

Date In: 23/12/17 15:39	Job description: SAS e-filing	Done by:
Ref No: MA/ TMZ 17024330/h4	E-mail (before 11:30 AM):	
Veh No: SJJ 1757 Y	i-Motor Claim Form	
D.O.A: 23/12/17 14:35	i-Motor W/O (within 24 hrs of TP filing)	
OD: TP / Repair Only	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:

SJC 4522 A

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 &amp; 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 &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

## Injury:

Date/Time

Actions

MA1707923

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

Claimant's Particulars:-

1) AR: Accident Reporting (\$90)

30.00

2) DA: Damage Assessment (\$100) INC (\$90)

Driver/Owner:

3) TP: Towing Fee \$40-\$45

4) PT: Follow-Through Survey \$120

Contact No:

5) RT: Follow-Through Survey/Resurvey \$30

For claimant against INC Only (ref: 10 Jan 2014)

Damaged Portion:

6) TR: Re-inspection \$75

7) NI: 1 day DA + SMPI Survey \$150

8) NTUC Additional Services:

QC Checked by (Engr-In-Charge):

OD:

\*NS: Courtesy Car / Tpt Allowance \$5

\*NO: Repair Coordination \$10

\*NI: Post Repair Inspection \$25

\*NS-DV: Collect Excess/Coordination \$5

Auditors' Comments:-

TP (NI4): TP Non-INC against INC \$10

9) NI2: 1 day Mobile \$5

Cat 1:

Cat 2/3:

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 ability.
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 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	23/12/2017 15:39
Date Of Accident	23/12/2017 14:35
Exact Location Of Accident	TAMPINES LINK SLIP RD INTO TAMPINES AVE 10
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ1757Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR MAMOD RASIP BIN ISNIN
NRIC No	S1505770Z
Email Address	MRASIP@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97390214
Alternative Phone No	OFFICE-97390214

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MV003034-R01
Cover Note Number	-

### Driver

Name of Driver	MR MAMOD RASIP BIN ISNIN
NRIC No	S1505770Z
Date Of Birth	12/12/1961
Occupation	INDOOR
Date Of Driving Pass	17/08/1982
Driving Experience	35 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97390214
Fax Number	
Contact Number	OFFICE-97390214
Email Address	MRASIP@SINGNET.COM.SG



Address	BLK 858 TAMPINES AVE 5 #08-519
Postcode	520858
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

I WAS TRAVELLING ALONG TAMPINES LINK AT THE SLIP RD, I STOP BEHIND VEH B (BEARING NO SJC4522A) TO CHECK THE TRAFFIC ON THE TAMPINES AVE 10. AFTER THE MAIN ROAD TRAFFIC WAS CLEAR AND VEH B ALSO STARTED TO EXIT OUT TO THE MAIN ROAD, AS SUCH I FOLLOW TO MOVE. ALL OF A SUDDEN, VEH B JAMMED BRAKE WITHOUT ANY REASON, I CANNOT STOP IN TIME, HIT ONTO THE VEH B REAR PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC4522A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG SUSAN
NRIC/Passport Number	S1735652F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


## SKETCH PLAN

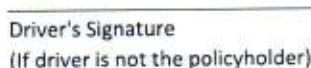
### IMPORTANT NOTICE


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 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.

  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Sketch of the site plan

A = SJJ 1757 Y  
B = SJC 4522 A

Tampines Ave 10

Tampines Link

B = STC 4522 A

Tampines Link

Please Refer to statement

I/We declare the foregoing particulars are true in every respect.

Signature

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

*[Signature]*

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S1505770Z**

Name: **MAMOD RASIP BIN ISNIN**

Birth Date: **12 Dec 1961**

Issue Date: **09 Oct 2015**

002481736F

SG 50

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1505770Z**

Name: **MAMOD RASIP BIN ISNIN**

Race: **MALAY**

Date of birth: **12-12-1961**

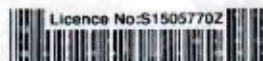
Country of birth: **SINGAPORE**

Sex: **M**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	30 Aug 1985
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	17 Aug 1982

NP 428A



4663709

NRIC No. **S1505770Z**

Date of issue: **05-01-2011**

Address: **APT BLK 858 TAMPINES AVENUE 5  
#08-519  
SINGAPORE 520858**



# 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 MX1

## 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)**

OIR  
#1027 06

Policy No.: 17-MV003034-R01 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SJJ1757Y Chassis No.: JTDER12W803000247
2. Name of Policyholder MR MAMOD RASIP BIN ISNIN
3. Effective date of the Commencement of Insurance for the purposes of the Act 01/04/2017
4. Date of Expiry of Insurance 31/03/2018
5. Persons or Class of Persons entitled to drive\*
- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his 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 only for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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: 2388DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 1,000
	Windscreen Excess SGD 100
Financial Interest:	GV CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

**LQ SERVICES PTE LTD**

180B BENCOOLEN STREET

#08-04 THE BENCOOLEN

SINGAPORE 189648

TEL: 6-333-4116 FAX: 6-333-4108

Co. Reg. No: 201227819H

