

# NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MAA20071830

Date In: 05/11/2000 15.41	Job description	Date & Time Completed	Done by
Ref No: MAA20071830/2131/4	SAS e-Milling		
Veh No: SMU 51294	E-mail (E-jobs 3hrs, AIC 3hrs)		
D.O.A: 04/11/2000 09.50	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (within OD 3hrs, 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: QZ 555TR	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 repairer.		
( ) 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 > \$9000] ( )		

Injury: ( )	
Date of Injury: ( )	
Location: ( )	
Witness: ( )	
Signature: ( )	

MAA2005837	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2000)	\$20
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + EMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance	\$3
	*NS: Repair Coordination	\$10
	*PT: Post Repair Inspection	\$25
	*NS: DV / Collect Excess Coordination	\$3
	TE (NI) / TP (Non INC) against INC	\$10
	9) NI: Idea 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	05/11/2020 15:41
Date Of Accident	04/11/2020 09:50
Exact Location Of Accident	BLK 445A BUKIT BATOK WEST AVENUE 8 LOADING BAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU5729J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	LOW.WEILING@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91707026
Alternative Phone No	OFFICE-91707026

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	LOW WEI LIANG
NRIC No	SXXXX534C
Date Of Birth	20/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2011
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91707026
Fax Number	
Contact Number	OTHERS_91707026

Address	BLK 445A BUKIT BATOK WEST AVENUE 8 #20-419
Postcode	651445
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	SIDE SWIPE
Weather Conditions	RAINING
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?	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ5537R
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 Passengers (Including Driver)	

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 AWARED 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: 3/11/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

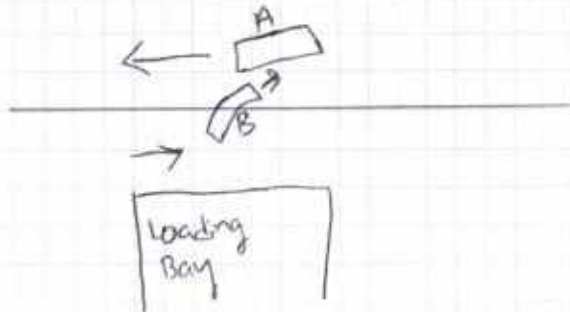
Name:

NRIC/FIN No.:



SKETCH PLAN

BLK 445A BUKIT BARU WHST AVE @ WARDEN RD



A - SMU5729J  
B - GZ5537R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Driving Pass him and he Reverse and Bang Into my car

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop
- ☐ For record purpose

Policy No. \_\_\_\_\_

Insurer \_\_\_\_\_

Veh. No. \_\_\_\_\_

DECLARATION

I declare that the foregoing particulars are true in every respect.



Policyholder's Signature \_\_\_\_\_

Date & Time: \_\_\_\_\_

3/11/2020

Driver's Signature \_\_\_\_\_

(if driver is not the policyholder)

Date & Time: \_\_\_\_\_

Reporting Centre Person's Signature \_\_\_\_\_

Name: \_\_\_\_\_

NRIC/FIN No.: \_\_\_\_\_

05/11/2020  
[Signature]

ACCIDENT STATEMENT FOR INPUT			
DATE OF ACCIDENT	0955 4/11/20	TIME OF ACCIDENT	0950
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			
VEHICLE NUMBER	JMU5729J		
INFORMATION OF INSURED			
NAME OF REGISTERED OWNER			
COMPANY ROC /NRIC OF OWNER			
EMAIL		TELEPHONE / FAX	
VEHICLE MODEL /MAKE			
ARE YOU CLAIMING?	<input type="checkbox"/> OWN POLICY <input type="checkbox"/> THIRD PARTY <input 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	Mr. Low Wei Liang		
NRIC OF DRIVER	S90395346		
DATE OF BIRTH	20/10/1990		
OCCUPATION	<input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR ( _____ )		
DATE OF DRIVING PASS	23/4/11	GENDER	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MOBILE NUMBER	91707026	OFFICE NUMBER	
ADDRESS	BK445A Bukit Botok west Ave 8 #20-419 (651445)		
EMAIL ADDRESS	low.wei.liang@hotmail.com		
RELATIONSHIP OF DRIVER WITH INSURED			
DO YOU OWN OTHER VEHICLE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEH NO.?	INSU. CO?
INFORMATION OF ACCIDENT			
WEATHER CONDITIONS	<input type="checkbox"/> CLEAR <input checked="" type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:		
ROAD SURFACE	<input checked="" type="checkbox"/> WET <input 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 checked="" type="checkbox"/> YES (please provide link/video if YES)		
ACCIDENT REPORT AT WHICH POLICE STATION? * ATTACH POLICE REPORT*	<input 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: <input type="checkbox"/> M <input type="checkbox"/> F	
NAME / GENDER OF PASSENGERS: <input type="checkbox"/> M <input type="checkbox"/> F		NAME / GENDER OF PASSENGERS: <input type="checkbox"/> M <input type="checkbox"/> F	
DETAILS OF THIRD PARTY (1)			
VEHICLE NUMBER	GZ5537K		
NAME OF DRIVER			
NRIC OF DRIVER			
ADDRESS OF DRIVER			
CONTACT NUMBER			
OTHER INFO			
DETAILS OF THIRD PARTY (2)			
VEHICLE NUMBER			
NAME OF DRIVER			
NRIC OF DRIVER			
ADDRESS OF DRIVER			



WhatsApp Image 2020-11-04 at 10.06.37 (2).jpeg  
299K



WhatsApp Image 2020-11-04 at 10.06.37 (1).jpeg  
301K



WhatsApp Image 2020-11-04 at 10.06.37.jpeg  
250K



WhatsApp Image 2020-11-04 at 10.06.36 (1).jpeg  
324K

WhatsApp Image 2020-11-04 at 10.06.36.jpeg  
131K

*and as a hero*



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: tmls@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-ML000244-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SMU5729J Chassis No.: MR2B23F3501203989
2. Name of Policyholder GOLDBELL CAR RENTAL PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 19/08/2020
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 the Policyholder's 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.
- 4) Use for hire of reward except for rental services by the Policyholder only.

\* 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:	DBS BANK LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature