

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA 118137184

Date In: 22/10/18 17:48	Job description	Date & Time Completed	Done by
Ref No: NA/TMZ 18019182/h4	SAS e-filing		
Veh No: SJN 30832	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 19/10/18 03:30	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: Divider	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% P: 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 repaler.

() 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

MA1806828		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				In Bill	Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:		For claiming against INC Only (wef 10 Jan 2005)			
Ref 1:		6) TR: Re-inspection \$75			
Ref 2/3:		7) N1: Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		Q1*			
		*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 (N/n 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 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. 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	22/10/2018 17:48
Date Of Accident	19/10/2018 03:30
Exact Location Of Accident	PIE TWDS CHANGI B4 TAMPINES AVE 5 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN3083Z
Insured/Policyholder	
Name Of Registered Owner	MS LIM KIM ENG
NRIC No	S1337321C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98437141
Alternative Phone No	OFFICE-98437141

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E MANUAL
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	18-MW000945-R03
Cover Note Number	-

Driver

Name of Driver	HASSAN BIN MANSOOR MOHAMMED AMEEN
NRIC No	S9139717Z
Date Of Birth	05/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	06/04/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88685089
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 506 PASIR RIS ST 52 #09-191
Postcode	510506
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - VALET
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

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)	3
Passenger 1	NAME: : POH KAH HENG GENDER: : MALE
Passenger 2	NAME: : ONG YUAN HEN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	
Vehicle Make/Model/Colour	DIVIDER
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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.
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:

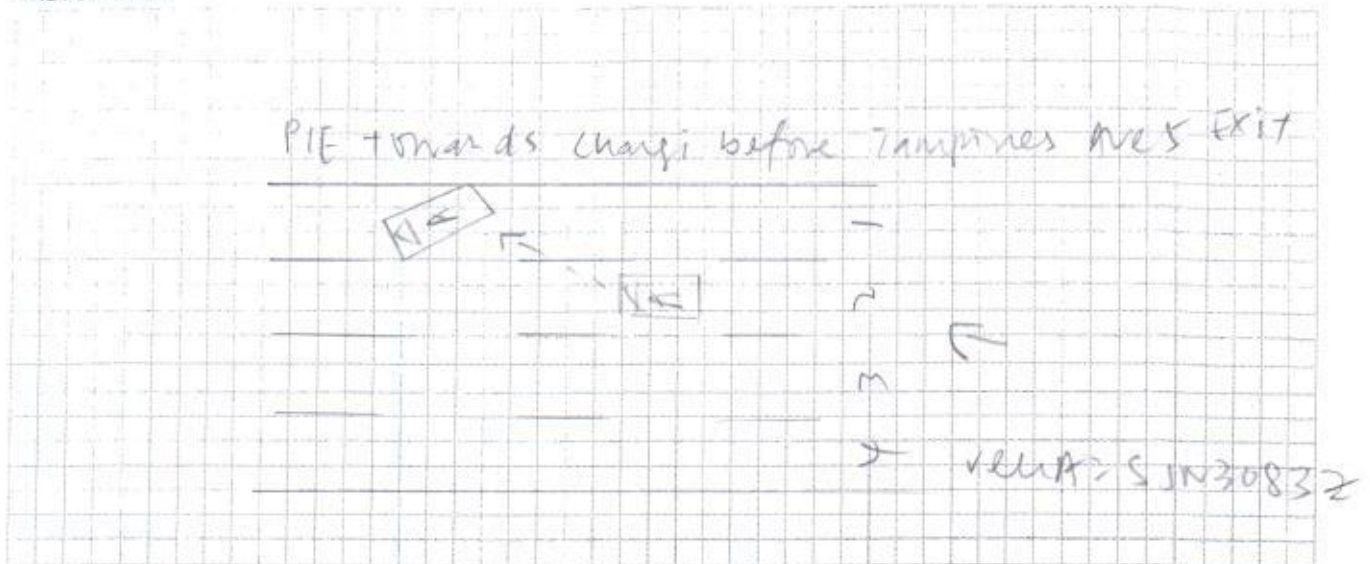


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer the police report: G1 20181026/7013

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.:



SINGAPORE POLICE FORCE



G/20181020/7013

1 of 1

POLICE REPORT (NP299)

Report No. G/20181020/7013

Police Station Of Origin
Bedok Police Divisional HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 20/10/2018 13:31	Vide Report No.	Station Diary No.
Name Of Informant HASSAN BIN MANSOOR MOHAMMED AMEEN	Address APT BLK 506 PASIR RIS STREET 52 #09-191 SINGAPORE 510506	
ID Type / ID No. NRIC NO / S9139717Z	Contact No. Home/Office: Mobile: 88685089	
Nationality SINGAPORE CITIZEN	Email Address hassan.mx99@gmail.com	
Occupation GRAB DRIVER	Sex Male	Age 26
Institution/School Name	Date of Birth 05/11/1991	Race Indian
Date/Time Of Incident 19/10/2018 03:30	Location Of Incident PAN ISLAND EXPRESSWAY	

Brief details.

As i was driving along the highway PIE towards Changi before exit Tampines Ave 5 on 19/10/2018 at around 3.30am, raining at that time I was on lane 2 when suddenly a taxi swift into my lane and i applied emergency brake as a result my car skit and hit towards the divider on the highway. After the accident, my car stop at lane 1. I got 2 passenger on board and they are Poh Kah Heng, Ong Yuan Hen . There are no injuries involved in this accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/10/2018 13:31
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

VEHICLE NO: SJN30832

MAKE & MODEL: Toyota L105

DATE OF ACCIDENT

17 / 10 / 2018

TIME OF ACCIDENT

0330 AM / PM

LOCATION OF ACCIDENT

P1E Yrds changi before Tampines Ave 5 Exit

Exact Purpose use during accident

NAME OF OWNER Lim Kim Eng

TELP NO

9843741

NRIC

S1337321

CLAIM TYPE

OD / THIRD PARTY / Reporting Only

INSURANCE CO. TMS

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO. 18-MW000945-R03

NAME OF DRIVER

As above / If No. Hassan Bin Mansoor Mohammed Ameen

NRIC

S9139772

Any passengers: 2 pax

DATE OF BIRTH

05 / 11 / 1991

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

06 / Apr / 2014

GENDER

Male / Female

CONTAC NO.

88685089

Office.

Home.

ADDRESS

B1C506 Pasir Ris St 52 #07-191, S1510506

DRIVER HAVE ANY OWN Vehicle

NO / If yes: Reg No.

RELATIONSHIP

Employee / If No. valet

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who?

CONTAC NO.

POLICE REPORT

No / If yes: Where? Bedok Police Divisional HQ

VEHICLE B NO.

Any Passenger: -

NAME

CONTAC NO.

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) /

YES / NO

offering accident claims assistance?

PARTICULAR WORKSHOP

Luaning @me.com.sg

TELP NO

CONTACT PERSON

FAX NO.

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S9139717Z**

Name: **HASSAN BIN MANSOOR MOHAMMED AMEEN**

Birth Date: **05 Nov 1991**

Issue Date: **04 Aug 2014**

Barcode: **002331346C**

IDENTITY CARD NO. **S9139717Z**



Name: **HASSAN BIN MANSOOR MOHAMMED AMEEN**

Race: **INDIAN**

Date of birth: **05-11-1991**

Country of birth: **SINGAPORE**

Sex: **M**

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B: **MOTORCYCLES NOT EXCEEDING 200 CC**

Class 3: **MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH EXCEEDS 3500 KILOGRAMS**

S / No **9000232855**

Barcode: **002331346C**

Barcode: **002331346C**

NRIC No. **S9139717Z**

Date of issue: **09-05-2012**

Address: **APT BLK 506 PASIR RIS STREET 52 #09-191 SINGAPORE 510506**

5066715

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 MXI

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-MW000945-R03 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SJN3083Z Chassis No.: MR053HY9305099254
2. Name of Policyholder MS LIM KIM ENG
3. Effective date of the Commencement of Insurance for the purposes of the Act 11/02/2018
4. Date of Expiry of Insurance 10/02/2019
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

Account: 2348DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 600
	Windscreen Excess SGD 100
Financial Interest:	MOTOR-WAY CREDIT PTE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature