

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: <b>31/01/19</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/TM/19002099/13</b>	SAS e-filing		
Veh No: <b>5J59144R</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>31/01/19</b> <b>1410</b>	i-Motor Claim Form		
OD <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

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

TP Particulars: Veh No: **5JK5587P** 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

NA1900997

## Invoice Preparation Checklist

Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

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:-

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

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	31/01/2019 17:37
Date Of Accident	31/01/2019 14:10
Exact Location Of Accident	TAMPINES MALL CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9144R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NIZAM KARMARRAJ
NRIC No	S7137689C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91004804
Alternative Phone No	OTHERS-91004804

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	MS001281
Cover Note Number	

### Driver

Name of Driver	JOOLINDA PUTRI SOPRI
NRIC No	S7422858E
Date Of Birth	22/07/1974
Occupation	INDOOR
Date Of Driving Pass	09/06/2006
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98375983
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 134 PASIR RIS ST 11 #06-257
Postcode	510134
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : SONIA 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK5587P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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)

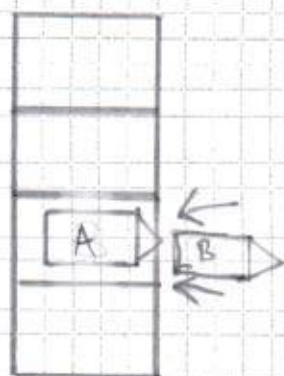
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



A. 87P9144R  
B. 8JK5587P.

TAMPINES MALL CAR PARK

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS PARKED VEH B REVERSED AND HIT  
ONTO MY VEH FRONT PORTION -

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

*shu 31/01/19*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-10 Singapore 048580  
Tel (65) 6774 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S66503200 / GST Reg No: A0001017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MANA 11P015048 Vehicle Registration No: SJS 9144R  
Name as shown on NRIC: JOLINDA RITA SOPR NRIC/FIN/Passport No: S7422858E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: BLK 134 PASIR RIS ST 1 #06-257 Singapore: 510134  
Contact (Tel): \_\_\_\_\_ Mobile No: 98375783  
Email Address: \_\_\_\_\_  
Date of Accident: 31.1.19 Time of Accident: 14:10  
Place of Accident: TEMPINES MAC CARRARE  
Insurance Company: TOKIO MARINE

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

KINDLY AMEND ON SKETCH PLAN - INDICATED 'A' TO BE 'B',  
AND 'B' TO BE 'A'. MY VEHICLE SJS 9144R WAS STATIONARY  
SIDE  
IN THE CAR PARK LOT.

Policyholder / Driver's Signature

Date: 11/02/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:



# HS AUTOMOTIVE SERVICES

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

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

VEHICLE NO: 87891AAR MAKE/MODEL: TOYOTA IST18

DATE OF ACCIDENT 31/01/2018 TIME 14 HR 10 MIN AM PM

LOCATION OF ACCIDENT PAUDINAS MALL CAR PARK.

EXACT PURPOSE USE DURING ACCIDENT PARKED

## CAR OWNER

NAME OF CAR OWNER NITAM KARWARAJ

CONTACT NO 91004804

NRIC ST137689C

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY TOKIO

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

POLICY NO ZAIM1000586T1

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

NAME OF DRIVER JOO LIN DA BUTRI 200RI

NRIC ST422858E NO OF PASSENGER/S 1 (F) SONIA

DATE OF BIRTH 22-07-1974

OCCUPATION ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 09 Jan 2006

GENDER ☐ MALE ☒ FEMALE

CONTACT NO 98375983

ADDRESS BLK 13A PABUR RIS ST 11 #06-25T(3) 510134

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT: spouse

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: \_\_\_\_\_

ROAD SURFACE ☒ DRY ☐ WET OTHER: \_\_\_\_\_

ANY INJURIES NO/ IF YES- NAME: \_\_\_\_\_

CONTACT NO \_\_\_\_\_

POLICE REPORT NO/ IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE NO/ YES

## 3RD PARTY INFO

VEHICLE B NO STK5587P NO OF PASSENGER/S unknown

NAME \_\_\_\_\_

CONTACT NO \_\_\_\_\_

VEHICLE C NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

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 \_\_\_\_\_



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7422858E



Name

JOOLINDA PUTRI SOPRI

Race

JAVANESE

Date of birth Sex

22-07-1974 F

Country of birth

SINGAPORE

S7422858E

3746357



NRIC No. S7422858E



Date of issue

26-07-2005

Address

APT BLK 134 PASIR RIS STREET 11  
#06-257  
SINGAPORE 510134

REPUBLIC OF SINGAPORE DRIVING LICENCE  
S7422858E  
JOOLINDA PUTRI SOPRI  
Birth Date: 22 Jul 1974  
Issue Date: 14 Jun 2016  
002813435G  
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

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 09 Jun 2006

NP 428A



Licence No: S7422858E

# 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.: MS001281 (Private Car)

- |   |                       |                           |
|---|-----------------------|---------------------------|
| 1. Index Mark and Registration Number of Vehicle  | SJS9144R              | Chassis No.: ZNM100058671 |
| 2. Name of Policyholder   | NIZAM KARMARAJ        |                           |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act          | 28/01/2019 (10:34:22) |                           |
| 4. Date of Expiry of Insurance  | 27/01/2020            |                           |
| 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 Other Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 800.00	(Original Excess : SGD 800.00)
	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:	HUI HUA CREDIT PTE LTD		

**TOKIO MARINE INSURANCE SINGAPORE LTD.**

Authorised Signature