

NATIONAL Assessment Centre Services. [ref: J21002] Srv0921540009

Date In: 8/15/21 13:58	Job description	Date & Time Completed	Done by
Ref No: NA/TM/21005439/V	SAS e-filing		
Veh No: GBE 8766X	E-mail (within 3hrs, AIG 2hrs)		
DDA: 0315171 19:20	I-Motor Claim Form		
IP: (IP) Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsm		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

FP Particulars: Veh No: SH 64545 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 ()

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	Done by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date/Time	Actions

NA 2102802	Invoice Registration Checklist	Amount	Valid (3) Months
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Bug-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claimant against INC Only (w/c 12 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idea DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*Ng: Repair Coordination \$10		
	*NI: Post Repair Inspection \$75		
	*NB: DV / Collect Excess Coordination \$3		
	TP: (N11): TP (N-on INC) against INC \$20		
	9) N12: 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 Submission	04/05/2021 13:58 (SGT)
Date of Accident	03/05/2021 18:20 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	LAMP POST 20
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8766X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ALLWIN OFFSHORE MARINE ENGINEERING PTE LTD
Company Reg No	-
Email Address	AS_SERVICES.ENGINEERING@YAHOO.COM
Mobile Phone No	(Phone) +65-67958863
Alternative Phone No	+65-67958863

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MR004148
Cover Note Number	-

DRIVER

Name of Driver	SOMADDER LITAN
Work Permit No	GXXXX869K

Date Of Birth	06/11/1982
Occupation	Outdoor
Date Of Driving Pass	21/02/2012
Driving experience	9 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94730567
Alt. Phone Number	-
Email Address	AS_SERVICES.ENGINEERING@YAHOO.COM
Address	BLK 904 JURONG WEST ST 91 #11-149
Address complement	-
Postcode	640904
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOLLA ANWER
Gender	Male

PASSENGER 2

Name	KALI MUTHU KALYANA SUNDARAM
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	SH6454S
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

VEHICLE NO:

MAKE & MODEL :

AUTO / MANUAL

DATE OF ACCIDENT	03 / 05 / 2021	CC:
TIME OF ACCIDENT	6:20 AM	<input checked="" type="radio"/> EAST
LOCATION OF ACCIDENT	UPPER Changi Road, LAMP Post 20	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<input checked="" type="radio"/> EMPLOYMENT / <input type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	
NAME OF OWNER	ALLWIN OFFSHORE MARINE ENGINEERING PTE LTD	
EMAIL	AS_Services_engineering@yahoo.com	OFF: 67958863 MOBILE:
NRIC		
CLAIM TYPE	<input type="radio"/> OD / <input checked="" type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	TOKYO MARINE	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	MROOHIA8	
NAME OF DRIVER	AS ABOVE / IF NO:	
NRIC	SOMADDER LITAN' G8469869K:	
DATE OF BIRTH	06 / 11 / 1982	
ANY PASSENGER	<input checked="" type="radio"/> YES / <input type="radio"/> NO: 02	
NAME OF PASSENGER	MOLLA ANWER G2346200T	
GENDE OF PASSENGER	KALI MUTHU KALYANA SUNDARAM G7R1931W	
	<input checked="" type="radio"/> MALE / <input type="radio"/> FEMALE	
OCCUPATION	<input checked="" type="radio"/> Outdoor / <input type="radio"/> Indoor	
DATE OF DRIVING PASS	21 / 02 / 2012	
GENDE	<input checked="" type="radio"/> Male / <input type="radio"/> Female	
CONTACT NO.	Mobile 94730567	
EMAIL		
ADDRESS	Blk 904 Jurong West St 91 #11-149 (640904)	
DOES DRIVER OWN OTHER VEHICLE(S)	<input type="radio"/> YES (If yes, Reg No.) / <input type="radio"/> NO	
RELATIONSHIP	<input checked="" type="radio"/> Employee / <input type="radio"/> IF NO:	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / <input type="radio"/> Raining / <input type="radio"/> Other:	
ROAD SITUATION	<input checked="" type="radio"/> Wet / <input type="radio"/> Other:	
ANY LIGHTS	<input type="radio"/> YES / <input type="radio"/> NO	
CONTACT NO.	94730567	
NOTICE OF INTENT TO PROSECUTE GIVE	<input type="radio"/> YES / <input type="radio"/> NO	
VEHICLE # NO.	SH6454S	
NAME	ABDUL RAHIM BIN YACOB	
CONTACT NO.	93621754	
VEHICLE # NO.	Any Passenger: NIL	
VEHICLE # NO.	Any Passenger:	
VEHICLE # NO.	Any Passenger:	
VEHICLE # NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURED?	<input type="radio"/> YES / <input checked="" type="radio"/> NO	
WAS THERE ANY AUDIO RECORDED?	<input type="radio"/> YES / <input checked="" type="radio"/> NO	
WERE ACCIDENT PHOTOS TAKEN?	<input type="radio"/> YES / <input checked="" type="radio"/> NO	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) / offering to help with claims assistance?	YES <input type="radio"/>	

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 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.

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.

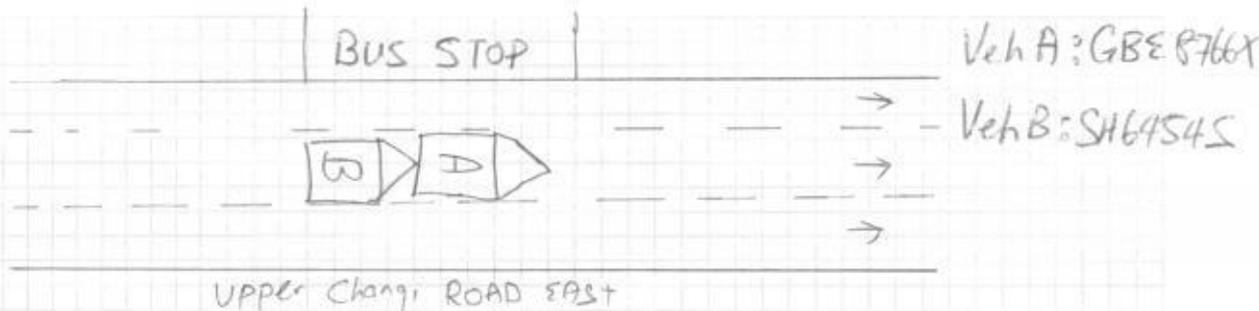


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 03/05/2021 @ about 6:20pm I was driving my Company Vehicle
GBE 8766X along Upper Changi Road East (at around lamp post 20)
When I was driving straight the car in front of me stop due to
heavy traffic I slow down and come to a stop. Suddenly I feel
a huge impact and when I go down my lorry I noticed Vehicle B
SM6454C hit on to my Rear.

Declaration

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



Witnessed by Reporting Centre Personnel

Tokio Marine Insurance (Singapore) Ltd

Company Reg No: 199701637M
20 Marina Street #14-01, Tokio Marine Insurance Building, Singapore 038902
Tel: 65 6221 0111 Fax: 65 6221 0100 Email: 2001@tokio.com.sg

280VJ020
3PLM
AMK Ind Ave 5.



TOKIO MARINE
INSURANCE (SINGAPORE)

Certificate of Insurance

FORM MZ300

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.: MR004148 (Commercial Vehicle)

- 1. Index Mark and Registration Number of Vehicle: GBE8766X Chassis No.: JTFAT35Y90K204531
- 2. Name of Policyholder: ALLWIN OFFSHORE MARINE ENGINEERING PTE LTD
- 3. Effective date of the Commencement of Insurance for the purposes of the Act: 03/08/2020 (00:00:00)
- 4. Date of Expiry of Insurance: 02/08/2021
- 5. Persons or Class of Persons entitled to drive*
Any person who is driving on the policyholder's order or with 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*
 - 1) Use in connection with the policyholder's business.
 - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
 - 3) Use for social domestic and pleasure purposes.
 The policy does not cover:-
 - 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 6 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 or 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	Account No: 1613DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Additional Excess for Young, Elderly or Inexperience Driver(s) WindScreen Excess Excess - All Claims	SGD 3,000.00 (All Claims) SGD 100.00 SGD 1,500.00
Financial Interest:	ETHOZ CAPITAL LTD	

TOKIO MARINE INSURANCE SINGAPORE LTD

Authorized Signature