

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 10/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/IN/18002732/15	SAS e-filing		
Veh No: SLL9874	E-mail (w/thin 3hrs, AIC 2hrs)		
D.O.A: 10/02/18 1045	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: GBB8547C INC ( ) / Non-INC ( ) Tel: )

Owner / Driver: ( )

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/IN/00894	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	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:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 2 / 3:			



## 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 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	10/02/2018 15:03
Date Of Accident	10/02/2018 10:45
Exact Location Of Accident	JURONG WEST AVE 2 B4 CORPORATION RD JUNC
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL987Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOMOBIL LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93235681

### Vehicle Particulars

Manufacturer	SSANGYONG
Model	TIVOLI
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	THIRD PARTY
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-MU002170-R00
Cover Note Number	

### Driver

Name of Driver	RAHMAT BIN SALEH UDIN
NRIC No	S8333623D
Date Of Birth	12/10/1983
Occupation	INDOOR
Date Of Driving Pass	23/09/2011
Driving Experience	6 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91732445
Fax Number	
Contact Number	
EMail Address	RAHMATANGAH@GMAIL.COM

Address	BLK 338 WOODLANDS AVE 1 #04-565
Postcode	730338
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	CHAIN COLLISION
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB8547C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PETER
NRIC/Passport Number	
Contact Number	94592167
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKB3412J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

DAVID

NRIC/Passport Number

Contact Number

96849625

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SLE3592U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HANA

NRIC/Passport Number

Contact Number

82236746

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## 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 regulate 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:

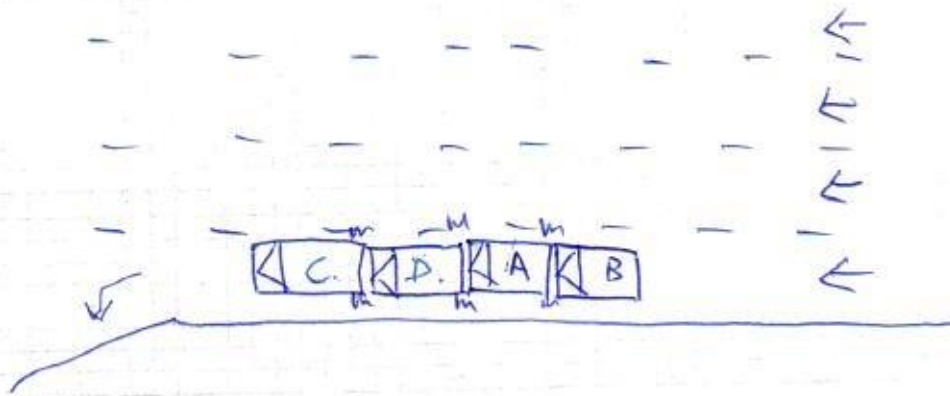
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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:

Report Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Jorong West Ave 2 before Corporation Rd Junction.



Veh A SLL 987 Y  
Veh B GBB 8547 C  
Veh C SKB 3412 J  
Veh D SLE 3592 U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the left most lane of a 4 lane road on Jorong West Ave 2 towards Jorong Point. Somewhere before corporation Rd Junction, I saw vehicles ahead slowing down to a stop as such I also applied brake and stopped behind vehicles ahead of me. Moments after I stopped, I suddenly felt a strong impact from the rear portion of my vehicle. The impact caused my vehicle to jerk forward and collided into the rear portion of the vehicle ahead. After the accident, I alighted from my vehicle and saw that I am the third vehicle from the front of a 4-car chain collision. I got video recording to show the accident.

Veh A SLL 987 Y  
Veh B GBB 8547 C  
Veh C SKB 3412 J  
Veh D SLE 3592 U

DECLARATION

I/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:

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

*sfym* 10/02/18



Vehicle No. SLL 987 Y. Make / Model: Ssangyong Tivoli.

Date of Accident 10 Feb 2018.

Time of Accident 1045 hrs.

Location of Accident Jurong West Ave 2 before Corporation Rd Junction.

Purpose of Use on the way to Jurong Port.

Name of Owner Automobil Leasing Pte Ltd.

NRIC / Business UEN : \_\_\_\_\_

Contact No : HP: (Kenny) 9323 5681 Home : \_\_\_\_\_

Claim Type : Own Damage Third Party Reporting Only

Private Hire : Uber / Grab

Insurance Company : Tokio Marine.

Type Of Coverage : Comprehensive Third Party TPFT

Policy No : 17-MU002170-R00.

Name Of Driver : (as above) Rahmat Bin Saleh Udin. No. Of Passenger : 2

NRIC : S8335623D. Male : 1 Female : 1

Date Of Birth : 12-10-1983.

License Pass Date : 23 Sep 2011.

Gender : Male Female

Occupation : ICA officer.

Contact No. : HP: 9173 2445. Home : \_\_\_\_\_

Address : Blk 338 Woodlands Ave 1 #04-565 S(730338).

Driver Own Vehicle : \_\_\_\_\_

Relationship : Employee / Relative / Friend Hired

Weather Condition : Day Night Raining

Road Surface : Dry Wet

Any Injuries : \_\_\_\_\_

Contact No. : \_\_\_\_\_

Police Report : \_\_\_\_\_

**Vehicle B No. :** G8B 8547C No. Of Passenger : - NIL

Driver / NRIC : Peter Kun. Male : \_\_\_\_\_ Female : \_\_\_\_\_

Driver Contact : 9459 2167

**Vehicle C :** SK8 3412J. No. Of Passenger : - NIL

Driver / NRIC : David Male : \_\_\_\_\_ Female : \_\_\_\_\_

Driver Contact : 96849 625.

**Vehicle D :** SLE 3592U. No. Of Passenger : - NIL

Driver / NRIC : Hana Male : \_\_\_\_\_ Female : \_\_\_\_\_

Driver Contact : 8223 6746.

**Vehicle E :** \_\_\_\_\_ No. Of Passenger : \_\_\_\_\_

Driver / NRIC : \_\_\_\_\_ Male : \_\_\_\_\_ Female : \_\_\_\_\_

Driver Contact : \_\_\_\_\_

Particulars of Workshop : **Motor Intel Automo Pte. Ltd.**

Tel no : **6281 0087** Fax No: **6281 0187**

Person In Charge : **Wilson Ong (HP : 8838 3318)**

Address : **Bartley Biz Centre, 13 Kaki Bukit Rd 4, #01-20 S(417807)**

Email : **sales@mia.com.sg**



4913081

NPIC No. S8333623D



Date of issue  
24-11-2012

APT BLK 138 WOODLANDS AVENUE 1 604-565  
SINGAPORE 730338  
NPIC No. S8333623D Date 07/06/2016

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc 29 Jun 2009  
Class 3 Motor Cars <= 7000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 23 Sep 2011

NP 428A



License No. S8333623D

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8333623D

Name

RAHMAT BIN SALEH UDIN



Place

MALAY

Date of birth

12-10-1983

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License No.

S8333623D

RAHMAT BIN SALEH UDIN



Birth Date 12 Oct 1983

Issue Date 24 Nov 2012





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



**TOKIO MARINE**  
INSURANCE GROUP  
FORM MX4

A member of the  
Tokio Marine Group

**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.: 17-MU002170-R00 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLL987Y **Chassis No.:** KPT30B1VSGP106440
2. **Name of Policyholder** AUTOMOBIL LEASING PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 14/02/2017
4. **Date of Expiry of Insurance** 13/02/2018
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\***

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: 2348DDA

<b>Insurance Plan:</b>	Comprehensive Approved Workshop Plan
<b>Limit for total loss or theft:</b>	Prevailing Market Value
<b>Policy Excess:</b>	Own Damage Claims SGD 1,000 Windscreen Excess SGD 100
<b>Financial Interest:</b>	DBS BANK LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

MOTOR-WAY CREDIT PTE LTD  
1094 LOWER DELTA ROAD  
MOTORWAY BUILDING  
SINGAPORE 166206  
TEL: 64682200 FAX: 62735536  
CO. REG. NO. 199206992R  
GIA NO. 0003850

User Name: Chong Yi Shan Medalline -

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