

NATIONAL Assessment Centre Services.

(ver 1 Jan 200)

MAH 200601916

Date In: 17/11/2020 14:59	Job description	Date & Time Completed	Done by
Ref No: N/5817M/2000/264814	SAS e-illing		
Veh No: G15F 0064X	E-mail (Vehicle Reg, AIC Reg)		
D.O.A: 02/10/2020 14:35	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Without OD Reg, TP Reg)		
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:	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Dates:	Times:
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: 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: _____

Time: _____

Location: _____

Weather: _____

Witness: _____

Signature: _____

Driver/Owner:	1) ARI Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA Damage Assessment (\$100)	INC (\$45)
Damaged Portion:	3) TP Towing Fee	\$120
	4) PT Follow-Through Survey	\$30
	5) PT Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$160
	7) NI: Ideas DA + EMRT Survey	
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):	ON:	\$3
	*NS: Courtesy Car / Tpl Allowance	\$10
	*NR: Repair Coordination	\$25
	*PT: Post Repair Inspection	\$3
	*NR: DV / Collect Excess Coordination	\$30
	TE (NI) / TP (NA INC) against DRG	\$0
	5) NI: Ideas Mobile	
	Invoice dated	
	Invoice dated	

2/2

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	17/11/2020 14:59
Date Of Accident	02/10/2020 14:35
Exact Location Of Accident	ALEXANDRA TECHNOPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF6064X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	ICAZAF89@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98510893
Alternative Phone No	OFFICE-98510893

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	T6 VAN TDI NWB DSG
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	ANDY TOH ENG SENG (ZHUO YONGSHENG)
NRIC No	SXXXX983A
Date Of Birth	29/08/1989
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2012
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98510893
Fax Number	
Contact Number	OTHERS 98510893

Address	BLK 201 BUKIT BATOK STREET 21 #01-156
Postcode	650201
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 PROPERTY
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

SKETCH PLAN

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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 regulatory, laws or court orders.

Policyholder's Signature
Date & Time:

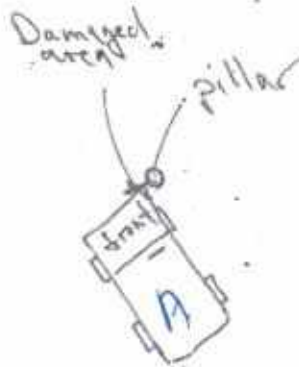


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 17/11/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Physicists Hillside Park

SKETCH PLAN



A) GRF 6064X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2nd October at around 2:35pm, I (Andy Th) was on the way back to store to return the goods. I accidentally drove the van (GRF 6064X) and hit a pillar during his right turn which caused the damaged on the right-handed side and the front bumper as well as the paint work.

DECLARATION

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

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.:



[Signature]

[Signature] 17/11/2020
[Signature]

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The insurance and acceptance of this Form by insurance companies is not an admission of the policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 02/10/20	Time: 1435
Exact Location of Accident	ALEXANDRA TECNOPARK	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBP 6064X	
INSURED / POLICYHOLDER (OWN VEHICLE)		
Name of Registered Owner (See Insurance Cert.)		
Personal Identification - NRIC (Singaporean/PR)		
- FIN/Passport Number		
- Not Applicable		
VEHICLE PARTICULARS (OWN VEHICLE)		
Vehicle Make / Model	Manufacturer: _____ Model: _____	
Type of Vehicle	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____	
Exact Purpose for which vehicle was being used at time of accident	DELIVERY	
Are you claiming under own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, P's select <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting)	
INSURANCE COMPANY (OWN VEHICLE)		
Name of Insurance Company		
Type of Policy	<input type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number		
Motor CI		
DRIVER	<input type="radio"/> Same as Insured above	
Name of Driver	AMY TOH	
Personal Identification - NRIC (Singaporean/PR)	S8928983A	
- FIN/Passport Number		
Date of Birth	29 /dd 08 /mm 1989 /yy	
Driving Date Pass	20 /dd 01 /mm 2012 /yy	
Year of Driving Experience	08 Year(s) Month(s) Month(s)	
Occupation	SALES <input type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	98510893	

Address of Driver	B11C 201 Bukit Batok ST 21 #01-156
Email Address	ICAZAF89@hutan.1.com
Was Driver An Employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver'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, Head-On Collision, Side Swipe, Front to Rear)	SIDE SWIPE
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others
OTHER INFORMATION	
a. Was anybody injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	<input type="radio"/> Yes <input checked="" type="radio"/> No
DETAILS OF POLICE ACTION	
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of Intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (if Yes, against whom?)
DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Registration Number	QBA60416
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
FIN/Passport Number	
Contact Number	
Vehicle Make/ Model/ Colour	
Address of Driver	
Name of Insurance Company	
No. of Passenger (Including Driver)	
(Note - Please use page 6 if you need to add more vehicles)	



TOKIO MARINE
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-ML000245-R00 (Comm Vehicle Carry Other Goods)

1. Index Mark and Registration Number of Vehicle: GBF6064X Chassis No.: WV1ZZZ7HZHH048684
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 condition 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

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

Account: 3092DDZ

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

Printed 01/04/2020