

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 18/04/2022	Job description	Date & Time Completed	Done by
Ref No: NA/TMI 22003520/m4	SAS e-filing		
Veh No: SKJ 4231R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 09/04/2022 23:00	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SHD 965A	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 ()	

General Remarks:-

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

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

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

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	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 2201023	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	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	18/04/2022 17:08 (SGT)
Date of Accident	09/04/2022 23:00 (SGT)
Exact Location of Accident	Lavender St., Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ4231R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MV AUTO
Company Reg No	5XXX6451
Email Address	SCOTCHHERF123@GMAIL.COM
Mobile Phone No	(Phone) +65-68444640
Alternative Phone No	(Office) +65-68444640

VEHICLE PARTICULARS

Manufacturer	BMW
Model	328i
Variant	-
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	21-ML000566-R01
Cover Note Number	-

DRIVER

Name of Driver	YAN JINRU, JAMES
NRIC No	SXXXX983A

Date Of Birth	13/05/1981
Occupation	Indoor
Date Of Driving Pass	13/03/2021
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81883613
Alt. Phone Number	-
Email Address	JAMESYAN1340@YAHOO.COM
Address	408 SEMBAWANG DRIVE
Address complement	#04-794
Postcode	750408
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAVEN'T RETRIEVE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD965A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SN0922410006 Vehicle Registration No: SKJ 4231R
Name (as shown in NRIC): YAN JINRU, JAMES NRIC/FIN/Passport No: S 8115983A
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 408 Sembawang Drive #04-794 Singapore (750408)
Contact (Tel): _____ Mobile No.: 81883613
Email Address: JamesYan1340@yahoo.com
Date of Accident: 09/04/2022 Time of Accident: 23:00
Place of Accident: LAVENDER ST.
Insurance Company: TOKIO MARINE

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1. Amend driver email address to JamesYan1340@yahoo.com

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 18/4/22

SKETCH PLAN

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. 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.



[Signature]

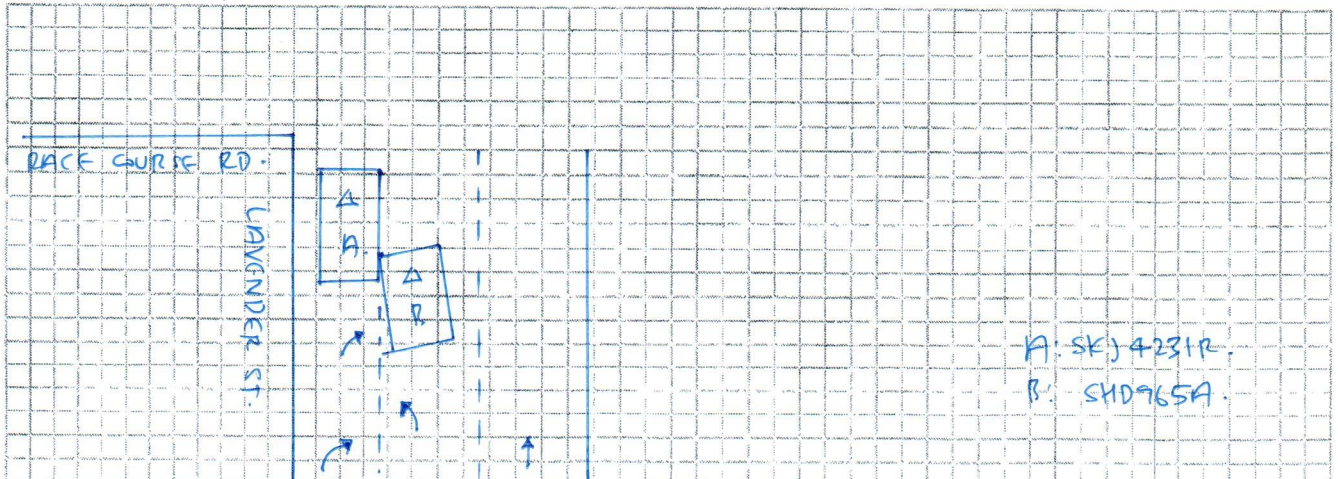
R 18/4/22

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

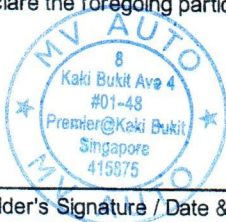
ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG
LAVENDAR STREET.

OUT OF NOWHERE, I FELT AN IMPACT FROM THE RIGHT
AND REALISED THAT VEH B HAD KNOCKED ONTO MY VEHICLE'S
RIGHT SIDE.

I WAS TRAVELLING IN FRONT AS SUCH I COULDN'T AVOID
VEH B AS HE WAS DRIVING AT A HIGH SPEED COMING FROM
THE BACK.

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

R 18/4/22



M V AUTO

• RENTAL AGREEMENT & INVOICE •

MVA:

| H/P: 91060030

Color. Grey	Vehicle Reg. No. SKJ 4231R	Model Type BMW 328	Renting Location KE
Reference		Agreed Return Date	5 Hours = 1 Day Rental (1 Day Rental / 5 = 1 Hour Extension)
\$ Per Day	\$ Per	KM	Time / Date In
\$ Per Week	\$ Per	In	13/04/2022 19:00
\$ Per Month	Cts Per Kilometer	KM	Time / Date Out
Hirer's Name YAN JINRU, JAMES		Out	07/04/2022 4pm
Address 408 Sembawang Drive #04-794 (S) 750408		KM	Total / Time Chargeable
I/C No. 58115983A		Driven	
Reference Contact		Rental Charges	Dollars cents
Tel. No. 81883613		Total _____ Days Rental	
Driver's Name			
Passport / IC No.			
Address			
Driving Licence No.		Petrol E 1/4 1/2 3/4 F	Petrol E 1/4 1/2 3/4 F
Expiry		Out	in
Issued by		Outstanding Petrol will charge in: every 1/4, 1/2, 3/4, F @ \$ _____ Per 1/4	
Additional Driver		Sub-Total	
Tel. No. (Home)		Others	
Address		Grand Total	
Passport / IC No. / Country		Payment Received \$	
Driving Licence No.		By: (Name in Block Letters)	CASH CHEQUE
Expiry		Amount Due / Refundable	
Issued by		FRONT FRONT	Out by
Method of Payment		REAR REAR	In by
<p>RATES QUOTED ARE FOR USE IN SINGAPORE ONLY. THE HIRER IS SOLELY RESPONSIBLE FOR BREACH OF TRAFFIC LAWS AND ANY PARKING FINES OF SURCHARGES DURING PERIOD OF HIRE.</p> <p>Hirer's signature signifies acceptance of agreement</p> <p>58115983A</p>			
X Hirer's Signature / Company Stamp			
Remarks			

NB: Please notify our office should there be any accident involving this hired vehicle as soon as possible.

PREMIER @ KAKI BUKIT
8 KAKI BUKIT AVE 4, GATE 1
#01-48
SINGAPORE 415875

UEN: 53236451
A001

T: 6844 4640

F: 6242 5185

email: JamesYan1340@yahoo.com

VEHICLE NO: <u>SKJ4231R.</u>		MAKE & MODEL: <u>Bmw 328</u>		<u>AUTO</u> / MANUAL	
DATE OF ACCIDENT		<u>09 / 04 / 22.</u>		*C.C. <u>1998cc</u>	
TIME OF ACCIDENT		<u>2300.</u>		AM / <u>PM</u>	
LOCATION OF ACCIDENT		<u>LAVENDER ST</u>			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE			
NAME OF OWNER		<u>MV AUTO</u>			
EMAIL: <u>SCOTCHHERF123@gmail.com</u>			Office:		MOBILE: <u>68444640.</u>
NRIC		<u>53236451</u>			
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY:		YES / <u>NO</u> ?			
INSURANCE CO.		<u>TOKIO MARINE.</u>			
TYPE OF COVERAGE		Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.					
NAME OF DRIVER		AS ABOVE / IF NO: <u>YAN JINRU, JAMES.</u>			
NRIC		<u>S8115483A.</u>			
DATE OF BIRTH		<u>13 / 05 / 81.</u>			
ANY PASSENGER		YES / <u>NO</u> : <u>DRIVER ONLY.</u>			
NAME OF PASSENGER					
GENDER OF PASSENGER		<u>MALE</u> / FEMALE			
OCCUPATION		Outdoor / <u>Indoor</u>			
DATE OF DRIVING PASS		<u>13 / 03 / 21.</u>			
GENDER		<u>Male</u> / Female			
CONTACT NO.		Mobile: <u>81883613.</u>		Office: <u>8834543.</u> Home:	
EMAIL:		<u>JamesYAN1340@yahoo.com.</u>			
ADDRESS		<u>408 SEMBILANG DRIVE #04-754 S(750408).</u>			
DOES DRIVER OWN OTHER VEHICLES?		<u>NO</u> / If yes: Reg No:		INSURER: <u>-</u>	
RELATIONSHIP		Employee / If No: <u>HIRE.</u>			
WEATHER CONDITION		<u>Clear</u> / Raining / Other:			
ROAD SURFACE		<u>Dry</u> / Wet / Other:			
ANY INJURIES		<u>No</u> / If yes: Who?			
CONTACT NO.					
POLICE REPORT		Where? <u>NO.</u>			
NOTICE OF INTENDED PROSECUTION GIVEN?		<u>NO</u> / IF YES: WHO?			
VEHICLE B NO.		<u>SHD965A.</u>		Any Passenger:	
NAME					
CONTACT NO.					
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		<u>YES</u> / <u>NO</u> <u>Haven't retrieve.</u>			
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO.</u>			
**WORKSHOP:					
Have you been approach by unknown person soliciting (s) /					



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.: 21-ML000566-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SKJ4231R **Chassis No.:** WBA3A56030NP03395
2. **Name of Policyholder** MV AUTO
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 06/04/2022
4. **Date of Expiry of Insurance** 26/10/2022
5. **Persons or Class of Persons entitled to drive***
Any person who is driving on the Policyholder's order or with the Policyholder's 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.
- 4) Use for hire or reward except for rental services by the Policyholder only.

* 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: 2179DDA

Insurance Plan: Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature