

NATIONAL Assessment Centre Services.

Inv 1 Jan 2003

NA2006332

Date In: 26/11/2020 10:34	Job description	Date & Time Completed	Done by
Ref No: NPA/7MT200/30444	SAS e-illing		
Veh No: SMC 37924	E-mail (by date time, A/C time)		
D.O.A: 22/11/2020 18:40	I-Motor Claims Form		
TP Insurer:	I-Motor W/O (With/In OD time, TP time)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wksp / INC Assign Wksp / QW: ( )  
 TP Principal/s: Vch No: SDZ 312R 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 Refor 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 > \$3000) ( )

Injury: \_\_\_\_\_

NA2006332	1) ALL Accident Reporting (\$30)	
Driver/Owner:	2) DA / Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP's Towing Fee	\$40/\$45
Damage Portion:	4) PT / Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT / Follow-Through Survey (Resurvey)	\$30
	6) TR / Re-inspection	\$75
	7) NI / Also DA + EMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI / Also Mobile	\$3
	* NI / Courtesy Car / Tpl Allowance	\$10
	* NI / Repair Coordination	\$25
	* NI / Post Repair Inspection	\$5
	* NI / DV / Collect Excess Coordination	\$20
	TP (NI) / TP (Non-INC) against TRG	\$30
	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	26/11/2020 10:34
Date Of Accident	22/11/2020 18:40
Exact Location Of Accident	TURNING RIGHT FROM DELTA RD TOWARDS ALEXANDRA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3792H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	MARCUSMONTANA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97212074
Alternative Phone No	OFFICE-66039398

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-2.0 PREMIUM (A)
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?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	20-ML000257-R00
Cover Note Number	

### Driver

Name of Driver	MONTANA MARCUS TRENT
Passport No/FIN	GXXXX067U
Date Of Birth	08/03/1984
Occupation	INDOOR
Date Of Driving Pass	17/10/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97212074
Fax Number	
Contact Number	OFFICE 66039398

Address	491A RIVER VALLEY ROAD #13-11
Postcode	248372
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : FERGUSON KRISTINA JOY GENDER: : FEMALE

#### 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	SDZ312R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA BOON LENG
NRIC/Passport Number	SXXX488G
Contact Number	81337882
Address	
Postcode	
Insurance Company Name	

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please refer to **correctly** the details of the accident to speed up the claims process.
2. This form must be **completed by the Policyholder and/or the Seated Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may affect your right to consent to **repudiate policy liability**.
4. The **filling 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 GAA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be a free file made available upon application by interested parties.
7. By the completion of this report to the insurers, you hereby consent to the publicity of this report as the cause and nature of the event is being made available to interested parties.

**Consent under the Personal Data Protection Act (PDPA)**  
I, the undersigned, acknowledge, agree and consent that

- (a) My insurer (my work/eng and the General Insurance Association of Singapore) ("GIA") may be permitted to collect, use, disclose and be provided my personal data/personal information set out in this (item) and any other personal information provided by me to you and by my insurer (collectively, the "Personal Information") and disclose and transfer such Personal Information to all insurance adjusters involved in this accident (adjusters) who have insured vehicles involved in this accident (insurers) who have insured vehicles 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 agencies/authorities (such as the police), for the purposes of:
  - (i) investigating, handling and/or dealing with my claims including the expenses of the courts and any attorney-at-law's costs relating to the claims;
  - (ii) investigating the accident under 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 may involve disclosure of certain personal data about me to bring about delivery of the claim as well as on the external court of envelopes/mail packages); and/or
  - (v) consulting with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) an insurer(s) who 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 disclosed by any of the Insurers and/or GIA to their third party service providers or agencies (including their lawyers/law firms), which may be used 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 (a) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, litigation, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (ii) to comply with requirements under any regulations, law or court orders.

I HAVE AWARDED THIS MY VEHICLE MAY HAVE A **CRASH CLAIM** FOR ME TO SETTLE AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CARRY MY FULLY FOR MOST OF THEM.



24/11/2020

*[Signature]*  
Driver's Signature  
of the insured vehicle policyholder  
Date & Time

*[Signature]* 26/11/2020  
Roshan  
Roshan

TURNING RIGHT FROM DELTA RD TOWARDS ALVARADO ROAD



A: SMC3792H  
B: SDZ312R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Direction of travel: Turning right from Delta Rd towards Alvarado Rd

Direction of travel of other vehicle: Travelling straight from Delta Rd towards Delta Rd

Description of accident: My vehicle was stopped behind a number of vehicles on the right turn lane on the Delta Rd side of the intersection. The light turned green and the cars in front of me all moved forward and turned right. I followed the cars in front of me, pulled into the intersection and started to turn right. I believed it was possible to turn when I saw the other vehicle, I applied the brakes and attempted to avoid a collision. The front of my vehicle collided with the front right side of the other vehicle. I was in the inside turning lane. There were approximately five cars in front of me that turned right, and a bus, plus two or three cars in the right turn lane next to me. I maintained lane discipline at all times. I started my right turn when the light was green and the light turned amber when we were in the intersection.

- I am not a party



21/11/2020

*[Handwritten Signature]*

Investigator  
Investigator's organization  
Date

26/11/2020  
Red Ink Area

**ACCIDENT STATEMENT FOR INPUT**

DATE OF ACCIDENT	23 11 20	TIME OF ACCIDENT	Approx 6:40pm
COUNTRY/STATE OF LOSS	<input checked="" type="checkbox"/> SINGAPORE <input type="checkbox"/> MALAYSIA / <input type="checkbox"/> HONG KONG / <input type="checkbox"/> TAIWAN / <input type="checkbox"/> OTHERS <input type="checkbox"/> THAILAND		
ACCIDENT LOCATION	2, Aerial Way at SMC, together with SMC, Aerial Rd		
VEHICLE NUMBER	SMC 3792H		

**INFORMATION OF INSURED**

NAME OF REGISTERED OWNER	GOLDBELL CAR RENTAL PTE. LTD.		
COMPANY ROC / NRIC OF OWNER	200710651D		
EMAIL	accident@gbcr.com.sg / mabelboo@gbcr.com.sg	TELEPHONE	6603 9398
VEHICLE MODEL / MAKE	TOYOTA RAV4 PREMIUM 2.0 CVT (RED)		
ARE YOU CLAIMING?	<input checked="" type="checkbox"/> OWN POLICY / <input type="checkbox"/> THIRD PARTY / <input type="checkbox"/> RECORD PURPOSE ONLY (R/LEASE / THIRD PARTY AT OTHER WORKSHOP POL STATE WORKSHOP NAME)		
INSURANCE COMPANY	TOKIO MARINE		
TYPE OF COVERAGE	<input checked="" type="checkbox"/> COMPREHENSIVE / <input type="checkbox"/> THIRD PARTY FIRE & THEFT / <input type="checkbox"/> THIRD PARTY		
POLICY NUMBER	20-ML000257-R00 (Private Motor Car)		

**INFORMATION OF DRIVER**

NAME OF DRIVER	MONTANA Marcus Trent		
NRIC OF DRIVER	FIN # 6400706700 Passport 69014932		
DATE OF BIRTH	8 March 1984		
OCCUPATION	<input checked="" type="checkbox"/> INDOOR / <input type="checkbox"/> OUTDOOR (Tobacco Counselor)		
DATE OF DRIVING PASS	17 Oct 2011	GENDER	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE
MOBILE NUMBER	9721 2074	OFFICE NUMBER	
ADDRESS	491A River Valley Rd Singapore 249372 #1311		
EMAIL ADDRESS	marcus.montana@kathmail.com		
RELATIONSHIP OF DRIVER WITH INSURED	Rental Hire		
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 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)		
URGENT REPORT AT WHICH POLICE STATION * ATTACH POLICE REPORT *	<input checked="" type="checkbox"/> NO / <input type="checkbox"/> YES	RW / NOTICE OF INTENTION FOR PROSECUTION DIVISION NO. OF VEHICLES INVOLVED IN ACCIDENT	NO Two
NO. OF PASSENGERS IN CAR (INCLUDING DRIVER)	Two	NAME / GENDER OF PASSENGERS	<input type="checkbox"/> M / <input type="checkbox"/> F FENG CHEN WEN Winston Jay
NAME / GENDER OF PASSENGERS		NAME / GENDER OF PASSENGERS	<input type="checkbox"/> M / <input type="checkbox"/> F

