

NATIONAL Assessment Centre Services

Print & Fax Only

MMA 11904464

Date In: 5/4/19 15:30	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/TMZ 190060671h4	E-mail (within 2hrs, AIC 2hrs)		
Veh No: SGF 9246J	I-Motor Claim Form		
D.O.A: 4/4/19 11:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="checkbox"/> Reporting Only	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: SLG 7054 U 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC Hotline: 670016616) 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: ()

NA1902460

Comments/Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref:

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Invoice Preparation Charge	Amo (\$)	PAID (\$)
1) All: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For obtaining against INC Only (Ref: 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idan DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$5	
*N6: Repair Co-ordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Receipt Coordination	\$5	
TP (N11): TP (Inc in INC) against INC	\$20	
9) N12: Idan Mobile	\$0	
Invoice dated	Fax Charged	
Invoice dated	Fax Charged	

MAINTENANCE

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	05/04/2019 15:30
Date Of Accident	04/04/2019 11:00
Exact Location Of Accident	ALONG OLD TAMPINES RD JUNC OF JLN BATALONG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGF9246J
Insured/Policyholder	
Name Of Registered Owner	EE CAR AUTO PTE LTD
Co Reg No	201716481R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84286663
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
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 CAR
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	MS000592
Cover Note Number	-
Driver	
Name of Driver	UKASYAH BIN ZULKIFIE
NRIC No	S9904780A
Date Of Birth	13/02/1999
Occupation	OUTDOOR
Date Of Driving Pass	02/03/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87511669
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 30 MARSILING DRIVE #11-311
Postcode	730030
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	SIDE SWIPE
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: : HALINAH BT ISMAIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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	SLG7054U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUBRAMANIYAN MANIVASAKAM
NRIC/Passport Number	G2786240W
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UKASYAH BIN ZULKIFIE

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGF9246J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HALINAH BT ISMAIL

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGF9246J

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

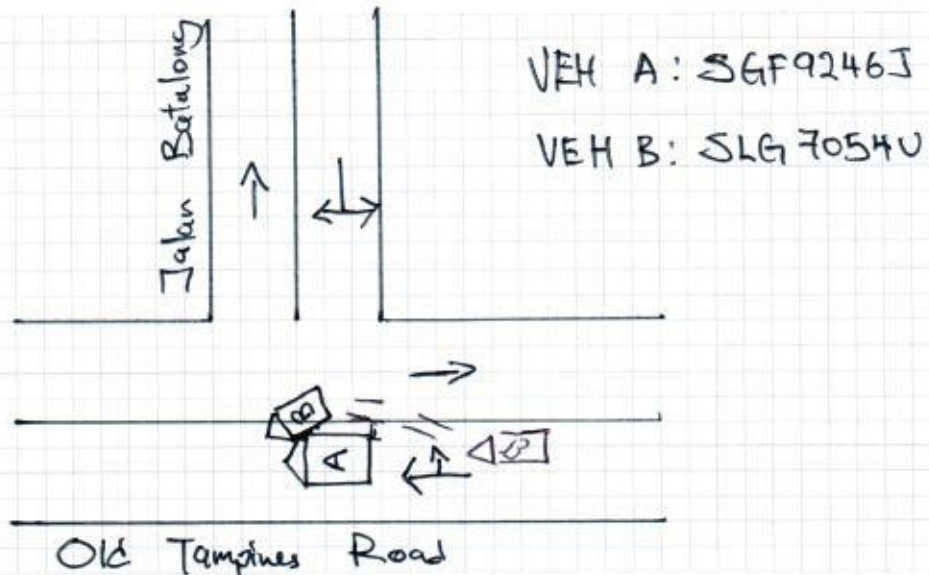


Policyholder's Signature
Date & Time:

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

On 04/04/2019 @ about 1100hrs I was travelling along Old Tampines Rd a 1 lane road. I slow down & stopped as I was turning into Jalan Batalong out of sudden I felt an strong impact from my driver side. I alighted & found out vehicle B had overtake my vehicle illegally and hit onto the front driver side of my vehicle. I wish to state that the road is a single lane with single white line wish does not allowed overtaking.

DECLARATION

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



Policyholder's Signature
Date & Time:

li

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

[Signature]

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

Date of Accident

: 04/04/2019 Accident Time: 1100 (24-HR-Format)

Accident Place

: Along Old Tampines Rd Junction of Jln Batawang

Vehicle No. (Car Plate No.)

: SGF9246J Make/Model: TOYOTA ALTIS

Insurance Company

: TOKIO MARINE Policy No: MS000592

Owner or Company Name /IC No.

: EE CAR AUTO PTE LTD 201716481R

Owner or Company Contact No.

: 8428 6663 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No.

: UKASYAH BIN ZULKIFIE S9904780A

DRIVER'S Date Of Birth

: 13/02/1999 DRIVER'S License Pass Date 02/03/2019

Relationship of Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____

DRIVER'S Address

: 30 MARSILING DRIVE #11-311 S(730030)

DRIVER'S Contact No./ Alt No.

: 1) 8751 1669

2) _____

DRIVER'S Occupation

: INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address

: AlexChye@hotmail.com

sales@mia.com.sg

Weather & Road Surface

: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type

: Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 2

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): 2 injury (driver / passenger)

Other Party Driver's Particular (if any)

Vehicle No: SLG 7054U

Vehicle No: _____

Vehicle Make/Model: MAZDA 3

Vehicle Make/Model: _____

Name Driver: SUBRAMANIAN MANIVASAKAM

Name Driver: _____

IC No. Driver/Contact: G12786240W

IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

(2) HALINAH BT ISMAIL / F
S7227519E



SINGAPORE POLICE FORCE



T/20190404/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190404/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2019 17:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: UKASYAH BIN ZULKIFIE		Address: APT BLK 30 MARSILING DRIVE #11-311 SINGAPORE 730030	
ID Type / ID No.: NRIC NO / S9904780A		Contact No.: Home/Office: Mobile: 98386814	
Nationality: SINGAPORE CITIZEN		Email: kasyah1302@gmail.com	
Sex: Male	Age: 20	Date of Birth: 13/02/1999	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 3A	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2019 11:00	Type of Location: Straight Road
Location: OLD TAMPINES ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGF9246J	Car	TOYOTA	Altis	Grey	Slightly Damaged	2
SLG7054U	Car	MAZDA	Mazda 3	Brown	Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGF9246J	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS000592	11/01/2019	10/01/2020



**SINGAPORE
POLICE FORCE**



T/20190404/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190404/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	HALINAH BT ISMAIL	ID No.	S7227519E
Related Vehicle	SGF9246J (Car)	Contact No.	87511669
Hospital/Clinic	SILVER CROSS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/04/2019	Date Discharge	04/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	UKASYAH BIN ZULKIFIE	ID No.	S9904780A
Related Vehicle	SGF9246J (Car)	Contact No.	98386814
Hospital/Clinic	SILVER CROSS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	04/04/2019	Date Discharge	04/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 04/04/2019 at about 1100Hrs, I was travelling along Old Tampines Road at the junction of Jalan Batalong with my Mother as passenger. I slowed down and stopped as i wanted to turn right into Jalan Batalong out of sudden i felt a strong impact from my driver side then i found out that a Vehicle SLG7054U had did a illegal overtaking and collided onto my vehicle SGF9246J. The road i was travelling was a single lane and single lane line road which does not allow vehicle to overtake. After the accident me and my mother felt very unwell and proceed to seek medical attention at a clinic. We were each given 3 days MC.

I am lodging this report for Recording and Insurance Claiming Purposes



**SINGAPORE
POLICE FORCE**



T/20190404/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190404/7015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65472076

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.


Date/Time:
04/04/2019 17:33

Classification Of Case:

REPUBLIC OF SINGAPORE


IDENTITY CARD NO. S9904780A





Name

UKASYAH BIN ZULKIFIE



Race

MALAY

Date of birth

13-02-1999

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: S9904780A

Name

UKASYAH BIN ZULKIFIE



Birth Date: 13 Feb 1999

Issue Date: 01 Mar 2019





002908519B

5522581



NRIC No. S9904780A



Date of issue

30-06-2014

Address

APT BLK 30 MARSILING DRIVE

#11-311

SINGAPORE 730030

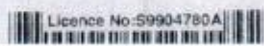
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)

EFFECTIVE DATE

Class 3A

Motor cars without clutch pedals (Auto) with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight <= 2500kg

02 Mar 2019



Licence No-S9904780A

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: tmsis@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.: MS000592 (Private Car)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SGF9246J | Chassis No.: MR053ZEC107118895 |
| 2. Name of Policyholder | EE CAR AUTO PTE LTD. | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 11/01/2019 (00:00:00) | |
| 4. Date of Expiry of Insurance | 10/01/2020 | |
| 5. 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:-
1) Use for racing, pace-making, reliability trial or speed-testing.
2) 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: 2417DDA

- | | |
|--------------------------------|---|
| 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: | GF MOTOR TRADING ENTERPRISE |
| Additional Terms: | 1. Vehicle is licensed for private hire by LTA and can be used for private hire limousine services.
2. All drivers must have the necessary private hire licences when used for private hire.
3. YID excess of SGD 1,500 applied on Section 1 & Section 2 separately.
4. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable.
5. Private Hire Usage Vehicle Endorsement is applicable.
6. Approved workshop plan only |

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature