NATIONAL Assessment Centre Services. [illegible] MAIA/2007/5081

Date In: 01/09/2020 10:37	Job description	Date & Time Completed	Done by
Ref No: NBA/TM12000 9245/Y	SAS e-filing		
Veh No: PC 7856X	E-mail (Within 8hrs, A/C 2hrs)		
D.O.A: 31/08/2020 22:50	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 / OW: (Tel: Fax:)

TP Particulars: Veh No: SGN 7273R 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 ( )

[illegible]

( ) 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: ( )

[illegible]

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

[illegible]

NA2004578

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AR : Accident Reporting ($30)			
2) DA : Damage Assessment ($100) INC ($30)	$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 2000)	$75		
6) TR : Re-Inspection	$160		
7) NI : Idea DA + SMRT Survey			
8) NTUC Additional Services:			
OR:			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TF (NII): TP (Non INC) against INC	$20		
9) N12: Idea Mobile	$30		
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

MNA120075081-01 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 01/09/2020 10:37
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 04/09/2020 15:04

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	01/09/2020 10:37
Date Of Accident	21/08/2020 22:50
Exact Location Of Accident	PSA GATE 4 ENTRANCE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC7856X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	KANGES72@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97552010
Alternative Phone No	OFFICE-97552010
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 MICRO BUS 2.5 5AT
Exact Purpose for which vehicle was being used at time of accident	PATROL DUTIES
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-ML000247-R00
Cover Note Number	
Driver	
Name of Driver	KANGESWARAN LAKSHMANAN
NRIC No	SXXXX464F
Date Of Birth	07/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2017
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97552010
Fax Number	
Contact Number	OFFICE-97552010
EMail Address	KANGES72@YAHOO.COM

Address	11-12 PANGSAPURI TELOK BAYU JALAN BAYU PUTERI 2 JB MALAYSIA
Postcode	80150
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?	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	SGN1273R
Vehicle Make/Model/Colour	NISSAN
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)	

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 information 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 w ith my claims including the assessment 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

GOLDBELL REINSURANCE PTE LTD

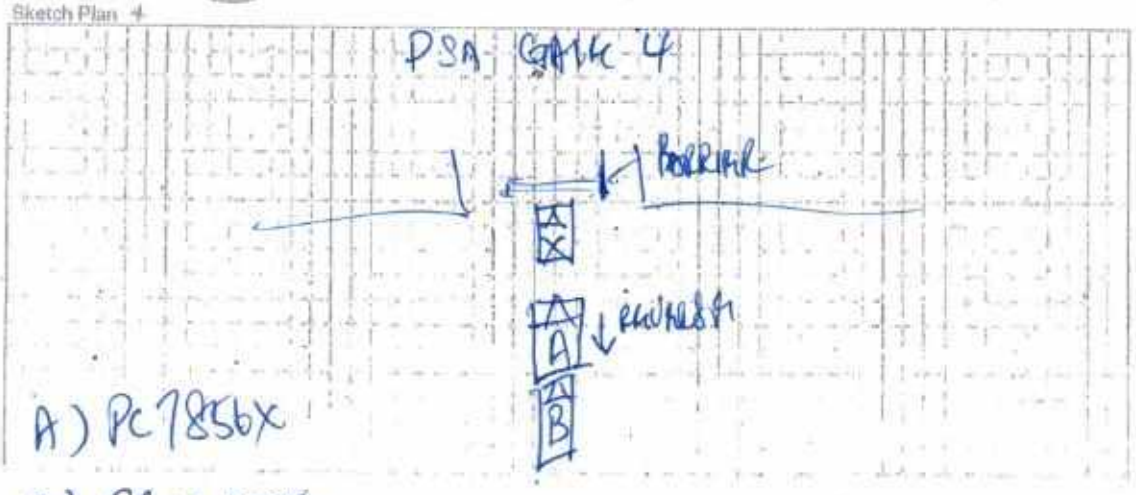
Policyholder's Signature / Date & Time

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

01/09/2020

Witnessed by Reporting Centre Personnel

Sketch Plan



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to * _____ Authorised Reporting Centre ("ARC") for editing.
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: Fri, 21/08/2020 Time: 0950HRS
Exact Location of Accident	*	GATE 4 ENTRANCE (CPSA)
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	*	PC7856X
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		200716651D
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model		Manufacturer NISSAN Model NV350 MICROBUS 2.5AT
Type of Vehicle*		◯ Saloon ◯ MPV ◯ CRV ◯ Van ◯ Lorry ◯ Bus ◯ M/cycle ◯ Others _____
Exact Purpose for which vehicle was being used at time of accident	*	PATROL DUTIES.
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 *		Tokio Marine
Type of Policy		◯ Comphensive ◯ Third Party Fire & Theft ◯ TP Only
Fleet Policy		◯ Yes ◯ No
Policy Number		20-ML000247-R00 (Private Bus)
Motor CI		
DRIVER		◯ Same as Insured above
Name of Driver	*	KANGELWARAN LAKSHMANAN
Personal Identification - NRIC (Singaporean/PR)	*	S9383464F
- FIN/Passport Number	*	
Date of Birth	*	07 dd/ 05 mm/ 1993 /yy
Driving Date Pass	*	04 dd/ 03 mm/ 2013 /yy
Year of Driving Experience	*	13 Year(s) Month(s)
Occupation	*	◯ Indoor ◯ Outdoor
Gender MALE	*	☑ Male ◯ Female
Contact Number / Mobile Phone / Fax No.	*	

Address of Driver	*	Postcode ( )
Email Address	*	
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 collision, Head-On collision,Side Swipe, Front to Rear)	*	Front to Rear Collision
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		NA
Police Station Address		NA
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	*	SGN1273R
Vehicle Make/ Model/ Colour		NISSAN / SILVER
Details of Properties		
Name of Driver		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
Contact Number		
Address		
Name of Insurance Company		
No. of Passenger (Including Driver)		

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

01/09/2020

01/09/2021

01/09/2020

Tokio Marine Insurance Singapore Ltd.
Company Reg. No. 192200491M (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 info@tokiomarine.com.sg W www.tokiomarine.com

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-ML000247-R00 (Private Bus)

1. **Index Mark and Registration Number of Vehicle** PC7856X **Chassis No.:** JN1TC2E26Z0056129

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).

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

Printed 01/04/2020

GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 50655002OG / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHAD0075087 Vehicle Registration No: PC 7856X

Name(as shown in NRIC) : KOH GKS NRIC/FIN/Passport No :

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 97552010

Email Address :

Date of Accident : 21/08/2020 Time of Accident : 22:50

Place of Accident : PSA GATE 4 EMPRESS

Insurance Company : TOKIO MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

(1) TO CHANGE CLEARER ACCIDENT STATEMENT

(2) TO INSERT DRIVER HP NUMBER 97552010

Policyholder / Driver's Signature
Date:

04/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: