

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MA150096987

Date In: 03/11/2020 16:17	Job description	Date & Time Completed	Done by
Ref No: X/BA/TM/20012000/Y	SAS e-filing		
Veh No: SMF 8039L	E-mail (by date time, AIC time)		
D.O.A: 03/11/2020 08:30	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (with: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whose		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMY 7785.H	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 reporter.

() 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: _____

Driver/Owner:	1) All Accident Reporting (\$30)	INC (\$40)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idea DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Excess Coordination	\$3
	TP (NI) / TP (Non-INC) against LRG	\$30
	9) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	

Fee Charged _____

Fee Charged _____

2/3

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	03/11/2020 16:17
Date Of Accident	03/11/2020 08:30
Exact Location Of Accident	941 BT TIMAH RD THE CASCADIA CONDO PARKING LOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8659L
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	BOLROK1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	OFFICE-64389830

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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-ML000256-R00
Cover Note Number	

Driver

Name of Driver	CHOI SUNG ROK
Passport No/FIN	GXXXX652N
Date Of Birth	01/08/1970
Occupation	INDOOR
Date Of Driving Pass	31/07/2020
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	OFFICE_64389830

Address	941 BUKIT TIMAH ROAD #08-45, THE CASCADIA
Postcode	589830
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	SMU7785H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KATE
NRIC/Passport Number	
Contact Number	91011934
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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4. The issuance 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 lodging 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.

B. 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 disclosed 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 making 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, regulatory, 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:

Insuring Company's Representative
Signature
Date & Time:

SKETCH PLAN

UNKNOWN CAR WAS
REVERSED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Our car was hit by another car while parked in the condo parking lot.
According to the note from the car owner, she hit our car while reversed her car.
Please note we are not able to provide the sketch since we do not witness the accident.

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)

Date & Time: 2 Nov 2020

Reporting Center Person's Signature
Name:
NRIC/FIN No.:

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim 100% TP & other works etc
- ☐ For record purpose

Form No. _____
Date: _____

[Signature] 08/11/2020
[Signature]

ACCIDENT STATEMENT FOR INPUT			
DATE OF ACCIDENT		03/11/2020	
TIME OF ACCIDENT		08.30	
COUNTRY/STATE OF LOSS	<input checked="" type="checkbox"/> SINGAPORE <input type="checkbox"/> MALAYSIA (<input type="checkbox"/> JOHOR <input type="checkbox"/> PAHANG <input type="checkbox"/> KELANTAN <input type="checkbox"/> OTHERS _____) <input type="checkbox"/> THAILAND		
ACCIDENT LOCATION	941 Bukit Timah Road, The Cascadia Singapore 589658 Parking Lot		
VEHICLE NUMBER	SMF8659L		
INFORMATION OF INSURED			
NAME OF REGISTERED OWNER	Goldbell Car Rental Pte Ltd		
COMPANY ROC /NRIC OF OWNER	200710651D		
EMAIL	bolrok1@gmail.com	TELEPHONE / FAX	64389830
VEHICLE MODEL /MAKE	Camry 2.0 (A)		
ARE YOU CLAIMING?	<input type="checkbox"/> OWN POLICY <input type="checkbox"/> THIRD PARTY <input checked="" type="checkbox"/> RECORD PURPOSE ONLY (IF CLAIM THIRD PARTY AT OTHER WORKSHOP, PLS STATE WORKSHOP NAME: _____)		
INSURANCE COMPANY			
TYPE OF COVERAGE	<input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> THIRD PARTY FIRE & THEFT <input type="checkbox"/> THIRD PARTY		
POLICY NUMBER			
INFORMATION OF DRIVER			
NAME OF DRIVER	Choi Sung Rok		
NRIC OF DRIVER	G4008652N		
DATE OF BIRTH	1 August 1970		
OCCUPATION	<input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR (_____)		
DATE OF DRIVING PASS	31 July 2020	GENDER	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MOBILE NUMBER		OFFICE NUMBER	64389830
ADDRESS	941 Bukit Timah Road #08-45, The Cascadia Singapore 589658		
EMAIL ADDRESS	bolrok1@gmail.com		
RELATIONSHIP OF DRIVER WITH INSURED			
DO YOU OWN OTHER VEHICLE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	VEH NO.?	SMF8659L
		INSU. CO?	
INFORMATION OF ACCIDENT			
WEATHER CONDITIONS	<input type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input checked="" type="checkbox"/> OTHERS: _____		
ROAD SURFACE	<input type="checkbox"/> WET <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHERS: _____		
OTHER INFORMATION			
ANY INJURY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	INJURED CONVEYED BY AMBULANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO
ANY FOREIGN VEHICLE INVOLVED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(FOREIGN VEHICLE NUMBER: _____)	
IS ACCIDENT CAPTURED BY VIDEO	<input type="checkbox"/> NO <input type="checkbox"/> YES	(please provide link/video if YES)	
ACCIDENT REPORT AT WHICH POLICE STATION? * ATTACH POLICE REPORT*	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	WAS NOTICE OF INTENDED PROSECUTION GIVEN?	
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	<input type="checkbox"/> NO <input type="checkbox"/> YES	NO. OF VEHICLES INVOLVED IN ACCIDENT	
NO. OF PASSENGERS IN CAR (INCLUDING DRIVER)		NAME / GENDER OF PASSENGERS:	
NAME / GENDER OF PASSENGERS:			
DETAILS OF THIRD PARTY (1)			
VEHICLE NUMBER	SMU 7785H		
NAME OF DRIVER	Kate		
NRIC OF DRIVER			
ADDRESS OF DRIVER			
CONTACT NUMBER	91011934		
OTHER INFO			
DETAILS OF THIRD PARTY (2)			
NAME OF DRIVER			
NRIC OF DRIVER			
ADDRESS OF DRIVER			

Hi

sorry I just reversed
into your car. Please
contact me on 91011934

Apologies,
Kate.

gail solution
resh with ARB

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-ML000256-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SMF8659L Chassis No.: MR053DK5100113605
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: Excess - All Claims
Windscreen Excess
Financial Interest: MAYBANK SINGAPORE LIMITED

Tokio Marine Insurance Singapore Ltd.

Authorised Signature