

Nature Of Damage

NATIONAL Assessment Centre Services.

Unit 1 Jan 2001

MAH2009855

| | | | |
|---------------------------|---|-----------------------|---------|
| Date In: 11/11/2020 14:57 | Job description | Date & Time Completed | Done by |
| Ref No: NAR-TM-200128797 | SAS e-filing | | |
| Veh No: GBF 7328J | E-mail (by date time, A/C time) | | |
| D.O.A: 02/11/2020 17:20 | I-Motor Claims Form | | |
| OID: TP / Reporting Only | I-Motor W/O (W/O: OD time, TP time) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/W/ksn | | |

Tel:

Fax:

Preferred Wkep / INC Assign Wkep / OW: (

TP Particulars:

Veh No:

SLA 395M

INC (

) / Non-INC (

)

Tel:

Owner / Driver: (

Policy No: (

)

Period: (

Date:

Time:

Cover Type: (

)

Confirmed by: (

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 () ; Invoices: 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:

NA2006089

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Signature:

Date:

| | |
|---|------------|
| 1) AIT Accident Reporting (\$30) | INC (\$10) |
| 2) DA: Damage Assessment (\$100) | \$40/\$43 |
| 3) TP: Towing Fee | \$120 |
| 4) PT: Follow-Through Survey | \$30 |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| For claimant's loss INC Only (over 10 Jan 2001) | \$75 |
| 6) TR: Re-inspection | \$160 |
| 7) NI: IDA + SMRT Survey | |
| 8) NTUC Additional Services | |
| ON: | |
| * NI: Courtesy Car / Tpl Allowance | \$30 |
| * NI: Repair Coordination | \$25 |
| * NI: Post Repair Inspection | \$30 |
| * NI: DV / Collect Excess Coordination | \$30 |
| TP (NI) / TP (Non INC) against DNG | \$0 |
| 5) NI: IDA Mobile | |
| Invoice dated | |
| Invoice dated | |

Fee Charged
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 | 11/11/2020 14:57 |
| Date Of Accident | 03/11/2020 17:30 |
| Exact Location Of Accident | ALONG CAVENAGH ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBF7378J |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No | 2XXXXX651D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90908164 |
| Alternative Phone No | OFFICE-90908164 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| 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-ML000245-R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | RAMACHANDRAN ATHITHAN |
| Passport No/FIN | GXXXX952P |
| Date Of Birth | 25/05/1994 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 27/02/2018 |
| Driving Experience | 2 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90908164 |
| Fax Number | |
| Contact Number | OTHERS 0000000000 |

| | |
|---|---------------------------------|
| Address | 48 TOH GUAN ROAD EAST #05-97 |
| Postcode | 608586 |
| 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 | SLA395M |
| Vehicle Make/Model/Colour | DISCOVERY LAND ROVER |
| 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. I have reported correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to rescind its 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 company.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the Insurer of the GR Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. I agree to sign this report to the insurers, and I hereby consent to the archiving of this report at the centre and to copies of this report being made available elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)
I understand my knowledge, agreement and consent that:
 - (a) the insurer, its subsidiary and the General Insurance Association of Singapore (GIAS) may be permitted to collect, use, and have access to (i) my personal data/ personal information set out in this Form and any other personal information provided by me or received by my insurer to conduct the "Personal Information" and business and transfer such Personal Information to all entities mentioned in (a) and (b) involved in the accident (all insurers) 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/authorities (such as the police), for the purpose(s) of:
 - (i) investigating, handling and/or dealing with my claim including the settlement of the claim and any necessary subrogation recovery on the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) investigating my claim (including the making of correspondence, statements, witness reports in relation to the accident) and/or disclosure of certain personal data about me to bring about delivery of the claim as well as on the external recovery of subrogation/ third party claims; and/or
 - (v) compliance with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes";
 - (b) all insurers (which have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms) may be 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 collected by any of the insurers and/or its third party service providers or agents/relating their lawyers/law firms which may be the outside of Singapore, the service agents of the above insurers;
 - (d) my Personal Information may/ can be collected and used to complete claims history for the purpose of fraud detection, investigation, settlement, dispute resolution and all future claims;
 - (e) the information collected under (a) above may be shared/ disclosed:
 - (i) to all insurers and/or any other third parties that assist in conducting, investigating, controlling or handling fraud, settlement, dispute resolution and government agencies as generally required by the purposes stated in (a);
 - (ii) for complying with requirements under any legislation, law, court orders

NOTWITHSTANDING THAT MY INSURER MAY HAVE A 30 DAYS LIMITATION FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY, I WILL COVER MY POLICY CLAIMS IMMEDIATELY.


Policyholder


Driver


11/11/2020
Fresh Waters

ALONG CAVENAGH ROAD



A) GBF 7378 J

B) SLA 395M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Heavy traffic, stop not ~~at~~ time and hit the back of the vehicle Dented

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / IF at other person's shop
- ☐ For record purpose

by the

Report

Vehicle

DECLARATION

I declare that the information provided is true and correct.

[Signature]

Date & Time:

Date & Time:

Date & Time:

MLR/HQ No:

[Signature] 11/11/2020
[Signature]

| ACCIDENT STATEMENT FOR INPUT | | | |
|--|--|---|--|
| DATE OF ACCIDENT | 3/11/20 | TIME OF ACCIDENT | 05:30 PM |
| 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 | BT Timah Road near Newton A/LMS (Khalid Pono) | | |
| VEHICLE NUMBER | GOF 7378 J | | |
| INFORMATION OF INSURED | | | |
| NAME OF REGISTERED OWNER | | | |
| COMPANY ROC /NRIC OF OWNER | | | |
| EMAIL | TELEPHONE /FAX | | |
| VEHICLE MODEL /MAKE | Toyota Hi-ace | | |
| 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'S 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 | Ramaendran Athithan | | |
| NRIC OF DRIVER | G2471952P | | |
| DATE OF BIRTH | 25/5/1994 | | |
| OCCUPATION | <input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR () | | |
| DATE OF DRIVING PASS | 27/2/2018 | GENDER | <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| MOBILE NUMBER | | OFFICE NUMBER | 90908164 |
| ADDRESS | 41, Teh Guan Road East, #05-97, Enterprise Hub, (C05586) | | |
| EMAIL ADDRESS | | | |
| RELATIONSHIP OF DRIVER WITH INSURED | | | |
| DO YOU OWN OTHER VEHICLE? | <input type="checkbox"/> YES <input type="checkbox"/> NO | VEH NO? | INSU. CO? |
| INFORMATION OF ACCIDENT | | | |
| WEATHER CONDITIONS | <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input 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 checked="" 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 checked="" 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? | No |
| <small>I have been approached by unknown person(s) soliciting/offering accident claims assistance.</small> | <input type="checkbox"/> NO <input type="checkbox"/> YES | NO. OF VEHICLES INVOLVED IN ACCIDENT | 1 |
| NO. OF PASSENGERS IN CAR (INCLUDING DRIVER) | 1 | NAME / GENDER OF PASSENGERS: | |
| NAME / GENDER OF PASSENGERS: | | NAME / GENDER OF PASSENGERS: | |
| <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> M <input type="checkbox"/> F | |
| DETAILS OF THIRD PARTY (1) | | | |
| VEHICLE NUMBER | SLA 395M | | |
| NAME OF DRIVER | | | |
| NRIC OF DRIVER | | | |
| ADDRESS OF DRIVER | | | |
| CONTACT NUMBER | | | |
| OTHER INFO | Discovery Land rover | | |
| DETAILS OF THIRD PARTY (2) | | | |
| VEHICLE NUMBER | | | |
| NAME OF DRIVER | | | |
| NRIC OF DRIVER | | | |
| ADDRESS OF DRIVER | | | |



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 GBF7378J Chassis No.: KDH2015022434
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: | HONG LEONG FINANCE LTD |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

COMMERCIAL VEHICLE (FLEET) CLAIM
ACKNOWLEDGEMENT OF CLAIM NOTIFICATION

GOLDBELL CAR RENTAL PTE LTD
10 RAEBURN PARK
#02-01
SINGAPORE 088702

05/11/2020

Our Claim No : M2005452
Policy No : ML000245
Date of Loss : 03/11/2020
Your Ref :
Description of Loss : ACCIDENT INVOLVING GBF7378J & SLA395M ALONG
CAVENAGH ROAD

Dear Sirs,

Insured Vehicle No.: GBF7378J. Potential Claim from: SLA395M

1. As you have not reported this accident, please proceed to do so at one of the Reporting Centres. All accidents need to be reported within 24 hrs.

Yours faithfully,

Tokio Marine Insurance Singapore Ltd.
This is a computer generated document. It requires no signature.

Handler : Dillen Senthilan