

NATIONAL Assessment Centre Services. Part 1 (Jan 03) MWA # 120000872-01

Date In: 3/1/20 11:14	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref ID: MA/TMZ 20000134/64	E-mail (within 3hrs, A/C 2hrs)		
Web ID: SLP 6978M	I-Motor Claim Form		
ICLA: 2/1/20 15:30	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: SLW 9072B	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 Routine: 6789 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

MA 2000236		Invoice Itemization Checklist		Amo (\$)	Amo (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100);	INC (\$50)		
Contact No:		3) TP: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
QC Checked by (Engr-In-Charge):		5) FT: Follow-Through Survey (Resurvey)	\$30		
Auditors' Comments:		For claimant against INC Only (w/c 10 Jan 20/03)			
		6) TR: Re-inspection	\$75		
		7) NI: Idao 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 Excess Coordination	\$5		
		TP (N11): TP (Non INC) against INC	\$20		
		9) N12: Idao Mobile	\$0		
		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	03/01/2020 11:14
Date Of Accident	02/01/2020 15:30
Exact Location Of Accident	PIE TWDS JURONG B4 ADAM RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6978M
Insured/Policyholder	
Name Of Registered Owner	AUTOMOBIL LEASING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64682200

Vehicle Particulars

Manufacturer	SSANGYONG
Model	TIVOLI-1.6 (A)
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MI001010-R02
Cover Note Number	

Driver

Name of Driver	MUSTAQIM BIN MUSTAFA
NRIC No	SXXXX293A
Date Of Birth	15/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87163842
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 107 TAMPINES ST 11 #05-367
Postcode	521107
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	CHAIN COLLISION
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	3
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: : JASMINE ANG
	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

REFER TO POLICE REPORT T/20200103/7007

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW9027B
Vehicle Make/Model/Colour	
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMF9693E
Vehicle Make/Model/Colour
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)

DETAILS OF INJURED PERSON 1

Name MUSTAQIM BIN MUSTAFA
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLP6978M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JASMINE ANG
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLP6978M
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

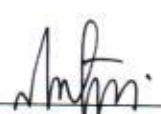
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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

A = SLP 6978 M

B = SLW 9072 B

C = SMF 9693 E

PIE twds Jurong B4 Adams Rd Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

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.:

311/20

ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 1 / 20) (DD/MM/YYYY), TIME: (15 : 30) (HH:MM)

LOCATION: PIE + wds Jurong B4 Adam Rd B77

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP 6978M
 b) INSURANCE COMPANY: TMZ
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Commercial
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Automobile Leasing pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 6468 2200
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Mustaqim Bin Mustafq (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 8716 3842
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____ / ____ / ____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING - PASS : _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) Driver + passenger.

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLW 9072 B MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMF 9693 E MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Jasmine on Ang
(CF)

(2)

NUMBER OF
PASSENGER
INCLUDING DRIVER

()

NUMBER OF
PASSENGER
INCLUDING DRIVER

()

NUMBER OF
PASSENGER
INCLUDING DRIVER

* Police Report

musmustaqimmus@gmail.com

1) EMAIL : team work

2) VIDEO : Yes.



SINGAPORE POLICE FORCE



T/20200103/7007

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

1 of 3

Report No. T/20200103/7007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2020 11:08		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUSTAQIM BIN MUSTAFA			Address: APT BLK 107 TAMPINES STREET 11 #05-367 SINGAPORE 521107		
ID Type / ID No.: NRIC NO / S9124293A			Contact No.: Home/Office: Mobile: 87163842		
Nationality: SINGAPORE CITIZEN			Email: musmustaqimmus@gmail.com		
Sex: Male	Age: 28	Date of Birth: 15/07/1991	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Grab driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2020 15:30	Type of Location: Straight Road
Location: PIE TOWARDS TUAS NEAR ADAM ROAD EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP6978M	Car					0
SLW9072B	Car	OPEL		Black	Slightly Damaged	2
SMF9693E	Car	MERCEDES BENZ		White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200103/7007

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

2 of 3

Report No. T/20200103/7007

CONTINUATION OF REPORT

Passenger			
Name	JASMINE ANG	ID No.	NIL
Related Vehicle	SLP6978M (Car)	Contact No.	97329931
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	MUSTAQIM BIN MUSTAFA	ID No.	S9124293A
Related Vehicle	SLP6978M (Car)	Contact No.	87163842
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was driving along PIE towards Jurong at exit before adam road when I felt a double impact involving SLW9072B and SMF9693E (last car).

Attached are video footages of the accident.



**SINGAPORE
POLICE FORCE**



T/20200103/7007

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

3 of 3

Report No. T/20200103/7007

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.: 65476219

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:
03/01/2020 11:08

Classification Of Case:

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



TOKIO MARINE
INSURANCE GROUP

FORM MX1 H

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 19-MI001010-R02 (Private Motor Car)

1. **Index Mark and Registration Number of Vehicle** SLP6978M **Chassis No.:** KPT30BIUSHP164206
2. **Name of Policyholder** AUTOMOBIL LEASING PTE LTD
3. **Effective date of the Commencement of Insurance for the purposes of the Act** 15/06/2019
4. **Date of Expiry of Insurance** 14/06/2020
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 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 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: 2348DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 3,000
	Excess-Third Party (Sec 11) SGD 3,000
	Windscreen Excess SGD 1,000
Financial Interest:	DBS BANK LTD

Tokio Marine Insurance Singapore Ltd.

AUTHORIZED SIGNATORY