

NATIONAL Assessment Centre Services.

(last 1 Jan 2001)

20200618

Date In: 19/4/2020 12:08	Job description	Date & Time Completed	Done by
Ref No: NBR/1M200/27444	SAS e-illing		
Veh No: SUB 6879K	E-mail (Update Status, AIC Status)		
D.O.A: 18/4/2020 08:50	1-Motor Claim Form		
OID TP: Reporting Only	1-Motor W/O (Within OD limit, TP limit)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Visor		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars: (	Veh No: SMV 8045G	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%; F: 80-100%]	
Year of Registration: (	Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

() Walk-In Customer: Customer's information strictly Confidential & strictly NO Ref 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: ()

Driver/Owner:	20200618
Contact No:	
Damage Portion:	
QC Checked by (Engr-In-Charge):	
Sub 1:	
Sub 2:	

1) AIC: Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
For claimant's first INC Only (over 10 Jan 2001)	\$75
6) TR: Re-inspection	\$140
7) NI: IDA + SMRT Survey	
8) NTUC Additional Services	
ON:	
*NI: Courtesy Car / Tpl Allowance	\$3
*NI: Repairs Co-ordination	\$23
*NI: Post Repair Inspection	\$3
*NI: DV / Collect Excess Co-ordination	\$20
TE (NI): TP (Non-INC) against INC	\$0
9) 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	19/11/2020 12:09
Date Of Accident	18/11/2020 08:50
Exact Location Of Accident	JUNCTION OF PORTSDOWN RD TURN RIGHT TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6479K
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	STELLA.LEOW.A6R@AP.DENSO.COM
Mobile Phone No	(LOCAL) +65-98211355
Alternative Phone No	OFFICE-67712427

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	THIRD PARTY
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-ML000256-R00
Cover Note Number	

Driver

Name of Driver	LEOW SOK KHENG (STELLA)
NRIC No	SXXXX353E
Date Of Birth	06/08/1966
Occupation	INDOOR
Date Of Driving Pass	19/06/1995
Driving Experience	25 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98211355
Fax Number	
Contact Number	OFFICE-67712427

Address	BLK 24 SIN MING ROAD #12-47
Postcode	570024
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	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV3045G
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BEE LAY, IVY
NRIC/Passport Number	SXXXX726C
Contact Number	97618503
Address	26 JALAN TANI
Postcode	548566
Insurance Company Name	
Nature Of Damage	
No. Of Passengers (Including Driver)	

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 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: 18 Nov 20 5:30 pm

19/11/2020
Reporting Centre Personnel's Signature
Name: Redi Lim/MS
NRIC/FIN No.:

Pls refer to attached sketch in excel.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18 Nov 2020 about 0850, I was driving from Queensw towards Portsdown Avenue, approaching the junction and planning to turn right to the slip road leading to AYE (Tuas direction). I was on the 2nd right turn lane while the affected car (white BMW with carplate SMV 3045G) was on the 1st right turning lane. When I started turning right, the white car also started turning. When I was turning right keeping to my lane, I saw from side mirror on the right that the car is a bit close to my car, slightly knocked, I saw from rear mirror that the white car actually went straight towards Normanton Park. I drove forward a few meters ahead and parked near the bus stop on the left side. Shortly, the white car also made U turn and came out, parked behind my car. The driver (middle age lady) admitted her mistake and asked me what to do. I told her this is company rental car and we need to report to rental car company. After that, we took photo of the scratched areas and exchanged contact number and particulars. Pls refer to the attached photo on the scratches on the right side near the tyre behind. There are also some slight scratches on the front left of the white car. Pls refer to photo attached.

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: 18 Nov 20 5.30pm

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

Policy No. _____

Insurer _____

Veh.No. _____

 19/11/2020
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

①

Both cars are on 2 right turn lanes.

White BMW brush against the back of



A) SLB 6479K

B) smv 3045G



am 19/11/2020

2

ed
f

After turning right, I
drove CAMRY away but
the white BMW went
straight instead.

n Park

CAMRY
A
BMW
B

Portstown Ave

A) SLB 6479K

B) SMV 3045G

19/11/2020

road)

AYE (Toll road)

I stopped CAMRY near
bus stop. White BMW
also U turned and stop
behind Camry. We
exchange details here.



CAMRY

BMW

3

A) SLK 6479K

B) SMV 3045G

19/11/2020

ACCIDENT STATEMENT FOR INPUT	
DATE OF ACCIDENT	18/11/2021 TIME OF ACCIDENT 0850hrs
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	Junction of Portdown Flyer turning right into slip road that leads to AYE (Tuas)
VEHICLE NUMBER	SLB6479K
INFORMATION OF INSURED	
NAME OF REGISTERED OWNER	Goldbell Car Rental Pte Ltd
COMPANY ROC /NRIC OF OWNER	
EMAIL	
VEHICLE MODEL /MAKE	Toyota Camry
ARE YOU CLAIMING?	<input type="checkbox"/> OWN POLICY <input checked="" 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	Leow Sok Kheng (Stella)
NRIC OF DRIVER	S1779353E
DATE OF BIRTH	6 Aug 1966
OCCUPATION	<input checked="" type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR (Administration)
DATE OF DRIVING PASS	19 Jun 1995
MOBILE NUMBER	98211355
ADDRESS	Blk 24 Sin Ming Road #12-47 Singapore 570024
EMAIL ADDRESS	stella.leow.a6r@ap.denso.com
RELATIONSHIP OF DRIVER WITH INSURED	Rental car
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 type="checkbox"/> RAINING <input type="checkbox"/> OTHERS:
ROAD SURFACE	<input type="checkbox"/> WET <input type="checkbox"/> DRY <input type="checkbox"/> OTHERS:
OTHER INFORMATION	
ANY INJURY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES
NO. OF PASSENGERS IN CAR (INCLUDING DRIVER)	1 (driver)
NAME / GENDER OF PASSENGERS:	
<input type="checkbox"/> M <input type="checkbox"/> F	
DETAILS OF THIRD PARTY (1)	
VEHICLE NUMBER	SMV3045G
NAME OF DRIVER	Tan Bee Lay, Ivy
NRIC OF DRIVER	S1297728C
ADDRESS OF DRIVER	26 Jalan Tan, Singapore 548566
CONTACT NUMBER	9761-8503
OTHER INFO	
DETAILS OF THIRD PARTY (2)	
VEHICLE NUMBER	
NAME OF DRIVER	
NRIC OF DRIVER	
ADDRESS OF DRIVER	

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 SLB6479K Chassis No.: MR053AK5004010816
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

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

Account: 3092DDZ

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

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