along  
Leldon Road towards Holland Road.  
My car has right of way. Ms Sandie Yong's Nissan  
car came out of St James' church and  
hit my car on my right.  
I stopped immediately and inspected the  
damage. Her bumper had scratched the  
right panels of the car SLR 642K which  
I was driving.

Declaration

(We declare the foregoing particulars are true in every respect.)

   
Policyholder's Signature

 \*  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

 10/08/2020  
Witnessed by Reporting Cause Personnel

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to the Authorized Reporting Centre (ARC) for filing.
2. Please report promptly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorized Driver.
4. Information provided must be as truthful and accurate as possible. Any willful 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: 10/8/20 Time: ~10:35

Exact Location of Accident \* Loxton Road

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* SLR 642K

## 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\*

Sedan  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 \*

Allan Fong Chee Yang

Personal Identification - NRIC (Singaporean/PR)

S73195340

- FIN/Passport Number

Date of Birth \*

24 day 05 month 73 year

Driving Date Pass \*

day 92 year

Year of Driving Experience \*

2.8 Year(s) Month(s)

Occupation \*

Doctor  Indoor  Outdoor

Gender \*

Male  Female

Contact Number / Mobile Phone / Fax No. \*

81211397

Address of Driver	* 7 Leedon Heights #05-20
Postal Address	+ afcy_sg@yahoo.com.sg
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" 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)	
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 type="radio"/> Yes <input checked="" type="radio"/> No

**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 checked="" type="radio"/> No (If Yes, against whom?)

**DETAILS OF OTHER VEHICLE / PROPERTY 1**

Vehicle Registration Number	* GBJ1335B
Vehicle Make/ Model/ Colour	Nissan Venette
Details of Properties	
Name of Driver	Sandie Yong Kai Ling
Personal Identification - NRIC (Singaporean/PR)	S7M7088
- FIN/Passport Number	
Contact Number	97380344
Address	Don't know
Name of Insurance Company	Don't know
No. of Passenger (Including Driver)	1

(Note - Please use page 6 if you need to add more vehicles)



*Doc  
12/08/2020*

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: tms@tokiomarine.com.sg W: www.tokiomarine.com



**TOKIO MARINE**  
INSURANCE GROUP

FORM MZ406

A member of the  
Tokio Marine Group

### 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-ML000257-R00 (Private Motor Car)

- |  |                             |                                |
|--|-----------------------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SLR642K                     | Chassis No.: MHFB29F3802012611 |
| 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 or 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 Windscreen Excess

Tokio Marine Insurance Singapore Ltd.