**DETAILS OF THIRD PARTY (1)**

VEHICLE NUMBER	SD2 312K
NAME OF DRIVER	Chen Huan Jiang
NRIC OF DRIVER	S73077836
ADDRESS OF DRIVER	
CONTACT NUMBER	8113 7582
OTHER INFO	

**DETAILS OF THIRD PARTY (2)**

VEHICLE NUMBER	
NAME OF DRIVER	
NRIC OF DRIVER	
ADDRESS OF DRIVER	

CONTACT NUMBER	
OTHER INFO	
<b>DETAILS OF INJURED PERSON</b>	
NAME	
INJURED SUSTAINED	
INJURED IN WHICH VEHICLE?	SENT TO HOSPITAL BY AMBULANCE?
SENT TO HOSPITAL BY AMBULANCE?	
<p>** If there is no enough fills for Third party (ie. More than 2 vehicles involved) or Passengers in vehicle, please write at this box beside.</p>	

**CHECKLIST : HAVE YOU DONE THESE YET?**

PHOTOS PROVIDED/TAKEN BY WORKSHOP	✓
IC / DL PHOTOCOPY	✓
COMPANY STAMP NEEDED?	✓
INSURANCE CERT	✓
OTHER REMARKS	NIL



### 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-ML000257-R00 (Private Motor Car)

- |  |  |                                |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SMC3792H   | Chassis No.: JTMDEREV30D122579 |
| 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.<br>The hirer.<br>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 considered 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 provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

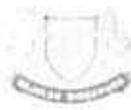
Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**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).

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



MONTANA MARCUS TRENT  
BOEING SINGAPORE PTE. LTD.  
1000 ALPH ROAD  
#10-11  
SINGAPORE 138767

02 Nov 2020

**Card Registration Completed!**  
Please show your employer this letter.  
We will deliver your card to the authorised recipient(s) 4 working days later.  
They will get the delivery details via SMS through their phone.

EPOLL  
13 NOV 2020  
Reported



For Immigration Use (to clear by ICD)  
G4007057U  
G4007057U

## You need to make an appointment for Card Registration

Dear MONTANA MARCUS TRENT

We have received a request to issue your work pass on 02 Nov 2020. Now you need to come to the Employment Pass Services Centre by 16 Nov 2020 for card registration.

Please go to <https://services.mom.gov.sg/appointment> to make an appointment for work pass card registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work pass card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from 02 Nov 2020 till 02 Dec 2020.

Yours sincerely

Mdm Chow Choon Yen  
1st Controller of Work Passes

YOUR WORK  
MONTANA MARCUS TRENT  
IN  
G4007057U  
DATE OF APPLICATION  
14 JUL 2020  
PASS EXPIRES  
02 Nov 2020  
PASS EXPIRES DATE  
02 NOV 2022  
DATE OF BIRTH  
08 MAR 1984  
SEX  
MALE  
NATIONALITY  
AUSTRALIAN  
PASSPORT NUMBER  
E4074982  
PASSPORT EXPIRES DATE  
16 FEB 2022  
YOUR EMPLOYER'S NAME  
BOEING SINGAPORE PTE. LTD.  
EMPLOYER'S IDENTIFICATION NUMBER  
201204874E-00-000  
OCCUPATION  
IN-HOUSE COUNSEL/LAWYER  
(PUBLIC OR PRIVATE CORPORATION OR ORGANISATION)  
EMPLOYMENT REQUIREMENT  
MANDATORY  
ISSUANCE REQUEST SUBMITTED BY  
DAVID LOH KEE CHYE

### IMPORTANT

- If you fail to report to the Employment Pass Services Centre for card registration, your pass may be cancelled.
- You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the immigration Checkpoints.