

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MHA119164564

Date In: 26/12/19-11:47	Job description	Date & Time Completed	Done by
Ref No: HA/20219022648724	SAS e-filing		
Veh No: 53588535	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 27/12/19-17:20	i-Motor Claim Form		
OD: TP / 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: (

Tel:

Fax:

TP Particulars:

Veh No: 2W7792

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: 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

HA2000055

Invoice Preparation Checklist

Am't (\$)
in Bill

Am't (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Pat. 1:

Pat. 2 / 3:

- 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:-
- 9) QD*
 - *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-in INC) against INC \$20
 - N12: Idac Mobile 30

Invoice dated

Fee Charged

Invoice dated

Fee 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 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	26/12/2019 11:43
Date Of Accident	24/12/2019 17:20
Exact Location Of Accident	BLK 425 YISHUN AVE 11 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS8853J
Insured/Policyholder	
Name Of Registered Owner	M AUTOMOBILE
Co Reg No	5XXXX651L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91001066
Alternative Phone No	OFFICE-91001066

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MS010757
Cover Note Number	

Driver

Name of Driver	MUHAMAD SHAFIE BIN AMAN
NRIC No	SXXXX447E
Date Of Birth	20/01/1982
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91095969
Fax Number	
Contact Number	OFFICE-91095969
Email Address	NOEMAIL

Address	BLK 242 YISHUN RING ROAD #08-1120
Postcode	760242
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 - MAJOR/MINOR RD
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?	
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

REFER TO 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	SLW779Z
Vehicle Make/Model/Colour	SUZUKI SWIFT
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)	

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.

MONITORMOBILE

Reg. No. S3071651L

No. 15 Commonwealth Lane, Lot 20/21
Commonwealth Car Mall, Singapore 149554
Tel: 6475 1018, Fax: 6475 1278 / 6744 7331
Email: mtcl18@singnet.com.sg

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



vehicle A SJS 8853J
vehicle B SLW 779Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in the carpark of Blk 425 Yishun Ave 11 when suddenly a vehicle B (SLW 779Z) drove out of his parking lot without noticing my vehicle A (SJS 8853J) and banged onto my right front portion of my car. Immediately I alighted and took down scene photos. I requested the other party for exchanging particulars. My front right portion was damaged. Nobody was injured at the point of accident.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

DECLARATION

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

No. 13 Commonwealth Lane, Lot 28/21
Commonwealth Car Park, Singapore 149554
Tel: 6475 1018, Fax: 6475 1250, 6744 7331
Email: mtct18@singnet.com.sg

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.:

SINGAPORE ACCIDENT STATEMENT

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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 26 12 19
 ☆ Date Of Accident 24 12 19 5:20pm
 ☆ Exact Location Of Accident BK 425 Vishnu Avel Carpark
 ☆ Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

☆ Vehicle Registration Number SJS 8853J
Insured/Policyholder
 Name Of Registered Owner / Company M Automobile
 RIC No / Work Permit No / ROC No 53071651L
 Email Address ECV@elitecarventures.com
 Mobile Phone No (LOCAL) 91001066
 Alternative Phone No
 Others-
Vehicle Particulars
 ☆ Manufacturer Toyota
 ☆ Model Toyota Vios
 ☆ Exact Purpose for which vehicle was being used at time of accident Private Use / Commercial Use / Other Use
 ☆ Are you claiming under your own insurance policy for repair to your vehicle?
 If No, Please state action to be taken Yes / No / Third Party
 ☆ Vehicle Category Private Use / Commercial Vehicle / Motorcycle / Taxi / Bus / Goods Vehicle / Tanker / Mobile Equipment / Motor Trade / Government
Insurance Company
 Name of Insurance Company Tokio Marine
 ☆ Type Of Coverage Third Party Fire & Theft
 ☆ Policy Number MS010757
 Cover Note Number
Driver
 ☆ Name of Driver Muhamad Shafie Bin Aman
 ☆ NRIC No S8200447E
 ☆ Date Of Birth 20 01 1982
 ☆ Occupation Indoor / Outdoor
 ☆ Date Of Driving Pass 29 12 2017
 Driving Experience
 ☆ Gender male
 ☆ Mobile Number (Local) 91095969
 Fax Number
 Contact Number
 Email Address

☆ Address

☆ Postcode

☆ Was driver an employee of the Insured's Company

☆ If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

Bik 242 Yichan Ring Road #08-1120
S (760 242)

Yes / ☒ No

Owner / Relative / Friend / Parent / Spouse / Children / Sibling / ☒ Hirer

General Information of the Accident

☆ Type Of Accident

☆ Weather Conditions

☆ Road Surface

Other Information

☆ Was any foreign vehicle involved in this accident?

☆ Foreign Vehicle Registration Number

☆ Was any body injured in the Accident?

Was any other material or property damaged?

Have been approached by unknown person(s) soliciting/offering accident claims assistance.

☆ Number of Passengers (Including Driver)

Collision : Major / minor Road

Rainning / ☒ Clear / Other :

Wet / ☒ Dry / Other :

Yes / ☒ No

Yes / ☒ No

Name: _____

Yes / ☒ No

Yes / ☒ No

1

Details of Police Action

☆ Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

Police Station Address

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Yes / ☒ No

ROAD:

, POSTCODE:

, COUNTRY:

TEL NO:

- FAX NO:

Yes / No

Attachment(s)

Are accident photos available for attachment?

☆ Was there any video captured by Car Camera?

Was there any audio recorded?

☒ Yes / ☒ No

☒ Yes / ☒ No

☒ Yes / ☒ No

DETAILS OF OTHER VEHICLE PROPERTY 1

☆ Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

SLW 7792

Suzuki Swift

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No: 102300014M) (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



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.: MS010757 (Private Car)

1. **Index Mark and Registration Number of Vehicle** SJS8853J **Chassis No.:** MR053HY9305129055
2. **Name of Policyholder** M AUTOMOBILE
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 23/09/2019 (10:53:32)
4. **Date of Expiry of Insurance** 22/09/2020
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

Insurance Plan:	Third Party Fire & Theft	Account No: 2538DDA
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Excess-Third Party (Sect II)	SGD 2,500.00
Financial Interest:	TAI THONG LEE TRADING PTE LTD	
Additional Terms:	<ol style="list-style-type: none">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. Additional YID excess of SGD 1,500 applied on Section 2.4. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable.5. Private Hire Usage Vehicle Endorsement is applicable.	

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature