

# NATIONAL Assessment Centre Services.

Part 1 (cont)

NA200483

Date In: 28/08/2020 12:39	Job description	Date & Time Completed	Done by
Ref No: N/A/MI/200091167	SAS e-illing		
Veh No: SMH 36374	E-mail (Vehicle Ins, A/C Ins)		
D.O.A: 26/08/2020 19:50	I-Motor Claims Form		
(OD) TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMH 1948L	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 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: \_\_\_\_\_

Date: \_\_\_\_\_

NA200483	1) ALT: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TV: Towing Fee	\$120
Damage Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Architect's Comments:	For claim against INC Only (see 10 Jan 2007)	\$75
Sub 1:	6) TR: Re-inspection	\$160
2/3:	7) NI: Idea DA + EMRT Survey	
	8) NIUC: Additional Services	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$5
	TP (NI) / TP (NA INC) against INC	\$30
	9) NIUC: Mobile	
	Invoice dated	
	Invoice dated	
	Fee Charged	
	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	28/08/2020 12:29
Date Of Accident	26/08/2020 19:30
Exact Location Of Accident	ALONG BRAS BASAH ROAD TOWARDS SUNTEC DIRECTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3637Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	ELYNNGOH@GBCR.COM.SG
Mobile Phone No	(LOCAL) +65-91834150
Alternative Phone No	OFFICE-91834150
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PREVIA
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
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	20-ML00257-R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	ELYNN GOH SIOW YEN
NRIC No	SXXXX156F
Date Of Birth	06/03/1979
Occupation	INDOOR
Date Of Driving Pass	10/12/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91834150
Fax Number	
Contact Number	OTHERS-91834150
EMail Address	ELYNNGOH@GBCR.COM.SG

Address	9 SENGKANG EAST AVENUE #07-28
Postcode	544742
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE

#### 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	SME1945L
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUAY CHONG HOCK
NRIC/Passport Number	SXXXX084H
Contact Number	84680084
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

78

7

No. Of Passenger (Including Driver)

1

## 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 Police for investigation.
6. The 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 lodgment 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' 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 regulation, laws or court orders.

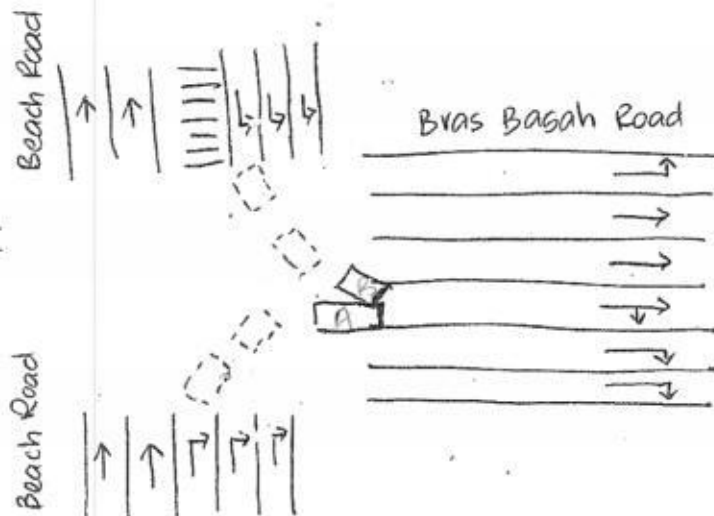
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26th Apr 2020

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

# SKETCH PLAN

A) SMH 3637 Y  
B) SME 1945 L



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26th August 2020 at about 7.30pm, I was driving my company's car (SMH3637Y) with my daughter as passenger along beach road going towards bras basah road.
I saw green light ahead and opposite cars were stationary so I instinctively navigated my right turn smoothly from beach road to bras basah road.
As I was turning right, I realised that the opposite cars also started moving at the same time. I proceed to complete my right turn keeping to my lane. Suddenly, from my side glance, a grey car (SME1945L) converged into my lane and collided into my car.
The car hit the left front of my car and dragged forward before it came to a complete stop.
We both came out of the cars to exchange particulars. At this point, I noticed that the car (SME1945L) right front bumper was slightly damaged and my left front bumper was hit and dislodged.
No injuries incurred to both drivers.

## 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: 26th Aug 2020

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



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this form to the 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 insurance and acceptance of this Form by insurance companies is not an admission of the 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: 26 August 2020	Time: 7.30pm
Exact Location of Accident	Along Bras Basah Road towards Suntec direction	

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH3637Y
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## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	Goldbell Car Rental Pte Ltd
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	200710651D

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer: <u>Toyota</u>		Model: <u>Previa 2.4Litres</u>	
Type of Vehicle	<input type="radio"/> Saloon <input checked="" type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry			
	<input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____			
Exact Purpose for which vehicle was being used at time of accident	Driving home after dinner			
Are you claiming under own insurance policy for repair to your vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No (If No, Pls select <input type="radio"/> Third Party <input type="radio"/> Reporting)			

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company	Tokio Marine
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	20/ML000257-R00 (PRIVATE CAR)
Motor CI	

## DRIVER

	<input type="radio"/> Same as Insured above				
Name of Driver	Elynn Goh Siow Yen				
Personal Identification - NRIC (Singaporean/PR)	S7908156F				
- FIN/Passport Number					
Date of Birth	06	/dd	03	/mm	1979 /yy
Driving Date Pass	10	/dd	12	/mm	2003 /yy
Year of Driving Experience	19	Year(s)	Month(s)	8	Month(s)
Occupation	Senior Manager <input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor				
Gender	<input type="radio"/> Male <input checked="" type="radio"/> Female				
Contact Number / Mobile Phone / Fax No.	91834190				

Address of Driver	9 Sengkang, East Avenue #07-28 Riversound Residence Singapore 544742
Email Address	elynnngoh@gbcr.com.sg
Was Driver An Employee of the Insured's Company?	<input checked="" 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)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision (Eg. Chain Collision, Head-On Collision, Side Swipe, Front to Rear)	Side swipe: <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Weather Conditions	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others
Road Surface	
<b>OTHER INFORMATION</b>	
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
<b>DETAILS OF POLICE ACTION</b>	
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?)
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>	
Vehicle Registration Number	SME1945L
Vehicle Make/ Model/ Colour	Toyota Prius / Grey
Details of Properties	
Name of Driver	Juay Chong Hock
Personal Identification - NRIC (Singaporean/PR)	S1750084H
- FIN/Passport Number	
Contact Number	84680084
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	1
(Note - Please use page 6 if you need to add more vehicles)	





*gr. 28/08/2020*



*Jan 28/08/2020*

Tokio Marine Insurance Singapore Ltd.

(Company Reg No: 192300014M) (GST Reg No: M2-0000023-4)

20 Macallum 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

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-ML000257-R00 (Private Motor Car)

- |   |                             |                                       |
|---|-----------------------------|---------------------------------------|
| <b>1. Index Mark and Registration Number of Vehicle</b>                               | SMH3637Y                    | <b>Chassis No.:</b> JTEGD56M307165795 |
| <b>2. Name of Policyholder</b>  | GOLDBELL CAR RENTAL PTE LTD |                                       |
| <b>3. Effective date of the Commencement of Insurance for the purposes of the Act</b> | 01/04/2020                  |                                       |
| <b>4. Date of Expiry of Insurance</b>   | 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/ her 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).

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

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