

NATIONAL Assessment Centre Services

Date In: 20/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/PMI/19014489/13	SAS e-filing		
Veh No: SLG2870M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/08/19 0735	i-Motor Claim Form		
OD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (HUP SOON)	Tel:	Fax:
TP Particulars:	Veh No: GBM7092Y	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

NA1906142	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance \$5			
Contact No:	*N6: Repair Co-ordination \$10			
Damaged Portion:	*N7: Post Repair Inspection \$25			
QC Checked by (Engr-In-Charge):	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:				

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	20/08/2019 09:11
Date Of Accident	19/08/2019 07:35
Exact Location Of Accident	TPE TWDS LOYANG AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG2870M
Insured/Policyholder	
Name Of Registered Owner	ISMAIL BIN AHAMAD
NRIC No	S1719033D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91806419
Alternative Phone No	OTHERS-91806419
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
Exact Purpose for which vehicle was being used at time of accident	GOING WORK
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	MT106952
Cover Note Number	
Driver	
Name of Driver	ISMAIL BIN AHAMAD
NRIC No	S1719033D
Date Of Birth	18/05/1965
Occupation	INDOOR
Date Of Driving Pass	21/11/1989
Driving Experience	29 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91806419
Fax Number	
Contact Number	OTHERS-91806419
EMail Address	NOEMAIL

Address	86 EDGEDALE PLAINS #05-14
Postcode	828738
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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)	1

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	GBH7092Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HO CHIN YEE
NRIC/Passport Number	S8625072A
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.
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:

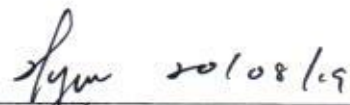
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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:

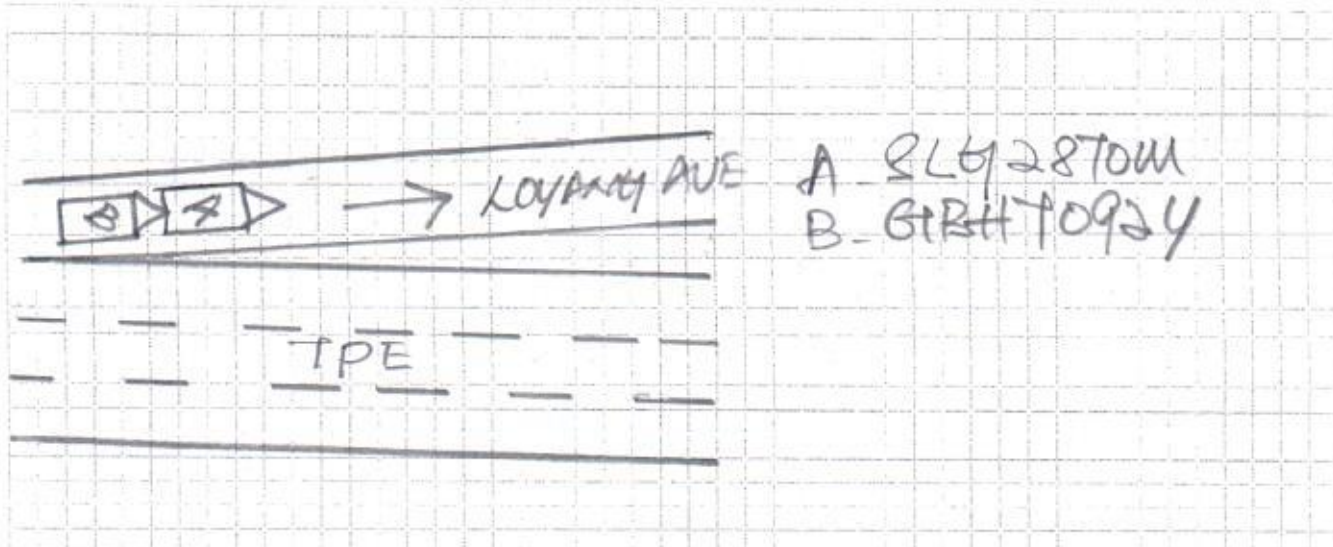


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS STATIONARY OUT OF SUDDM I FELT AN IMPACT FROM MY VEH REAR PORTION.

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.:

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 : MNA119109075 Vehicle Registration No: SLG2870M
Name(as shown in NRIC) : ISMAIL BIN AHMAD NRIC/FIN/Passport No : 517190230
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 86 EDGEBALE DRAINS #05-14 Singapore(228738)
Contact (Tel) : _____ Mobile No. : 91806419
Email Address : _____
Date of Accident : 19/08/19 Time of Accident : 07:35
Place of Accident : TRE TWAS COYANG AVE
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:

AMEND TP VEH NO

Policyholder / Driver's Signature
Date:

shym 20/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



HS AUTOMOTIVES PTE LTD

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

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: 8C62870M MAKE/MODEL: HONDA CIVIC
DATE OF ACCIDENT: 19/8/2019 TIME: 07 HR 35 MIN AM PM
LOCATION OF ACCIDENT: TPE TOWARD LOYANG AVE.
EXACT PURPOSE USE DURING ACCIDENT: GOING WORK

CAR OWNER

NAME OF CAR OWNER: ISMAIL BIN AHMAD
CONTACT NO: 91806419
NRIC: 81T19033D
CLAIM TYPE: ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY
INSURANCE COMPANY: LIBERTY
TYPE OF COVERAGE: ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT
POLICY NO: UT 106952

ACCIDENT DRIVER

☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW
NAME OF DRIVER: As Above
NRIC: 81T19033D NO OF PASSENGER/S: 0
DATE OF BIRTH: 18-05-1965
OCCUPATION: ☐ OUTDOOR ☒ INDOOR
DATE OF DRIVING PASS: 21, NOV, 1989
GENDER: ☒ MALE ☐ FEMALE
CONTACT NO: NO-86 EDGEHILL PLANS #05-14(S) 828738
ADDRESS: NO-86 EDGEHILL PLANS #05-14(S) 828738

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: OWNER

WEATHER CONDITION

ROAD SURFACE

ANY INJURIES

CONTACT NO

POLICE REPORT

VIDEO FOOTAGE

3RD PARTY INFO

VEHICLE B NO

NAME

CONTACT NO

VEHICLE C NO

VEHICLE D NO

VEHICLE E NO

VEHICLE F NO

ANY WITNESS

WITNESS CONTACT NO

NO OF PASSENGER/S

NO OF PASSENGER/S

NO OF PASSENGER/S

NO OF PASSENGER/S

NO OF PASSENGER/S

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1719033

Name: ISMAIL BIN AHMAD

For LKK/NAC Use Only

Birth Date: 18 May 1965

Issue Date: 21 Apr 2003

000403064G



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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	24 Jan 1990
Class 2A	Motorcycles between 201 cc and 400 cc	24 Jan 1990
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Nov 1989

For LKK/NAC Use Only

NP 426A

License No: S1719033D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1719033D



Name

ISMAIL BIN AHAMAD

For LKK/NAC Use Only

Race

MALAY

Date of birth

18-05-1965

Country of birth

SINGAPORE

Sex

M

S1719033D

4374391



NRIC No. S1719033D



For LKK/NAC Use Only

Date of issue

05-03-2009

88 EDGE DALE PLAINS #05-14
SINGAPORE 828738

NRIC No: S1719033D

Date: 16/01/2018



TOKIO MARINE
INSURANCE 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.: MT106952 (Private Car (2 Years))

- | | | |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLG2870M | Chassis No.: MRHFC5650GT000338 |
| 2. Name of Policyholder | ISMAIL BIN AHAMAD | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 27/09/2018 (00:00:00) | |
| 4. Date of Expiry of Insurance | 26/09/2020 | |
| 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 or 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: E2316DDA	
Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 600.00	(Original Excess : SGD 600.00)
	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:	DBS BANK LTD		

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature