

# NTUC Assessment Centre Services

Date In 08/02/2023	Job description	Date & Time Completed	Done by
Ref No NA/TM/230013/5/d4	SAS e-filing		
Veh No GBB 1813E	E-mail (within 2hrs. Aft 2hrs)		
DOA 08/02/2023 14:00	I-Motor Claim Form		
OD/ (P) Reporting Only	I-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer	I-Photo Uploaded		
Preferred Wksp / INC Assign Wksp / QW:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

TP Particulars:	Veh No: GBS 6122Z	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	Fax: ( )
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( )	[Note-Bst. 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
Apply for Transport Allowance ( ) / Courtesy Car ( )		
QC Check / Post Repair Inspection ( )		
Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury:	
Time:	
Actions:	

NA2300392	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Particulars			1st Bill	Add Bill
Owner:	1) AR: Accident Reporting (\$30);			
et No:	2) DA: Damage Assessment (\$100); INC (\$30)			
ged Portion:	3) TF: Towing Fee \$40/\$45			
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Comments:	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 \$1			
	*N8: DV / Collect Repair Coordination \$1			



## 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 Actual 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	08/02/2023 17:31 (SGT)
Reported by	Driver
Date of Accident	08/02/2023 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARMICHAEL ROAD TOWARDS CTE ( CITY )
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1813E
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THE VINTAGE WINE CLUB PTE LTD
Company Reg No	2XXXXX625R
Email Address	joanna@thevintageclub.sg
Mobile Phone No	(Phone) +65-98230169
Alternative Phone No	-

#### 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	2982

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MT110130-R03

#### DRIVER

Name of Driver	SARIMAN BIN MOHAMED NOOR
NRIC No	SXXXX253A
Date Of Birth	26/12/1970
Occupation	Outdoor

Date Of Driving Pass .....	14/08/1989
Driving experience .....	33 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87322265
Alt. Phone Number .....	-
Email Address .....	joanna@thevintageclub.sg
Address .....	APT BLK 727 WOODLANDS CIRCLE
Address complement .....	# 03-102
Postcode .....	730727
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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

PLEASE REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ6922Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) ..... -

# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person .....	SARIMAN BIN MOHAMED NOOR
Gender .....	Male
Phone No .....	(Phone) +65-87322265
Address .....	APT BLK 727 WOODLANDS CIRCLE
Address Complement .....	# 03-102
Post Code .....	730727
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK AND BACK PAIN
Injured person in which vehicle? .....	GBB1813E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
- (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.

UEN: 201412625R

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan

Carmichael road toward CTE(city)

Vehicle A: GBB813E

Vehicle B: GBJ6922R



**Describe Circumstance of the Accident**

I was traveling along Carmichael road towards CTE(City). The vehicle in front of me slow down and stop. I followed to slow down and stop, without any contact with the front vehicle.

Suddenly I felt a huge impact from the rear of my vehicle.

I got down and realised vehicle B(GBJB922Z) had hit into the rear portion of my vehicle.

**Declaration**

The undersigned hereby declares that the foregoing particulars are true in every respect.

49 Jalan Pemimpin, APS Industrial Building

#01-11 Singapore 577203

Policyholder's Signature / Date & Time

UEN: 201412625R

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

f.w

g.murder 8/2/2023

Date of Accident : 8/2/2023 Accident Time: 14:00pm (24-HR-FORMAT)  
Accident Place : ~~Carmichael~~ Carmichael road toward CTECcity  
Vehicle Reg. No (Car plate No.) : GBB 1V3E CC :  
Insurance Company : Tokio marine Vehicle Make/Model: Toyota lorry  
Name of Registered Owner : Company / Individual The vintage wine club Pte Ltd  
ID of Registered Owner : Co Reg No: 201412625R Owner's NRIC No:  
OWNER EMAIL ADDRESS: Joanna@thevintageclub.sg Co Contact No: Owner's Contact No: 9823 0169  
DRIVER'S Name : SARIMAN BIN MOHAMED NOOR DRIVER'S NRIC No: 57044252A  
DRIVER'S Date of Birth : 26/12/1970 DRIVER'S License Pass Date 14/08/1989  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : 727 woodlands circle #03-102 S(730727)  
DRIVER'S Contact No./ Alt No. : 1) 8732 2265 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address :  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 1 Name & Gender: SARIMAN BIN MOHAMED NOOR(M)  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes(name of the injured person) SARIMAN BIN MOHAMED NOOR

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: GBJ69228	Vehicle Reg No:
Vehicle Make/Model:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
IC No. DRIVER:	IC No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS:

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



**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](mailto:tmis@tokiomarine.com.sg) W [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP  
FORM MZ300

**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.: 22-MTH10130-R03 (Comm Vehicle Carry Own Goods)

1. **Index Mark and Registration Number of Vehicle** GBB1813E **Chassis No.:** JTFAT35YX03002002
2. **Name of Policyholder** THE VINTAGE WINE CLUB PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 27/02/2022
4. **Date of Expiry of Insurance** 26/02/2023

**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 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:** Third Party, Fire & Theft  
**Limit for total loss or theft:** Prevailing Market Value  
**Financial Interest:** MITSUBISHI HC CAPITAL ASIA PACIFIC PTE. LTD.

**Account:** 2145DDA

**Tokio Marine Insurance Singapore Ltd.**

**Authorised Signature**