

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA18054974

Date In: 26/4/18-14:46	Job description	Date & Time Completed	Done by
Ref No: NA/TM1/8007698/24	SAS e-filing		
Veh No: 5T9694P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A.: 25/4/18-19:00	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: 8K547124	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

NA1802629	<b>Invoice Preparation Checklist</b>	Amf (\$) In Bill	Amf (\$) 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		
	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:-		
	QD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
at 1:	9) N12: Idac Mobile 30		
at 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 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	26/04/2018 14:46
Date Of Accident	25/04/2018 19:00
Exact Location Of Accident	ALONG TAMPINES AVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT9694P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANWAR BIN MOHAMED ALI
NRIC No	S7248376F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91760955
Alternative Phone No	OFFICE-91760955

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X A
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	MU011844
Cover Note Number	

### Driver

Name of Driver	ANWAR BIN MOHAMED ALI
NRIC No	S7248376F
Date Of Birth	03/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	09/09/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91760955
Fax Number	
Contact Number	OFFICE-91760955
EMail Address	NOEMAIL

Address	23 TAMPINES AVENUE 8 #07-38
Postcode	529605
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	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	3
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)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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

REFER TO STATEMENT.

#### 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	SKS4712Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SIEW LEONG
NRIC/Passport Number	
Contact Number	91089126
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLR5600Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SIOW WEE
NRIC/Passport Number	
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.
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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:

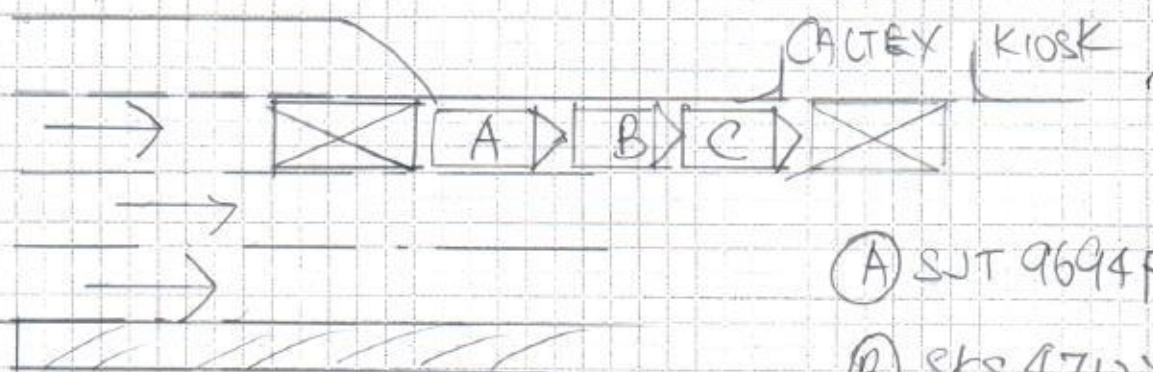
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

BUS STOP

TAMPINES AVE 1



(A) SUT 9694P

(B) SKS 4712Y

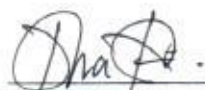
(C) SLRSG00Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG TAMPINES AVE 1,  
SUDDENLY VEHICLES INFRONT E-BRAKED AND I COULD NOT  
STOP IN TIME.

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.:





# HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOMHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: SJT 9694P MAKE/MODEL: TOYOTA AXIOS

DATE OF ACCIDENT 25/04/2018 TIME 19 HR 00 MIN AM PM

LOCATION OF ACCIDENT TAMPINES AVE 1

EXACT PURPOSE USE DURING ACCIDENT GOING HOME

## CAR OWNER

NAME OF CAR OWNER ANWAR BIN MOHAMED ALI

CONTACT NO 91760955

NRIC 8T248376F

CLAIM TYPE ☐ OD ☐ THIRD PARTY ☒ REPORTING ONLY

INSURANCE COMPANY TOKIO MARINE

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO MUO 11844

ACCIDENT DRIVER ☒ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER BOARDING OFFICER NO OF PASSENGER/S 1 MALE/CHILD

NRIC 03-11-1972

DATE OF BIRTH 09/09/2005 ☒ OUTDOOR ☐ INDOOR

OCCUPATION BOARDING OFFICER

DATE OF DRIVING PASS 09/09/2005 ☒ MALE ☐ FEMALE

GENDER 91760955

CONTACT NO BLK 23 TAMPINES AVE 8 #07-38(S) 528605

ADDRESS

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO -

RELATIONSHIP EMPLOYEE/ IF NOT: ☒ CLEAR ☐ RAINING OTHER: -

WEATHER CONDITION ☒ DRY ☐ WET OTHER: -

ROAD SURFACE

ANY INJURIES NO/ IF YES- NAME: -

CONTACT NO NO/ IF YES- LOCATION: -

POLICE REPORT NO/ IF YES: -

VIDEO FOOTAGE ☒ YES

## 3RD PARTY INFO

VEHICLE B NO SKS 4712Y NO OF PASSENGER/S 0

NAME TAN SIEW LEONG

CONTACT NO 9108 9126

VEHICLE C NO SCR 5600Z TAN SIEW NEE NO OF PASSENGER/S 0

VEHICLE D NO NO OF PASSENGER/S -


VEHICLE E, NO NO OF PASSENGER/S -

VEHICLE F NO NO OF PASSENGER/S -

ANY WITNESS

WITNESS CONTACT NO

IDENTITY CARD NO. S7248376F




ANWAR BIN MOHAMED ALI

Religion: MALAY  
 Date of Birth: 03-11-1972  
 Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENSE

Licence Number: S7248376F



ANWAR BIN MOHAMED ALI

Birth Date: 03 Nov 1972  
 Issue Date: 21 Jul 2003

1000662262C

NRIC No. S7248376F



23 TAMPINES AVENUE # 07-38  
 SINGAPORE 529805

NRIC No. S7248376F

2008/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles <= 200 CC  
 Class 2 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

PASS DATE: 20 Sep 1999 / 09 Sep 2005

S/No. 9000040191

Licence No. S7248376F



# 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)



**TOKIO MARINE**  
INSURANCE GROUP

A member of the  
Tokio Marine Group

## Certificate of Insurance

FORM MX1

**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.: MU011844 (Private Car)

- |   |                       |                            |
|---|-----------------------|----------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SJT9694P              | Chassis No.: NZE1416103392 |
| 2. Name of Policyholder   | ANWAR BIN MOHAMED ALI |                            |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 11/11/2017 (00:00:00) |                            |
| 4. Date of Expiry of Insurance  | 10/11/2018            |                            |
| 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 No: 2382DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
Financial Interest:	UNITED OVERSEAS BANK LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature