

NATION'S ASSESSMENT Centre Services

Date In: 12/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/SMI/8006751/13	SAS e-filing		
Veh No: 4BC7158T	E-mail (within 3hrs, A/C 2hrs)		
TRUCK: 11/04/18 1240	i-Motor Claim Form		
OD: (1) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (**N-51**) Tel: Fax:

IP Particulars: Veh No: **5JQ5192M** INC () / Non-INC () Tel: ()

Owner / Driver () Period () Cover Type: ()

Policy No. () Date: Time: ()

Confirmed by: ()

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

Claimant's Particulars :- NA1802290	Invoice Preparation Checklist		Ant (\$) 1st Bill	Ant (\$) Add Bill
	1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 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) NI: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- OH: *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 \$0			
Driver/Owner:	Invoice dated	Fee Charged		
Contact No:	Invoice dated	Fee Charged		
Damaged Portion:				
QC Checked by (Engg-In-Charge):				
Auditors' Comments :-				
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	12/04/2018 14:19
Date Of Accident	11/04/2018 12:40
Exact Location Of Accident	PIONEER RD TWDS PIONEER RD NORTH @ ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC7158T
Insured/Policyholder	
Name Of Registered Owner	ARMADA ALUMINIUM RENOVATION CONSTRUCTION PTE.LTD
Co Reg No	201220486M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97441693
Alternative Phone No	OFFICE-62579288

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU008156
Cover Note Number	

Driver

Name of Driver	SALIM GAZI JAMAL GAZI
Passport No/FIN	G7956261R
Date Of Birth	05/10/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/11/2013
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84548576
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address WOODLANDS INDUSTRIAL PARK E5
 #01-03
 Postcode 757291
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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) 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 DRIVING ALONG PIONEER RD TWDS PIONEER RD NORTH AT THE ROUNDABOUT JUST B4 PIONEER RD NORTH EXIT. VEH B DIDN'T GIVEWAY BY ENTERING THE ROUNDABOUT FROM JLN AHMAD IBRAHIM TO ONCOMING TRAFFIC FROM MY LEFT AND COLLIDED TO MY FRONT LEFT PORTION OF MY VEH. THEREFORE, I ALIGHTED AND WE EXCHANGE PARTICULARS.

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 SJQ5192M
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver HAMBALY BIN YUSOF
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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.
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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.



[Signature]

Policyholder's Signature
Date & Time:

[Signature]

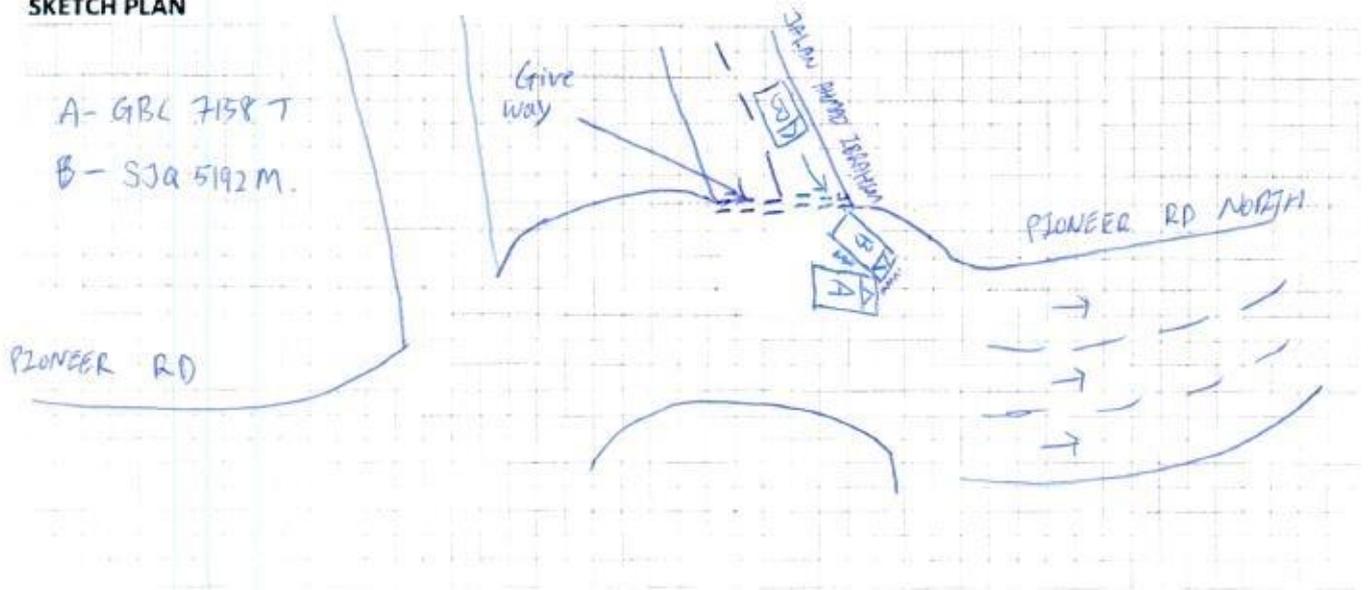
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 12/04/18

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

PIONEER RD TOWARDS PIONEER RD NORTH at Roundabout before PIONEER RD NORTH EXIT.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIONEER RD TOWARDS PIONEER RD NORTH at the round about just before ~~the~~ PIONEER RD NORTH EXIT, VEH(B) did not give way by entering the roundabout from JALAN AHMAD IBRAHIM to oncoming traffic from my left and collided to my front left portion of my vehicle. Therefore, I alighted and we exchange particulars.

DECLARATION

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



[Handwritten Signature]

[Handwritten Signature] 12/04/18

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.:

Vehicle No.	GBC 7158 T	Model / Make	TOYOTA DYNA
Date of Accident	11/04/18		
Time of Accident	12:40 PM	HRS	
Location of Accident	PIONEER RD TOWARDS PIONEER RD NORTH at Roundabout before Pioneer North Ext.		
Exact purpose use during accident	WORK		
Name of Owner	ARMADA ALUMINIUM RENOVATION CONSTRUCTION PTE LTD		
Telephone No.	H/P: ^{Boss} 9744 1693	Home :	Office : 6257 9288
NRIC	201220486M (STEVEN)		
Address	1 Y25THN STREET 23 #05-01 Y8-ONE S(768441)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	TOKIO MARINE		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MMD08156		
Name of Driver	As Above If No, SALIM GAZI JAMAL GAZI		
NRIC	G 7956261 R	Any Passengers :	NIL
Date of birth	05/10/1986		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	25/11/2013		
Gender	Male	/	Female
Contact No.	H/P: 8454 8576	Home :	Office :
Address	WOODLANDS INDUSTRIAL PARK E5 #01-03 S(757291)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SJQ 5192 M	Any Passengers :	1(MALE)
Name of Driver	HAMBALY BIN YUSOF	Contact No.:	855 9750 1437
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	FRONT LEFT PORTION		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	N51 AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	JIM MANG.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales @ n51. com. sg		

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **ARMADA ALUMINIUM RENOVATION CONSTRUCTION PTE. LTD.**

Sector: **CONSTRUCTION**



Name: **GAZI SALIM**
Occupation: **ASSISTANT SUPERVISOR**

S Pass No: **0 62372826** Date of Application: **17-10-2017**
Date of Issue: **20-11-2017**
Date of Expiry: **20-11-2019**



L8458358

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G7956261R**
Name: **SALIM GAZI JAMAL GAZI**

Birth Date: **05 Oct 1986**
Issue Date: **25 Nov 2013**
Valid Till: **24 Nov 2018**



VISIT PASS
Immigration Regulations

Name: **GAZI SALIM**



Date of Birth	Sex	Nationality
05-10-1986	M	BANGLADESHI
FIN	Date of Issue	Date of Expiry
G7956261R	20-11-2017	20-11-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

	EFFECTIVE DATE
Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	25 Nov 2013

Licence No: **G7956261R**



NP 428A

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: tmls@tokiomarine.com.sg W: www.tokiomarine.com



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine Group

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.: MU008156 (Commercial Vehicle)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBC7158T | Chassis No.: JTFAT35Y80K202494 |
| 2. Name of Policyholder | ARMADA ALUMINIUM RENOVATION CONSTRUCTION PTE. LTD. | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 21/08/2017 (00:00:00) | |
| 4. Date of Expiry of Insurance | 20/08/2018 | |
| 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*

- 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 85 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 No: 2372DDA
Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 750.00 (Original Excess : SGD 750.00)
	Additional Excess for Unnamed Driver(s)	SGD 1,500.00 (All Claims)
	Additional Excess for Young, Elderly or Inexperience Driver(s)	SGD 3,000.00 (All Claims)
	WindScreen Excess	SGD 100.00
	Financial Interest:	DBS BANK LTD
Additional Terms:	(1) Policy excesses are amended as follow:- (a) Additional Excess All Claims for non-employee \$1,500 (b) Additional Excess All Claims for YEID (below 26 yrs old and/or 70 yrs old & above and/or has less than 2 yrs driving experience in Singapore) \$3,000.	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature