NATIONAL Assessment Centre Se	rvices   wet   James	THAILBOTH TOS	-/	
Date In: 7/6/19 - 13:38 Jo	b description	Date & Time Completed	Done	pi
	AS e-filing			
	C-mail (within Shrs, AIC 2hrs)			
	Motor Claim Form			
	-Motor W/O (Within: OD 2)	urs, TP 4hrs)		200000 5000
OD TP Reporting Only	Photo Uploaded			
A	ssessment/Survey Report			
TP Insurer:	ss't Report by Fax / Hand	to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax	:	
TP Particulars: Veh No: 31371683	INC	( )/Non-INC( )	in the second	
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	0%]	
Year of Registration: ( ) Warra	nty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )			
General Remarks:-			and Silver	
( ) Walk-In Customer : Customer's information	on strictly Confidential & S	Strictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insurer UR	GENTLY.	8 ma - 1 - 12	i i	
Drive-In ( )/ Towed-In ( ); Invoice: YE	S( )/NO( );	Towing Co: (		)
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/ Courte	sy Car ( )			
2) QC Check / Post Repair Inspection	( )			
3) Upload Resurvey Photo [Repair Cost > \$3000]	( )		Terrores tesers	Warner
Injury:				
		The state of the s	State of the state	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-
Date/Time Actions			<u>beforest</u>	<i>N</i>
3				
			18	
Line is	Invoice P	reparation Checklist	Ant (S)	Amt (3)
halvoury:	1) AR : Accid	\$1000000000000000000000000000000000000	fit Bill	Add Bill
laimant's Particulars :-	2) DA : Dame	ge Assessment (\$100); INC (\$80)		
river/Owner:	3) TF : Towin 4) FT : Follow	-Through Survey \$1	120	
ontact No:	5) FT : Follow		30	
amaged Portion:	6) TR : Re-ins	pection	75	
*		A + SMRT Survey 51 ilional Services:-	160	
C Checked by (Engr-In-Charge):	OD.		\$5	
- 1 (g onn. 60).		r Co-ordination	510	
uditors! Comments :-	•N7: Post F	Lepnir Inspection 1	\$25 \$5	
_1:		TP (Non INC) against INC 5	\$20	
	9) N12: Idea I	Mobile	30	Addition to
1. 2/3:	Invoice dated	Fee Charged	SAME IN	

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#### 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 witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/06/2019 13:38
Date Of Accident	06/06/2019 16:20
Exact Location Of Accident	PIE (TUAS) BEFORE ENG NEO AVE EXIT
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH9134C
Insured/Policyholder	
Name Of Registered Owner	KEM AUTO
Co Reg No	53309211J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85306081
Alternative Phone No	OFFICE-85306081
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 2.0L M
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MJ001016-R00
Cover Note Number	
Driver	
Name of Driver	MOHAMED FAIZAL BIN MOHAMED SAREF
NRIC No	S8619202J
Date Of Birth	17/07/1986
Occupation	OUTDOOR

Occupation OUTDOOR Date Of Driving Pass 01/01/2008

**Driving Experience** 11 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97484278

Fax Number

Contact Number OFFICE-97484278

EMail Address NOEMAIL Address BLK 889B WOODLANDS DRIVE 50

#08-239

Postcode 732889

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

d 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 WET

Other Information

Was any foreign vehicle involved in this accident? N

NO

Number of vehicles (including own vehicle)

2

involved in the accident

YES

Was any body injured in the Accident?

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)

1023

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

.

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

YES

Police Station Name

MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given?

If Yes,against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190607/2056.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SLJ7268D

Vehicle Make/Model/Colour Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

SYED MOHAMMAD BIN SYED ABDUL RAHMAN ALSAGOFF

NRIC/Passport Number

S8605697F

Contact Number

82332244

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME:

GENDER:

# **DETAILS OF INJURED PERSON 1**

Name

MOHAMED FAIZAL BIN MOHAMED SAREF

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SJH9134C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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.
- 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.
- 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:
  - 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:
  - 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:

1126056

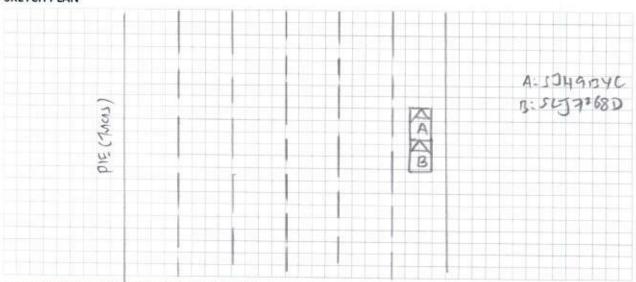
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to	police report -	7/2019 0607 /2056.	
	30 320 0		

DECLARATION

I/We detaile the toregoing particulars are true in every respect.

Policyholder's Dignature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

PARMIC SHOTCHPTONEDUM VS





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Report No. T/20190607/2056

1 of 3

Tel No: 1800-7449999

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2019 12:45		/lade:	Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars				
	f Informant: IED FAIZAL	BIN MOHAMED	Address: APT BLK 889B WOODLANDS DRIVE 50 #08-239 SINGAPORE 732889			
	/ ID No.: O / S86192	02J	Contact No.: Home/Office: Mobile: 97484278			
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age:	Date of Birth: 17/07/1986	Type of Informant:			
Race: Malay			Language:	Institution / School Name:		
Occupation: DRIVER (COURIER SERVICE)		R SERVICE)	Driving Licence Information Class:	n: Date of Expiry:		

Type of Injury		Drink	Date/Time of	Type of Location
Accident:	Others	Drive:	Accident: 06/06/2019 16:20	Straight Road
	EXPRESSWAY	Veo Ave Exit		
Weather:		Road Surface:	1	Road Speed Limit:
Clear		Wet		
Clear Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled	1.00	Traffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJH9134C	Car				Slightly Damaged	0
SLJ7268D	Car					1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

2 of 3 Report No. T/20190607/2056

CONTINUATION OF REPORT

Driver	The second second second second second	1533-25-130-4		francisco.	THE RESERVE AND THE PARTY OF TH
Name	MOHAMED FAIZAL BIN MOHAMED SAREF		ID No		S8619202J
Related Vehicle	SJH9134C (Car)		Contact No.		97484278
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment				_	6/2019
No. of Days gran	ted Medical Leave 05	Degree o			
Driver	THE THE PERSON NAMED IN THE PERSON NAMED IN			OCHO	us and a second
Name	SYED MOHAMMAD BIN SYED ABDUL RAHMAN ALSAGOFF		ID No		S8605697F
Related Vehicle	SLJ7268D (Car)			ct No.	82332244
Hospital/Clinic	NIL			of g e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days grant	ed Medical Leave NIL	Degree o		NIL	

### Brief Details.

On 06/06/2019 at about 4.20pm, I was driving in a rented car SJH9134C from Kem Auto Car Rental along PIE towards Jurongs. When I was on the first lane, nearing Eng Neo Ave exit, suddenly, the dark blue colour car (Mazda 6) infront of me collided with another car.

I quickly slow down and managed to come to a complete stop without colliding with the car infront of me at about one car length away. 5 seconds later, when I wanted to move off, suddenly, an impact comes from the back and hit my car. The force moved my hand forwards from the gear stick and hit against the front compartment while my front shoulder area hit against the steering wheel.

Shortly after, I came out to make a check and discovered that another car SLJ7268D had hit onto me. We exchange contact details, took photographs and left. After a few hours, when I was eating, I felt pain on my left little finger and strain on my left shoulder. I tried to take some Panadol but to no effect.

At about 11.30pm, I went to Tan Tock Seng Hospital A&E department for a check and X-ray result indicate that there is a possible displaced fracture on my left little finger and gave me 5 days of MC from 07/06/2019 to 11/06/2019 and a further appointment.

There are front facing in-car camera installed by Kem Auto Car Rental.





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

3 of 3 Report No. T/20190607/2056

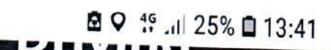
CONTINUATION OF REPORT

# Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 3 NG KA WAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2019 12:45
Officer In Charge Of Case: TP / AEIT / SI MOHAMAD ZULFAZDLI BIN ABDULLAH	Classification Of Case:
Contact No.: 65476204  Authentication Stamp	



# Licence

# **Qualified Driving Licence**

**Qualified Driving Licence Number** 

S8619202J

Status of Qualified Driving Licence

Valid

Class(es) of Qualified Driving Licence

3

**Expiry Date** 

Lifetime unless revoked, suspended or disqualified

For LKK/NAC Use Only

# **Provisional Driving Licence**

**Provisional Driving Licence Number** 

S8619202J

Status of Provisional Driving Licence

No Licence

Class(es) of Provisional Driving Licence

Ask Jamie

THIS PASSPORT IS VALID FOR ALL COUNTRIES EXCEPT THE FOLLOWING:

# For LKK/NAC Use Only REPUBLIC OF SINGAPORE

PASSPORT



SGP

E5396801C

MOHAMED FAIZAL BIN MOHAMED SAREF

M SINGAPORE CITIZEN
Date of hour
17 JUL 1986 SINGAPORE
Date of hour
25 FEB 2015 O4 SEP 202
Modifications SEE PAGE 2 S8619202J

Date of rapirs 04 SEP 2020 Authors.
MINISTRY OF HOME AFFAIRS

PASGPMOHAMED<FAIZAL<BIN<MOHAMED<SAREF<<<<<< E5396801c0sGP8607173M2009041s8619202J<<<<78

For LKK/NAC Use Only

# 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



## 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-MJ001016-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle

SJH9134C

Chassis No.: JHMFD25408S201991

2. Name of Policyholder

KEM AUTO

3. Effective date of the Commencement of Insurance for the purposes of the Act

24/07/2018

4. Date of Expiry of Insurance

23/07/2019

5. Persons or Class of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission.

The hirer

Any other person who is driving on the hirer's order or with his/ their 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 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
- 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: 2397DDA

Insurance Plan: Policy Excess:

Third Party Cover Only

Excess-Third Party (Sect II) SGD 2,000

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Yeo Chor Joo Irene - Mot

Printed 13/08/2018