

15/03/2021

BY POST

YOUR REF: D20003674MFSH
OUR REF: 5884FIRST

ATTN: MOTOR CLAIMS DEPT
MS FIRST CAPITAL INSURANCE LTD
36 ROBINSON ROAD
#16-01 CITY HOUSE
SINGAPORE 068877



Dear Sir/Mdm,

RE: ACCIDENT INVOLVING YOUR INSURED'S SHA9485A & OUR CLIENT'S VEHICLE GBH5884S ON 10/09/2020 ALONG JUNCTION OF BUKIT BATOK ROAD & WEST AVE 5

We are assisting our client, GOLDBELL CAR RENTAL PTE LTD, in his/her claim against your insured SHA9485A as it is due to the negligence of your insured SHA9485A, causing the damage of our client's vehicle GBH5884S.

The vehicle GBH5884S has been completed repairs to the satisfaction by M/S SNG AH TEE MOTOR & PANEL SERVICE PTE LTD.

Our letter of demand is as per proposed quantum stated below:-

COST OF REPAIR	\$5,457.00
LOSS OF USE(06 DAYS x \$100.00)	\$600.00
SEARCH FEE/GIA REPORT	\$7.45

TOTAL	\$6,064.45
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Hope to hear from you soon. Thank you.

Yours Faithfully,
JANICE CHANG
Sng Ah Tee Motor & Panel Service Pte Ltd

MS First Capital Insurance Limited

Claim No.: D20/3674/Eng/Am (444) Date: 25.3.2021
O-I-C : Eric Woo
TEL: 6507 3043

☒ We are looking into your claim and will revert soon.
☐ We wish to re-inspect your / your client's vehicle.
Please give us 1 week notice on date/time/place.
Kindly quote our Claim No. in future correspondence.

MS FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD #16-01
CITY HOUSE SINGAPORE 068877

ATTENTION :

CONTACT : . FAX NO: 65073849

INVOICE. SO004829

DATE 12/03/2021
ACCIDENT DATE : 10/09/2020
VEHICLE NO : GBH5884S
CHASSIS/ENG.NO : JTFHT02P100243960
VEHICLE MODEL : TOYOTA HIACE
CLAIM NO : D20003674MFSH
POLICY NO : Surveyed by LKK
REMARK 5884FIRST TP AGST
SHA9485A

S/N.	QTY	UNIT	DESCRIPTION	PRICE	DISC %	DISC/MARKUP	TOTAL AMT
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** LIST PRICE **

SUB-TOTAL: 0.00

** WORK LABOUR **

TO KNOCK, WELD, REMOVE & FIX ABOVE PARTS	0.00	0.00
TO PUTTY & RESPRAY PAINTING ON AFFECTED AREA	0.00	0.00
TO CHECK WIRING	0.00	0.00
TO TOP UP AIRCON GAS	0.00	0.00
TOTAL AS PER AGREED LUMP SUM	5100.00	5,100.00
	SUB-TOTAL	5,100.00

JANICE

PAGE: 1 of 1

SUB-TOTAL : S\$ 5,100.00
ADD 7% GST. S\$ 357.00
GRAND TOTAL : S\$ 5,457.00

ON BEHALF OF SNG AH TEE PANEL & SERVICE PTE LTD E & O.E

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 11 Sep 2020 / 09:21:19

Receipt Date/Time : 11 Sep 2020 / 09:21:19

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200911-000537

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHA9485A				
As at 10 Sep 2020/12:00:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHA9485A Enquiry Fee 20200911092013076372	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
454750XXXXXX9296		eNETS Credit Card		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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	10/09/2020 14:50
Date Of Accident	10/09/2020 12:00
Exact Location Of Accident	JUNCTION OF BUKIT BATOK RD & WEST AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5884S
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE. LTD.
Co Reg No	2XXXXX651D
Email Address	ALEXTAYSC@GBCR.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68386300

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.5 (M)
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	MUHAMMAD HARRIS BIN ZAINI
NRIC No	SXXXX340Z
Date Of Birth	05/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2007
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92777323
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 780E WOODLANDS CRESCENT #11-81
Postcode	735780
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LESSEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200910/2073

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TRAFFIC POLICE TAKEN
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA9485A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG TECK LENG
NRIC/Passport Number	SXXXX511E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NG TECK LENG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHA9485A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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 regulations, laws or court orders.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

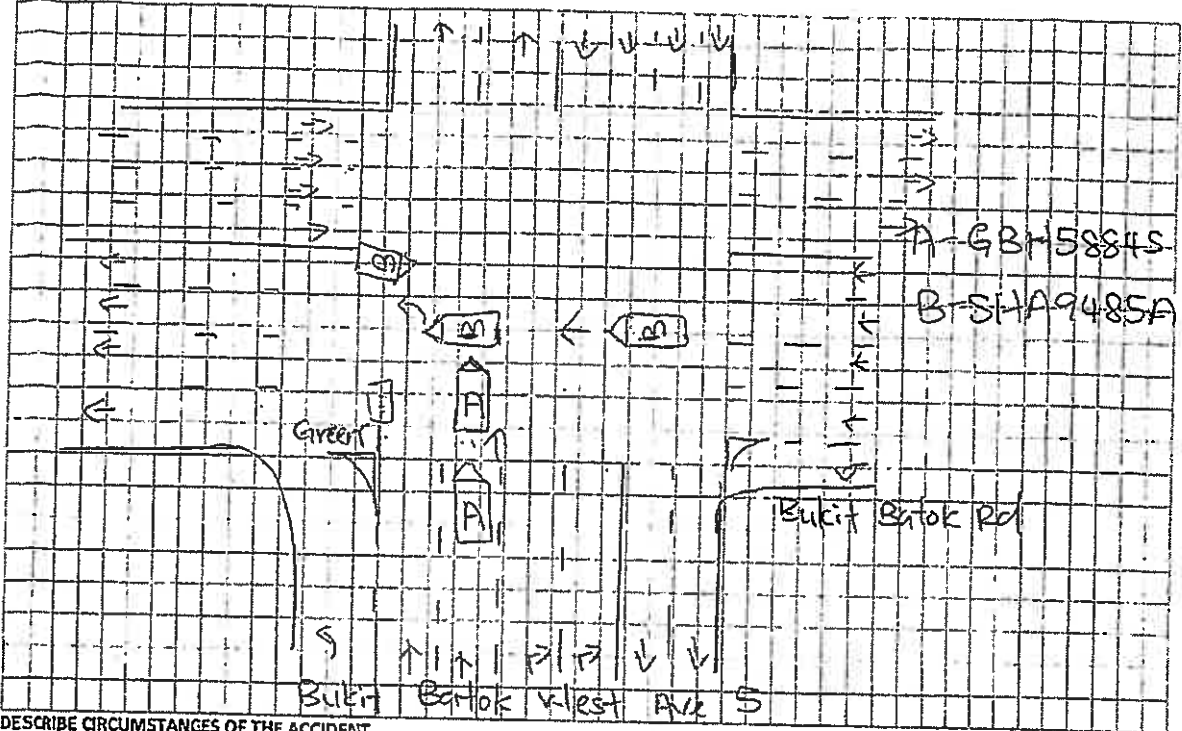


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200910/2073

DECLARATION

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



Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

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

2

<input type="checkbox"/> Claim own policy
<input checked="" type="checkbox"/> Claim third party
<input type="checkbox"/> Claim OD / TP at other workshop
<input type="checkbox"/> For record purpose
Policy No. <u>20 - MLO00245 - R00</u>
Insurer <u>TOKIO</u> Veh.No. <u>GBH5884S</u>

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



SINGAPORE POLICE FORCE



T/20200910/2073

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

1 of 3

Report No. T/20200910/2073

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2020 16:18		Vide Report No.: J/20200910/0060		Station Diary No.: 106	
Name of Informant: MUHAMMAD HARRIS BIN ZAINI					
Address: APT BLK 780E WOODLANDS CRESCENT #11-81 SINGAPORE 735780					
ID Type / ID No.: NRIC NO / S8413340Z		Contact No.: Home/Office: Mobile: 92777323			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 36	Date of Birth: 05/05/1984	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: OTHERS		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/09/2020 00:00	Type of Location:
Location: BUKIT BATOK WEST AVENUE 5				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBH5884S	Van				Seriously Damaged	0
SHA9485A	Car				Seriously Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200910/2073

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

2 of 3

Report No. T/20200910/2073

CONTINUATION OF REPORT

Name	MUHAMMAD HARRIS BIN ZAINI	ID No.	S8413340Z
Related Vehicle	GBH5884S (Van)	Contact No.	92777323
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was driving GBH5884S along bukit batok west ave 5. I stopped at the junction before brickland road. When the traffic light turned green I drove off. Suddenly a taxi SHA9485A appeared from my right. I tried to brake but did not manage to stop in time. I collided with the taxi. Traffic police and ambulance arrived at scene. Traffic police issued case card J/20200910/0060. They also took the SD card from my in vehicle camera.



**SINGAPORE
POLICE FORCE**



T/20200910/2073

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20200910/2073

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /
Sgt 2 KOH ZHI ZHONG ABRAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/09/2020 16:18

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN-KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**
PATEGUARDING EVERY DAY

SIGNATURE

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 192300014M) (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 GBH5884S Chassis No.: JTFHT02P100243960
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/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:

Financial Interest: DBS BANK LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

Printed 01/04/2020