

NATIONAL Assessment Centre Services (Ref: J3103)

Date In: 10/09/2018 10:08	Job description	Date & Time Completed	Done by
Ref No: NA/TM18016404/K4	SAS e-filing		
Veh No: SJP9444R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/09/2018 11:50	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: GBD2170J 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:	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	Invoice Preparation Checklist	Amnt (\$)	Amnt (\$)
		Int Bill	Add Bill
NA1805839	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$30)		
	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:		
	OD*		
	*N5: Courtesy Car / Tp 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		
	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 willful 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	10/09/2018 10:08
Date Of Accident	08/09/2018 11:50
Exact Location Of Accident	ADAM RD TWDS LORNIE RD (AFTER PIE CHANGI ENTRANCE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9444R
Insured/Policyholder	
Name Of Registered Owner	MR KAMAL BAHRIN BIN ABDUL WAHAB
NRIC No	S1827602Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94574191
Alternative Phone No	OTHERS-94574191

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS 1.8LX 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	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	18-MV008869-R01
Cover Note Number	

Driver

Name of Driver	'UMAR ABDUL MATEEN BIN KAMAL BAHRIN
NRIC No	S9933998E
Date Of Birth	24/10/1999
Occupation	INDOOR
Date Of Driving Pass	13/06/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84189812
Fax Number	
Contact Number	OTHERS-84189812
Email Address	NOEMAIL



Address	BLK 263 JURONG EAST STREET 24 #10-491
Postcode	600263
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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

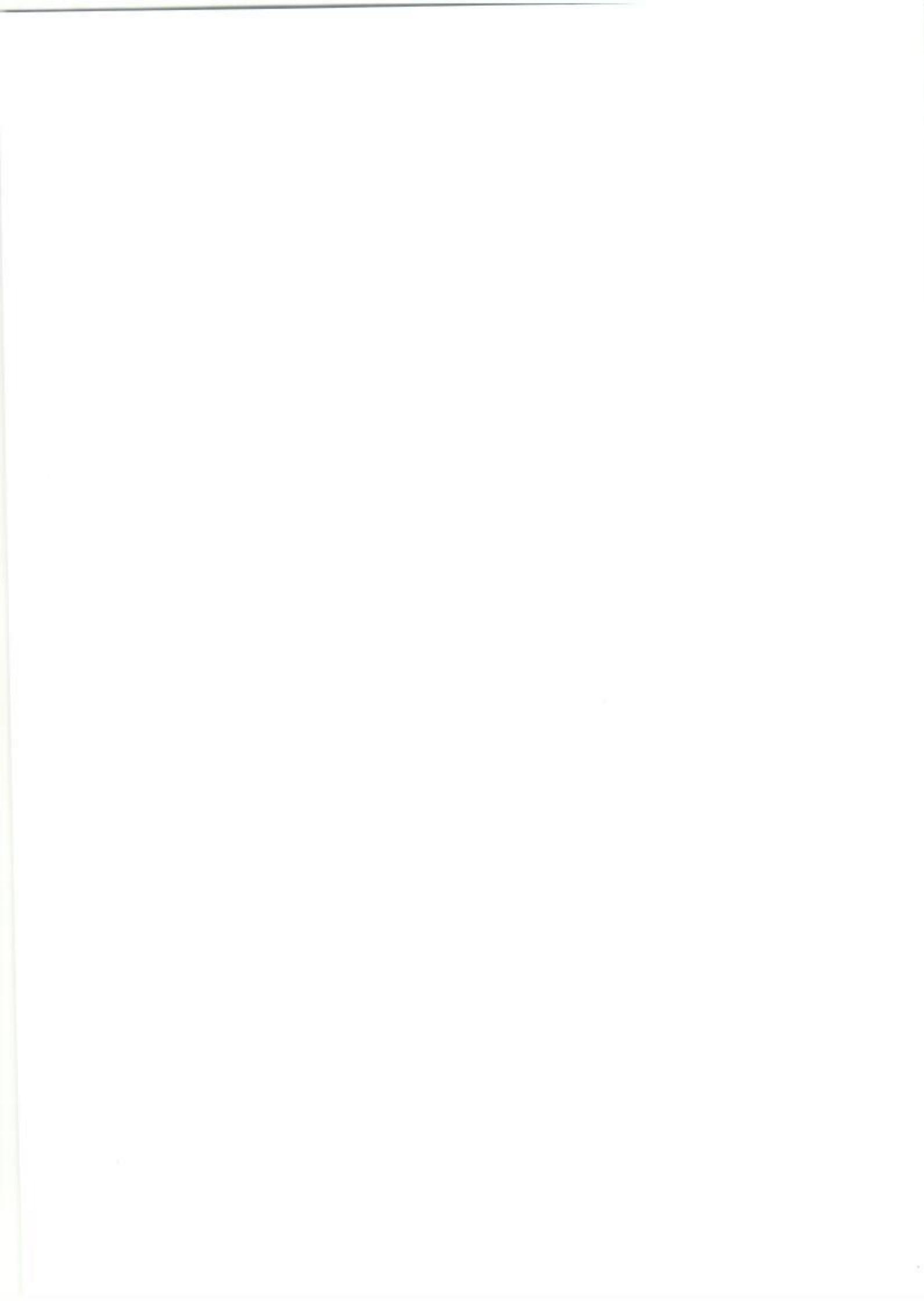
PLS REFER TO THE ATTACHED STATEMENT.

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	GBD2170J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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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.
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.

Kamal

Policyholder's Signature
Date & Time:

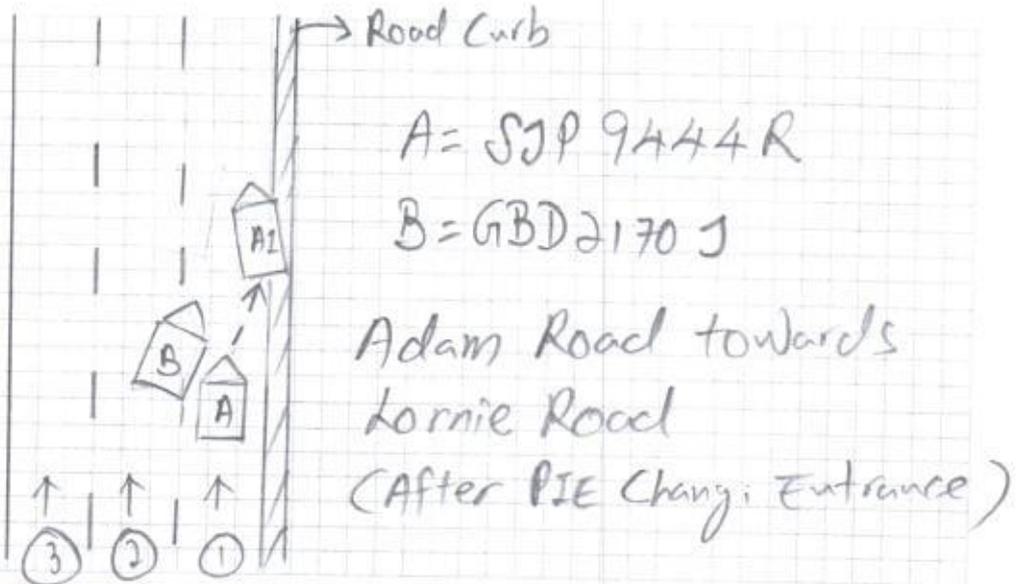
Rasi

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

10/9/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

Kamal
Policyholder's Signature
Date & Time:

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

[Signature] 10/9/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

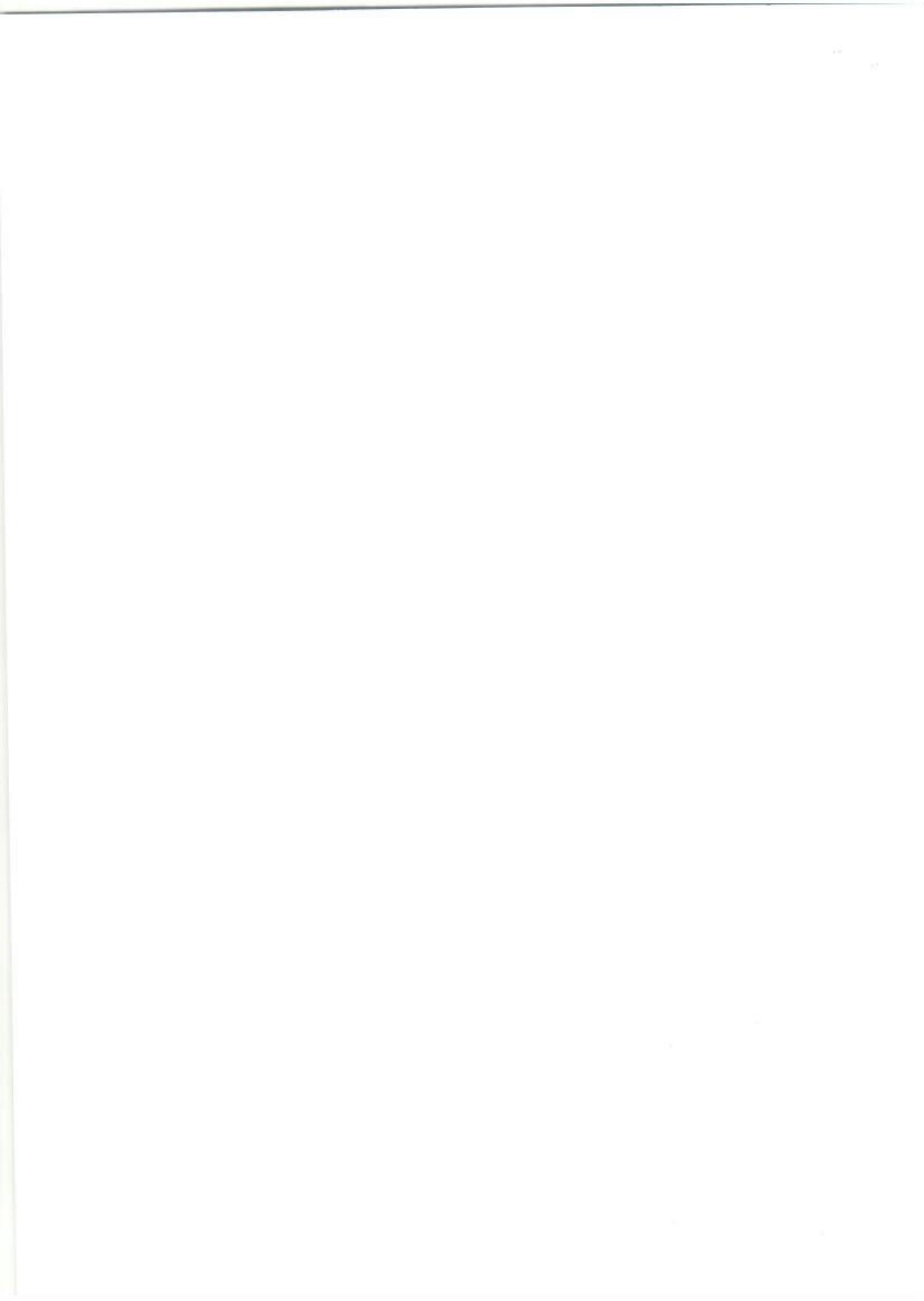
On 08.09.18 at about 11:50 hours along Adam Road towards Lornie Road (After PIE Changi Entrance). I was travelling straight on the lane 1, suddenly vehicle (B) from left cut into my lane and collided onto front left hand side portion of my vehicle (A), and the impact pushed my vehicle (A) onto the road curb.

Vehicle (A): SJP 9444R

Vehicle (B): GBD 2170J

Kamal

A handwritten signature in blue ink, appearing to be 'Kamal', written in a cursive style.



SINGAPORE ACCIDENT STATEMENT

Accident Date:	08/09/2018	Time:	11:50	(hh:mm) 24 hr format
Location	Adam Road towards Lornie Road (After PIE Changi Entrance)			
Vehicle Number	SJ P9444R			
Insured Name	Kamal Bahrin Bin Abdul Wahab			
NRIC/FIN	S 1827602Z	Contact Number	94574191	
Make	Toyota	Model	1s/s	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	Tokio Marine			
Type of Policy	(<input checked="" type="checkbox"/>) Comprehensive	() Third Party Fire & Theft	() TP Only	
Policy Number	18-MV008869-RO1			
Name of Driver	Umar Abdul Mateen Bin Kamal Bahrin		() Same as Insured	
NRIC / FIN	S9933998E	Contact Number	84189812	
Date of Birth	24/10/1999			
Driving Pass Date	13/06/2018			
Occupation	(<input checked="" type="checkbox"/>) Indoor	() Outdoor		
Gender	(<input checked="" type="checkbox"/>) Male	() Female		
Email Address	x mateenkepuu@gmail.com	() NO EMAIL		
Address of Driver	BLK 263 Jurong East Street 24 #10-491 Singapore 600263			
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative (<input checked="" type="checkbox"/>) Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party				
	Name / Nric	Contact		
Veh B	G8D 2170J			
Veh C				
Veh D				
Veh E				
Veh F				

Driver Only.

Tel: 63416789

Workshop Email: Visionautowork@gmail.com ✓



SJP9444R Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1827602Z**



Name
KAMAL BAHRIN BIN ABDUL WAHAB



Race
MALAY

Date of Birth
22-11-1967

Sex
M

Country of Birth
SINGAPORE



1154350



NRIC No. **S1827602Z**



Blood Group
B+

Date of issue
31-07-1993

APT BLK 263 JURONG EAST STREET 24 #10-491
SINGAPORE 600263

NRIC No: **S1827602Z** Date: **16/11/2008** No: **6064607**

SJP9444R Owner

REPUBLIC OF SINGAPORE — DRIVING LICENCE

76022

**ABDUL BAHRIH BIN ABDUL
KADIR**

Birth Date: 22 Nov 1967
Issue Date: 21 May 2003

980496620H

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

	PASS DATE
Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 May 2003

MP 428A

License No. S 13270027



Name

'UMAR ABDUL MATEEN BIN
KAMAL BAHRIN

Race

MALAY

Date of birth

24-10-1999

Sex

M

S9933998E

Country/Place of birth

SINGAPORE



SJP944R
driver

5290264



NRIC No. S9933998E



Date of issue

02-04-2014

Address

APT BLK 263 JURONG EAST STREET 24
#10-491
SINGAPORE 600263

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

002613105J



Licence Number: **S9933998E**
Name: **UMAR ABDUL MATEEN BIN KAMAL BAHRAIN**
Birth Date: **24 Oct 1999**
Issue Date: **13 Jun 2018**



SJP 9444R
driver

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	13 Jun 2018

NP 428A

Licence No: S9933998E



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)

Policy No.: 18-MV008869-R01 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SJP9444R **Chassis No.:** ZNM100056347
2. **Name of Policyholder** MR KAMAL BAHRIN BIN ABDUL WAHAB
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 17/04/2018
4. **Date of Expiry of Insurance** 16/04/2019
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

Insurance Plan:	Comprehensive Approved Workshop Plan	Account: 2438DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 800
	Windscreen Excess	SGD 100
Financial Interest:	MAYBANK	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

