

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA 2008044

Date In: 12/1/05 15:40	Job description	Date & Time Completed	Done by
Ref No: 4A/7M22001512/24	SAS e-filing		
Veh No: 634820 C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1/9/19-20:6	i-Motor Claim Form		
OD: TB / 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: YN2444A	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		Est Bill	Add Bill
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: 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*			
*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: Idac Mobile 30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat 1:

Sat 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	17/01/2020 15:40
Date Of Accident	01/09/2019 20:10
Exact Location Of Accident	VEERASAMY RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8420C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAT.S PTE LTD
Co Reg No	2XXXXX317W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90095439
Alternative Phone No	OFFICE-90095439

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	MT108296
Cover Note Number	

### Driver

Name of Driver	SINGARAM SUNDARAM
NRIC No	SXXXX959F
Date Of Birth	26/03/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2010
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90095439
Fax Number	
Contact Number	OFFICE-90095439
Email Address	NOEMAIL

Address	BLK 102 POTONG PASIR AVENUE 1 #05-342
Postcode	350102
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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	YN2494A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MARIYAPPAN VEERAMANI
NRIC/Passport Number	0XXXX2059
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

Reversed

Viprasamy rd

A: 6B48420C  
B: W1249VA

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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.:

ON STATED DATE AND TIME, MY VEHICLE WAS PARKED INSIDE CARPARK LOT.  
SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY STATIONARY VEHICLE  
FRONT PORTION.



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 1 / 9 / 2019 ) (DD/MM/YYYY), TIME: ( 20 : 10 ) (HH:MM)

LOCATION: Veerasamy rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH8420C.  
 b) INSURANCE COMPANY: TMI  
 c) POLICY NUMBER: M7108296.  
 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: \_\_\_\_\_  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE ( YES / NO ) (NO)  
 IF NO, PLEASE STATE ( THIRD PARTY CLAIM / REPORTING ONLY )

## 2. INSURED / POLICY HOLDER

- a) NAME: SATISH ME Ltd. (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90095439.  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Singaram Sundaram (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 58381959F CONTACT: 90095439.  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: ( 26 / 3 / 1983 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? ( YES / NO ) (NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

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

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

6. WAS ANYBODY INJURED ( YES / NO ) (NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: M2404A MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Mariyappan Veeramani  
 c) NRIC/FIN/PASSPORT: 034052059 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (Including driver)  
(0)

\* No of passenger  
 (Including driver)  
(1)

\* No of passenger  
 (Including driver)  
( )

Email =

fax =

VIDEO = X

# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg. No.: M2-0000623-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: [tmisv@tokiomarine.com.sg](mailto:tmisv@tokiomarine.com.sg) W: [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

## Certificate of Insurance

FORM MZ300

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.: MT108296 (Commercial Vehicle)

1. Index Mark and Registration Number of Vehicle

-

Chassis No.: JTFAT35Y20K2113

2. Name of Policyholder

SAT.S PTE. LTD.

3. Effective date of the Commencement of Insurance for the purposes of the Act

08/10/2018 (00:00:00)

4. Date of Expiry of Insurance

07/10/2019

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 No: 1760DDA

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

Policy Excess:

Own Damage Claims

SGD 750.00

(Original Excess: SGD 750.00)

Additional Excess for Young, Elderly

SGD 3,000.00

(All Claims)

or Inexperience Driver(s)

WindScreen Excess

SGD 100.00

Financial Interest:

UNITED OVERSEAS BANK LIMITED

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature