

NATIONAL Assessment Centre Services. [part 1 Job001] **NBA/20009811**

Date In: <b>14/09/2020 14:57</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA/20009811/A</b>	SAS e-illing		
Veh No: <b>3MP12747</b>	E-mail (By date time, AIC time)		
D.O.A: <b>11/09/2020 14:35</b>	1-Motor Claims Form		
QID: TP / Reporting Only	1-Motor W/O (Within OD time, TP time)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

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

TP Ref/cust/hrs: ( ) Veh No: **UN KNOWN** 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# VHS ( ) / 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>NBA20009811</b>	1) All Accident Reporting (330)	
Driver/Owner:	2) DA / Damage Assessment (\$100) INC (\$10)	\$40/43
Contact No:	3) TP / Towing Fee	\$120
Damaged Portion:	4) PT / Follow-Through Survey	\$30
	5) PT / Follow-Through Survey (Resurvey) For claiming against INC Only (w/ 10 Jan 2020)	\$75
QC Checked by (Engr-In-Charge):	6) TR / Re-inspection	\$160
	7) NI / Idea DA + SMRT Survey	
Val 1:	8) NIUC Additional Services	
	9) NIUC Additional Services	
Val 2:	• NIUC Courtesy Car / Tpt Allowance	\$35
	• NIUC Repair Coordination	\$10
Val 3:	• NIUC Post Repair Inspection	\$25
	• NIUC DV / Collect Excess Coordination	\$35
	• NIUC TP (NIUC) / TP (NIUC) against INC	\$10
	• NIUC NIUC Mobile	\$0

Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_

Invoice dated \_\_\_\_\_ 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	14/09/2020 14:57
Date Of Accident	11/09/2020 14:35
Exact Location Of Accident	22B TUDOR CLOSE (297986)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2724T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	RRRDAVICH68@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97257073
Alternative Phone No	OFFICE-97257073

### Vehicle Particulars

Manufacturer	BMW
Model	X3
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	20-ML000244-R00
Cover Note Number	

### Driver

Name of Driver	RODAVICH RODNEY R
NRIC No	GXXXX028Q
Date Of Birth	15/01/1968
Occupation	INDOOR
Date Of Driving Pass	21/12/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97257073
Fax Number	
Contact Number	OTHERS-97257073
E Mail Address	RRRDAVICH68@GMAIL.COM

Address	22B TUDOR CLOSE
Postcode	297980
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 PARKED VEHICLE
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**IMPORTANT PLAN**

- 1. Please copy **correctly** the back of this accident report (by photocopying).
- 2. This form must be **completed by the Police Officer and/or the Authorized Driver**.
- 3. Information provided must be as truthful and accurate as possible. Any false information provided may result in a finding of fault being placed on a driver's license, suspension of the license, or **reputable policy liability**.
- 4. The terms and acceptance of this form by insurance companies and rental companies is a liability on the part of the insurance company. **Any false reporting may be referred to the Traffic Police Department for investigation.**
- 5. This report will be reviewed by the insurance for the fault driver. Management of the report is the responsibility of the fault driver. It is the responsibility of the insurance company (GAA) for handling and processing of the report. It is the responsibility of the insurance company to provide a copy of this report to the relevant parties.
- 6. In the absence of the report, the insurance for the fault driver will be the responsibility of the insurance company and the responsibility of the report being made available to the relevant parties.

**ii. Consent under the Personal Data Protection Act (PDPA)**

I hereby acknowledge, agree and consent to:

(a) My name, work telephone number, home address, date of birth, gender, race, ethnicity, religion, marital status, and other personal information (collectively, "Personal Information") that I have provided to you, and any personal information that you have received from me, as the "Sources", to be used for the purposes of the Traffic Police Department's investigation and any other purposes that you may determine to be necessary for the purposes of the investigation.

(b) My personal information may be shared with other persons for the purposes of the investigation and any other purposes that you may determine to be necessary for the purposes of the investigation.

(c) My consent is given voluntarily and without any coercion.

(d) My consent is given for the purposes of the investigation and any other purposes that you may determine to be necessary for the purposes of the investigation.

(e) My consent is given for the purposes of the investigation and any other purposes that you may determine to be necessary for the purposes of the investigation. I understand that my consent is given for the purposes of the investigation and any other purposes that you may determine to be necessary for the purposes of the investigation.

(f) My consent is given for the purposes of the investigation and any other purposes that you may determine to be necessary for the purposes of the investigation.

(g) My consent is given for the purposes of the investigation and any other purposes that you may determine to be necessary for the purposes of the investigation.

(h) My consent is given for the purposes of the investigation and any other purposes that you may determine to be necessary for the purposes of the investigation.

(i) My consent is given for the purposes of the investigation and any other purposes that you may determine to be necessary for the purposes of the investigation.

(j) My consent is given for the purposes of the investigation and any other purposes that you may determine to be necessary for the purposes of the investigation.

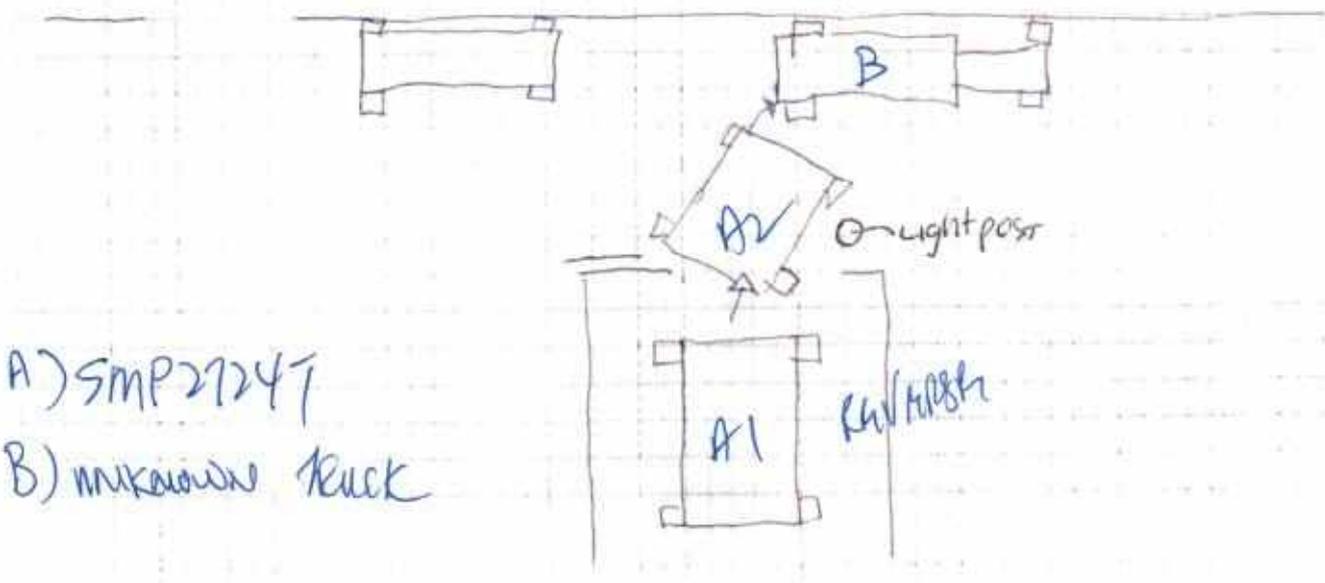
(k) My consent is given for the purposes of the investigation and any other purposes that you may determine to be necessary for the purposes of the investigation.



*[Handwritten Signature]*

*[Handwritten Signature]* 14/09/2020

TRAFFIC POLICE



- A) SMP 27247
- B) unknown truck

BACKING OUT OF HOME DRIVEWAY ONTO STREET.  
CONDITIONS WERE TIGHT. TWO CONSTRUCTION TRUCKS WERE  
PARKED IN STREET. WHILE BACKING I GOT TO  
CLOSE TO ONE OF THE TRUCK BEDS AND HIT THE  
CORNER REAR OF THE TRUCK BED w/ CORNER RENE  
SECTION OF MY CAR



\* *[Handwritten signature]*

*[Handwritten signature]* 14/09/2020



Address of Driver

\* 228 TUDOR CLOSE 297980

E-mail Address

\* mrodavich68@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

Vehicle Registration Number of Other'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, Dead-End Collision, Side-Swipe, Front-to-Rear)

\* BACKUP-REVERSE collision

Weather Conditions

\*  Clear  Rainy  Other

Road Surface

\*  Dry  Wet  Other

**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

Police Station Address

Police Station Contact

Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Was notice of accident given to insurance company?

Yes  No (if Yes, against whom?)

**DETAILS OF OTHER VEHICLE / PROPERTY 1**

Vehicle Registration Number

\*

Vehicle Make/Model/Colour

Details of Properties

Name of Driver

Present Identification (MID/Passport/ID)

DOB/Issued Number

Contact Number

Vehicle Make/Model/Colour

Address of Driver

Name of Insurance Company

Was it towing? (Including Driver)

[Note: Please see page 6 if you need to add more vehicles]

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) 4221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com



TOKIOMARINE  
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-ML000244-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SMP2724T **Chassis No.:** WBATR920409A32286
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 92 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**

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Excess - All Claims SGD
	Windscreen Excess SGD
<b>Financial Interest:</b>	DBS BANK LTD

Account: 3092DDZ

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

Printed: 01/04/2020