

NATIONAL Assessment Centre Services.

[ver 1 Jan'08]

NA/20005858

Date In: 13/01/2020 17:52	Job description	Date & Time Completed	Done by
Ref No: NA/20000828/Y	SAS e-filing		
Veh No: SGT 9324X	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 10/01/2020 07:30	I-Motor Claims 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/Wksn		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SMK 2/39J 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 ()

() 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 > \$3000] ()

Injury: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

NA2000433

Invoice / Item	Amount	Availability
1) AIC: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$10/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	
7) NI: Idas DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
• N5: Courtesy Car / Tpl Allowance	\$5	
• N6: Repairs Co-ordination	\$10	
• N7: Post Repair Inspection	\$25	
• N8: DV / Collect Excess Co-ordination	\$5	
• N9: DV / Collect Excess Co-ordination	\$20	
• N10: TP (Non INC) against INC	\$30	
• N11: Idas Mobile		
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	13/01/2020 17:52
Date Of Accident	10/01/2020 07:30
Exact Location Of Accident	NORTH BUONA VISTA ROAD TOWARDS AYE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ9324X
Insured/Policyholder	
Name Of Registered Owner	IDRIVE AUTOMOBILE
Co Reg No	5XXXX146B
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-84286663
Alternative Phone No	OFFICE-84286663
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY
Fleet Policy	NO
Policy Number	MS004306
Cover Note Number	
Driver	
Name of Driver	AZMAN BIN SANAYI
NRIC No	SXXXX228B
Date Of Birth	25/06/1972
Occupation	OUTDOOR
Date Of Driving Pass	03/09/1993
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84286663
Fax Number	
Contact Number	OTHERS-84286663
EMail Address	SALES@MIA.COM.SG

Address	BLK 817 JURONG WEST STREET 81 #04-24
Postcode	640817
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 - CHANGE/CROSS LANE
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?	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)	3
Passenger 1	NAME: : STUDENT GENDER: : MALE
Passenger 2	NAME: : STUDENT GENDER: : MALE

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

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	SMK2139J
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

NameAZMAN BIN SANAYI
Approximate Age
Injuries SustainSLIGHT INJURY
Injured person in which vehicle?SGJ9324X
Were seat belts worn?YES
Was this injured conveyed to hospital by ambulance?NO
Address
Postcode

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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.



 Policyholder's Signature _____

 Date & Time: _____



 Driver's Signature

 (If driver is not the policyholder)

 Date & Time: _____

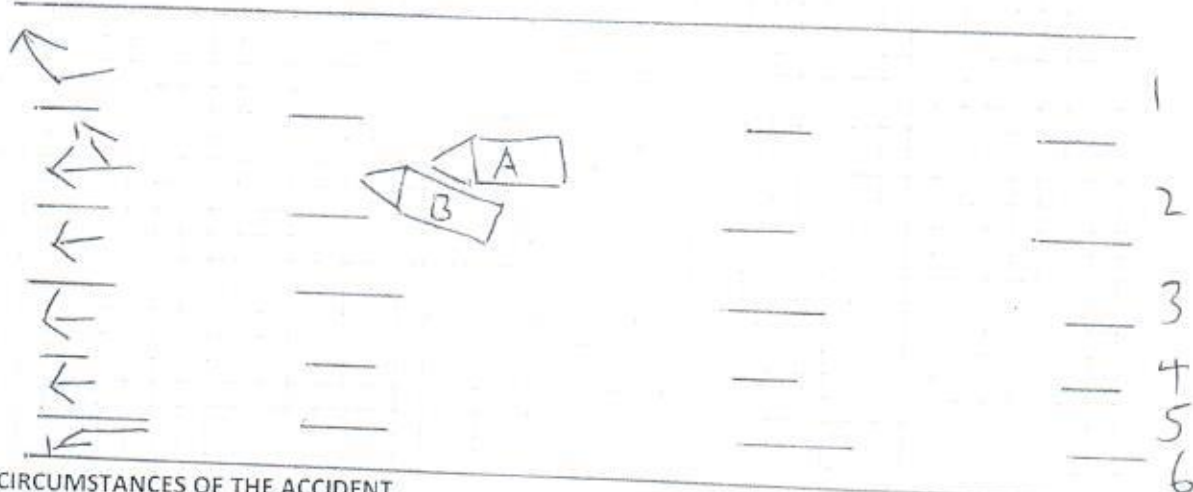
13/01/2020



 Reporting Centre Personnel's Signature

 Name: _____

 NRIC/FIN No.: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along North Buona Vista Rd toward ATE at the 6 lane traffic on the second lane suddenly vehicle B cut into my lane and collided onto my left front and cause my rim, front bumper badly damage.

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.:

13/01/2020
Pos L
Wong

Date of Accident : 10012020 Accident Time: 0730 (24-HR-Format)
Accident Place : North Buona Vista Rd Toward AYE
Vehicle No. (Car Plate No.) : SGJ 9324X Make/Model: TOYOTA VIOS
Insurance Company : TOKIO MARINE Policy No: MS 004306
Owner or Company Name / IC No. : IDRIE AUTOMOBILE 53364146B
Owner or Company Contact No. : 8428 6663 Owner's Hp Company Tel
DRIVER'S Name / IC No. : AZMAN BIN SANAYI 57221228B
DRIVER'S Date Of Birth : 25061972 DRIVER'S License Pass Date 26 MAY 1993
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Singapore
DRIVER'S Address : APT BLK 817 JERONG WEST STREET 81 #04-24 640817
DRIVER'S Contact No. / Alt No. : 1) 2) 87791513
DRIVER'S Occupation : INDOOR (OUTDOOR (e.g. working inside or outside office)
Email Address : sales@mia.com.sg
Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ (Claim Other Party) Claim Own Insurance
Number of Passengers (Including Driver): 03
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): 01 injury driver

Other Party Driver's Particular (if any)

Vehicle No: SMK 2139J	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

2 school boy

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

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.: MS004306 (Private Car)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SGJ9324X | Chassis No.: MR053HY4204196606 |
| 2. Name of Policyholder | IDRIVE AUTOMOBILE | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 04/04/2019 (17:36:38) | |
| 4. Date of Expiry of Insurance | 03/04/2020 | |
| 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

Account No: 2417DDA

- | | | |
|---------------------|---|--------------|
| Insurance Plan: | Third Party Only | |
| Policy Excess: | Excess-Third Party (Sect II) | SGD 2,500.00 |
| Financial Interest: | NIL | |
| Additional Terms: | 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