

NATIONAL Assessment Centre Services. [part 1 Jan09] MNA 119037129.

Date In: 2013/19 17:19.	Job description	Date & Time Completed	Done by
Ref No: NA/TMZ 1900508664	SAS e-filing		
Vch No: SMH 2773T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 2013/19 13:40.	I-Motor Claim Form		
OD: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Vch No: SLE 1651 X	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: 67911610)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA1902052		Invoice Itemization Check		Amount (\$)	Balance (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)			30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$90)			
Contact No:	3) TP: Towing Fee	\$40/\$45			
Damaged Portion:	4) PT: Follow-Through Survey	\$120			
QC Checked by (Bugi-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30			
Auditors Comments:	For claiming against INC Only (over 10 Jan 2003)				
	6) TR: Re-inspection	\$75			
	7) NL: Ideal DA + SMRT Survey	\$160			
	8) NTUC Additional Services:				
	9) NTUC:				
	*N3: 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: Ideal Mobile	\$0			
	Invoice dated	Fax Charged			
	Invoice dated	Fax 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 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	20/03/2019 17:19
Date Of Accident	20/03/2019 13:40
Exact Location Of Accident	ALJUNIED FLYOVER(PIE TWDS TUAS) B4 KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH2773T
Insured/Policyholder	
Name Of Registered Owner	CARWISE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94309849

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MS002359
Cover Note Number	-

Driver

Name of Driver	MOHAMMAD AMIRUZI BIN ISMAIL
NRIC No	S7728565B
Date Of Birth	30/09/1977
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88229521
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 645 JURONG WEST ST 61 #01-102
Postcode	640645
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	YES
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: : TENG YEE LUEN 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

PLEASE REFER TO 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	SLE1651X
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)	

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD AMIRUZI BIN ISMAIL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMH2773T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TENG YEE LUEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMH2773T
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.



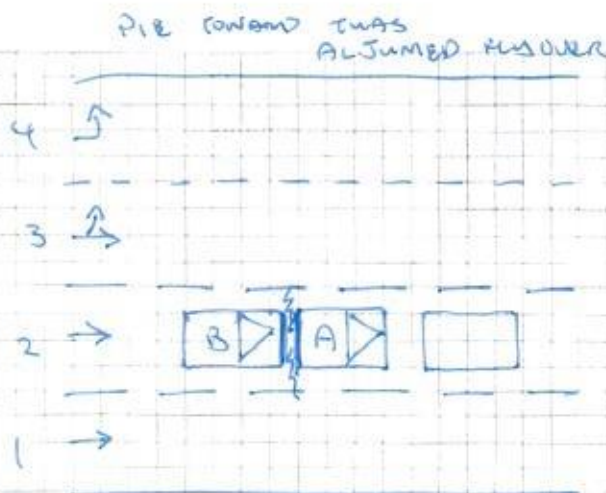
Driver's Signature
(If driver is not the policyholder)
Date & Time: 2

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

SKETCH PLAN

VEHICLE A
- SMH 2773 T

VEHICLE B
- SLR 1651 X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON THE 2ND LANE OF PIE TOWARD THAS.

THE ACCIDENT HAPPENED ON ALJUMED FLYOVER.

WHEN TRAVELLING STRAIGHT, DUE TO THE HEAVY TRAFFIC INFRONT AT THE DOWN SLOPE OF THE FLYOVER, I START TO SLOW DOWN, SUDDENLY AFTER A FEW SECOND I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

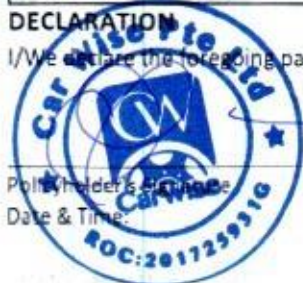
ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (SLR 1651 X) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SMH 2773 T

VEHICLE B - SLR 1651 X

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.:

Vehicle No.	SMH 2773 T	Model / Make	TOYOTA WISH
Date of Accident	20/03/2019		
Time of Accident	1340	HRS	
Location of Accident	ALJUNIED FLYOVER (PIE TOWARD TUNIS) BEFORE KAS EX17		
Exact purpose use during accident	WORKING HOUR		
Name of Owner	CAR WISE PIE LTD		
Telephone No.	H/P: 9430 9849	Home:	Office:
NRIC	261725931 G		
Address	8 CANBERRA DRIVE #11-11 EIGHT COUNTDOWNS S(768141)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	TOKIO MARINE		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MS002359		
Name of Driver	As Above If No, MOHAMMAD AMIRUZI BIN ISMAIL		
NRIC	57728565 B	Any Passengers: 1 (FEMALE)	
Date of birth	30 SEP 1977		
Occupation	Outdoor / Indoor		
Driving License Pass Date	06 SEP 2005		
Gender	Male / Female		
Contact No.	H/P: 8822 9521	Home:	Office:
Address	BLK 645 JURONG WEST ST 61 #01-102 S(640645)		
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee,	If no, state RENTAL / LEASING	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No, If Yes, Who?		
Name And Contact No.	MOHAMMAD AMIRUZI BIN ISMAIL 8822 9521		
Name And Contact No.	TENG SEE LUN 9692 3074		
Police Report	No, If Yes, Where?		
Vehicle B No.	SLE 1651 X	Any Passengers:	
Name of Driver		Contact No.:	
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	REAR		
Camera Recorder	Yes / NO		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PIE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.com.sg		

IDENTITY CARD NO. S7728565B



MOHAMMAD AMIRUZI BIN ISMAIL

INDONESIAN

30-09-1977 M

SINGAPORE



REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence No. S7728565B
Name:

MOHAMMAD AMIRUZI BIN ISMAIL

Birth Date: 30 Sep 1977

Issue Date: 06 Sep 2005



Land Transport Authority



VOCATIONAL LICENCE

Licence No : S7728565B

Name : MOHAMMAD AMIRUZI BIN ISMAIL

Please visit www.lta.gov.sg to check the status of this vocational licence



NRIC No: S7728565B



Date of issue
16-02-2004

APT BLK 645 JURONG WEST STREET 61 #01-102
SINGAPORE 640645

NRIC No: S7728565B

Date: 09/01/2013 No: 7330919

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors / vehicles \leq 2500 kg

PASS DATE
06 Sep 2005



Licence No: S7728565B

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	26/05/2018



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) 6221 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the
Tokio Marine Group



TOKIO MARINE
INSURANCE GROUP

Certificate of Insurance

FORM MX1 H

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.: MS002359 (Private Car)

- Index Mark and Registration Number of Vehicle** SMH2773T **Chassis No.:** ZNE100356517
- Name of Policyholder** CARWISE PTE LTD
- Effective date of the Commencement of Insurance for the purposes of the Act** 27/02/2019 (00:00:00)
- Date of Expiry of Insurance** 26/02/2020
- Persons or Class of Persons entitled to drive***
Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.
Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.
The Policy does not cover:-
 - Use for racing, pace-making, reliability trial or speed-testing.
 - Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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*

* 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: 1023DDA
Insurance Plan:	Third Party Fire & Theft	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Excess-Third Party (Sect II)	SGD 2,000.00
Financial Interest:	LIAN HONG PTE LTD	
Additional Terms:	<ol style="list-style-type: none">Vehicle is licensed for private hire by LTA and can be used for private hire limousine services.All drivers must have the necessary private hire licences when used for private hire.Additional YID excess of SGD 1,500 applied on Section 2.Private Hire Usage Vehicle Endorsement is applicable.	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature