

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2003] MNA19091678

Date In: 18/07/2009 16:10	Job description	Date & Time Completed	Done by
Ref No: NA/TMI19012417/Y	SAS e-filing		
Veh No: GB E947Z	E-mail (by date 3hrs, AIC 2hrs)		
D.O.A 12/07/2009 12:50	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (With: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whom		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: FBK 2004B	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:

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$9000] ( )

Injury: \_\_\_\_\_

Date/Time:	Action:

NA1905213	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$10)
Contact No:	3) TP: Towing Fee	\$40/\$43
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2003)	
Ref 1:	6) TR: Re-inspection	\$75
	7) NI: Issue DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	OD:	
	*N5: Courtesy Car / Tpl 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: Issue Mobile	\$0
	Invoice dated	
	Invoice dated	



## 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	13/07/2019 16:10
Date Of Accident	12/07/2019 12:50
Exact Location Of Accident	BLOCK 9002 TAMPINES STREET 92
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9477Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STRAITS TEAMWORK PTE LTD
Co Reg No	197501956G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85951170
Alternative Phone No	OFFICE-85951170

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 5M/T ABS 2DR 2WD EURO 5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MU009114-R01
Cover Note Number	

### Driver

Name of Driver	CHELLAIAH RAMASAMY
NRIC No	F8100833R
Date Of Birth	05/03/1975
Occupation	OUTDOOR
Date Of Driving Pass	14/05/2010
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85951170
Fax Number	
Contact Number	OTHERS-85951170
Email Address	NOEMAIL

Address BLK 13 TOH DORMITORY  
#03-02

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 RAINING  
Road Surface WET

#### 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? YES  
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) 1

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE  
Police Station Address ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62448558  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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 FBK2224B  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver MOHAMAD AMER HAFFIZ BIN MOHD YAZID  
NRIC/Passport Number G8552615X  
Contact Number  
Address  
Postcode  
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MOHAMAD AMER HAFIZ BIN MOHD YAZID
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK2224B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:

12/7/2019

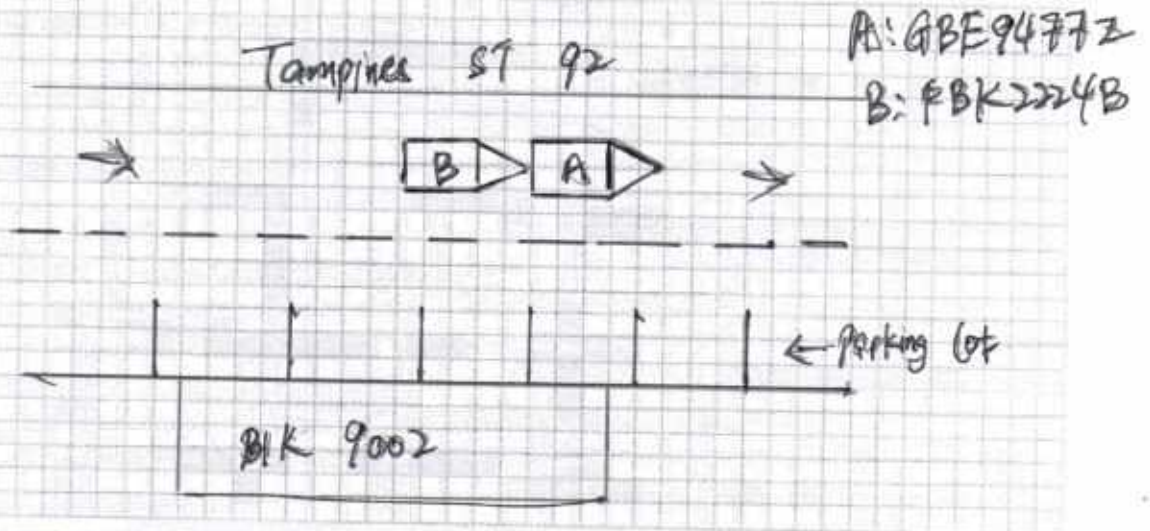


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

13/07/2019

Resh. A. Hossain

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Blk 9002 Tampines ST 92, Vehicle B (FBK2224B) hit onto my rear (GBE9477Z).

POLICE REPORT 7/20190713/2033

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:

12/7/2019



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

13/07/2019

Rehman





**SINGAPORE  
POLICE FORCE**



T/20190713/2033

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 3

Report No. T/20190713/2033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/07/2019 10:45		Vide Report No.: G/20190712/0096		Station Diary No.: 21	
<b>Informant's Particulars</b>					
Name of Informant: CHELLAIAH RAMASAMY			Address: 13 Toh Guan Road East #03-02 Toh Guan Dormitory SINGAPORE 608567		
ID Type / ID No.: FIN NO / F8100833R			Contact No.: Home/Office:                      Mobile: 85951170		
Nationality: INDIAN			Email:		
Sex: Male	Age: 44	Date of Birth: 05/03/1975	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name:	
Occupation: CONSTRUCTION			Driving Licence Information: Class: 3                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/07/2019 12:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES STREET 92 TAMPINES AVENUE 1 Opposite Blk 9002				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2224B	Motorcycle				Slightly Damaged	0
GBE9477Z	Lorry				Slightly Damaged	0

**Details of Person Involved**

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

# SINGAPORE ACCIDENT STATEMENT

## ACCIDENT STATEMENT

Date Of Accident \* 12/07/2011 Time 12:50 Hrs  
 Exact Location Of Accident \* Blk 9002 Tampines ST 92

## DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number \* GBE 9477 Z

Name of Registered Owner \* Straits Teamwork PTE LTD  
 NRIC/FIN/Passport Number \* 197501956G

Manufacturer Nissan  
 Model Cabstar

Exact Purpose for which vehicle was being used at time of accident  
 \* Private use ☐ Commercial use ☒ Hire & reward ☐  
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?  
 \* Yes ☐ No ☒ Others

If No, please state action to be taken  
 \* Third Party Claim ☒ Reporting Only ☐

Vehicle Category  
 \* Private ☒ Commercial ☒ Motorcycle ☐

Name of Insurance Company \* Tokio Marine Insurance Singapore  
 Type of Coverage \* Comprehensive

Fleet Policy Yes ☐ No ☐

Policy Number \* 18-MU009114-K01  
 Cover Note Number

Name of Driver \* Chellaiah Ramasamy

NRIC/FIN/Passport Number \* F8/00833R

Date of Birth \* 05/03/1975

Occupation \* Driver

Date of Driving Pass \* 14 May 2010

Gender \* Male ☒ Female ☐

Mobile Number \* 85951170

Address \* Toh Guan Dormitory  
 Blk 13 # 03-02

Email Address

Was driver an employee of the insured's Company?  
 \* Yes ☒ No ☐

If no, Relationship of the Driver with the insured  
 \*



Vehicle Registration Number of Driver's Own Vehicle (If applicable) \_\_\_\_\_  
Insurance Company of Driver's Own Vehicle (if applicable) \_\_\_\_\_

#### General Information of the Accident

Type of Accident • collision - Front to rear  
Weather Conditions • Clear ☒ Raining ☐ Others \_\_\_\_\_  
Road Surface • Dry ☒ Wet ☐ Others \_\_\_\_\_

#### Other Information

Was any body injured in the Accident? Yes ☐ No ☒  
Was any other material or property damaged? Yes ☒ No ☐

#### Details of Injured Persons

Name • \_\_\_\_\_  
Address • \_\_\_\_\_  
Approximate Age • \_\_\_\_\_  
Injuries Sustained • \_\_\_\_\_  
If vehicle Occupants, state in which vehicle? \_\_\_\_\_  
Were seat belts worn? • Yes ☐ No ☒  
Was injured conveyed to hospital by ambulance? • Yes ☐ No ☒

#### Details of Police Action

Was the Accident reported to the Police? • Yes ☒ No ☐  
If Yes, please state which Police Station \_\_\_\_\_  
Was notice of intended Prosecution given? • Yes ☐ No ☒  
If Yes, against whom? BLOCK SOUTH R.P.C.

#### DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number • FBK 2224 B  
Vehicle Make / Model / Colour \_\_\_\_\_  
Detail Of Properties \_\_\_\_\_  
Name of Driver • Mohamed Amer Haffiz Bin Mohd Yazid  
NRIC/Passport Number 98552615X  
Contact Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Nature of Damage \_\_\_\_\_

#### Details of Witness

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer

STRAITS TEAMWORK PTE LTD.



Name  
**CHELLAIAH RAMASAMY**

Work Permit No. **D 31544194** Sector: **CONSTRUCTION**



K0164913

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

License Number **F8100833R**

**CHELLAIAH RAMASAMY**

Birth Date: **05 Mar 1975**  
Issue Date: **19 Oct 2017**  
Valid Till: **18/10/2022**

0027349648

**VISIT PASS**  
Immigration Regulations

02-03-2019

Name  
**CHELLAIAH RAMASAMY**

FIN  
**F8100833R**

Date of Birth: **05-03-1975** Sex: **M**

Nationality  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass App to check status



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  14 May 2010

NP 426A





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

*C. Ramasamy  
Munasingh*



**TOKIO MARINE  
INSURANCE GROUP**

FORM MZ300

**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-MU009114-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle GBE9477Z Chassis No.: JN1SC2F24Z0858649
2. Name of Policyholder STRAITS TEAMWORK PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 09/11/2018
4. Date of Expiry of Insurance 08/11/2019

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

Any person who is driving on the policyholder's order or with 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\*

- 1) Use in connection with the policyholder's business.  
2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.  
3) Use for social domestic and pleasure purposes.  
The policy does not cover:-  
1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.  
2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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: 2567DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 750 Windscreen Excess SGD 100
Financial Interest:	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

*R22/10*