

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MVA 20015781**

| | | | |
|---------------------------------|--|-----------------------|---------|
| Date In: 4/2/20-15:40 | Job description | Date & Time Completed | Done by |
| Ref No: NA/7M2/2001912/4 | SAS e-filing | | |
| Veh No: JGJ15177 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 2/1/20-18:45 | i-Motor Claim Form | | |
| OD (TP) / Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

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

TP Particulars: Veh No: **JKM 4118U** 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | | Ant (\$) | Ant (\$) |
|---------------------------------|---|-------------|----------|----------|
| | | | 1st Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | | |
| Auditors' Comments :- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Dat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Dat. 2/3: | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | QJ*: | | | |
| | *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 | | |

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 | 04/02/2020 15:40 |
| Date Of Accident | 24/01/2020 18:45 |
| Exact Location Of Accident | KEW HEIGHTS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------------|
| Vehicle Registration Number | SGJ1517J |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD ASHRAF BIN SYED SULAIMAN |
| NRIC No | SXXXX984B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-92723554 |
| Alternative Phone No | OFFICE-92723554 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | HONDA |
| Model | AIRWAVE 1.5 A |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE 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 |
| Fleet Policy | NO |
| Policy Number | MS005842 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------------|
| Name of Driver | MUHAMMAD ASHRAF BIN SYED SULAIMAN |
| NRIC No | SXXXX984B |
| Date Of Birth | 29/03/1988 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/03/2012 |
| Driving Experience | 7 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92723554 |
| Fax Number | |
| Contact Number | OFFICE-92723554 |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 46 JALAN BUKIT HO SWEE #07-882 |
| Postcode | 160046 |
| 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 - CROSS JUNCTION |
| 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) | 2 |
| Passenger 1 | NAME: : MUHAMMAD KABIR BIN SHAHUL HAMED GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: 64715299 |
| Was notice of Intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20200125/2008.

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 | SKM4118U |
| 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 | MUHAMMAD ASHRAF BIN SYED SULAIMAN |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SGJ1517J |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|---------------------------------|
| Name | MUHAMMAD KABIR BIN SHAHUL HAMED |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SGJ1517J |
| 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 reputate 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 lodging 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.

B. 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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

| | |
|----------------------------|---|
| Date and time of accident | Date: 24/01/2020 (DD/MM/YY) Time: 10 45 (HH:MM) |
| Exact location of accident | Kew Heights |

Details of vehicle

| | | | |
|--|--|-------------------------------------|---|
| Vehicle registration number | SGJ 15 17 J | | |
| Vehicle make and model | Aircross Honda | | |
| Type of vehicle | Saloon <input checked="" type="checkbox"/> | MPV <input type="checkbox"/> | CRV <input type="checkbox"/> Van <input type="checkbox"/> |
| | Lorry <input type="checkbox"/> | Bus <input type="checkbox"/> | Motorcycle <input type="checkbox"/> Others: _____ |
| Vehicle category | Private <input checked="" type="checkbox"/> | Commercial <input type="checkbox"/> | Motorcycle <input type="checkbox"/> |
| Purpose of using at said time | Private. | | |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | if no, please select: |
| | Third part claim <input checked="" type="checkbox"/> | | Reporting only <input type="checkbox"/> |

Insurance information

| | |
|-------------------|--|
| Insurance company | Tokio Marine |
| Policy number | MS 005 842 |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

| | | | |
|------------------------------|---|--|---------------------------------|
| Name | Muhammad Ashraf Bin Saif Sulaiman | Male <input checked="" type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S 88 099 84 B | | |
| Contact | 92 77 3554 | | |
| Address | Blk 46 Jalan Bukit Merah #07-82 S (160046). | | |

Driver

Same as insured above (skip to D.O.B)

| | | | |
|------------------------------|--|----------------------------------|---------------------------------|
| Name | | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | | |
| Contact | | | |
| Address | | | |
| Email address | | | |
| Date of birth | 29/03/1988 | | |
| Occupation | Indoor <input checked="" type="checkbox"/> | Outdoor <input type="checkbox"/> | |
| Driving date pass | 29/03/2012. | | |

General information of the accident

| | |
|--|--|
| Was driver an employee of the insured's company? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | 2 (Inclusive of driver) |
| If no, relationship of the driver and insured: <u>Self</u> | |

Passenger 1

| | |
|--------|--|
| Name | Muhammad Kabir Bin Shahul Hameed |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 2

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 3

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 4

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 5

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 6

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Other information

| | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Details of police action

| | |
|---------------------|--|
| Reported to police? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station. |
| Police station name | — |

Third party vehicle 1

| | |
|------------------------------|-----------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | SLM 4118U |
| Vehicle make model | |

Third party vehicle 2

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 3

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| | |
|------|--|
| Name | |
|------|--|

Witness 2

| | |
|------|--|
| Name | |
|------|--|

Injured person 1

| | |
|--|---|
| Name | Muhammad Kabir Bin Shahul Hamid |
| Injuries sustained | |
| Which vehicle person in? | Scg 1517 |
| Were seat belts worn? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Injured person 2

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 3

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 4

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |



**SINGAPORE
POLICE FORCE**



T/20200125/2008

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20200125/2008

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 25/01/2020 01:51 | Vide Report No.: | Station Diary No.: 8 |
|--|------------------|-------------------------|

Informant's Particulars

| | | | |
|--|------------|--|-------------------------------------|
| Name of Informant: MUHAMMAD ASHRAF BIN SYED SULAIMAN | | Address: APT BLK 46 JALAN BUKIT HO SWEE #07-882 SINGAPORE 160046 | |
| ID Type / ID No.: NRIC NO / S8809984B | | Contact No.: Home/Office: Mobile: 92723554 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 31 | Date of Birth: 29/03/1988 | Type of Informant: Vehicle Owner |
| Race: Indian | | Language: English | Institution / School Name: |
| Occupation: Company director | | Driving Licence Information: Class: 2B,2A,3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|-------------------|------------------------------------|---|--|
| Type of Accident: | Injury Others: | Drink Drive: No | Date/Time of Accident: 24/01/2020 19:10 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 KEW HEIGHTS KEW TERRACE | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Two Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|-------|--------|---------------------|-----------------|
| SGJ1517J | Car | HONDA | | Silver | Slightly Damaged | 1 |
| SKM4118U | Car | NISSAN | | White | | 1 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200125/2008

2 of 3

Report No. T/20200125/2008

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------------------------|--|---------------------------------------|
| Vehicle Owner | | | |
| Name | MUHAMMAD ASHRAF BIN SYED SULAIMAN | ID No. | S8809984B |
| Related Vehicle | SGJ1517J (Car) | Contact No. | 92723554 |
| Hospital/Clinic | ALEXANDRA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | 24/01/2020 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight |
| Driver | | | |
| Name | WONG KHEE SIEW | ID No. | S0100614B |
| Related Vehicle | SKM4118U (Car) | Contact No. | NIL |
| 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.

On 24/01/2020, at about 1910hrs, I was driving my car SGJ1517J along Kew Heights as I was heading home with my colleague. I subsequently passed by Kew Terrace when a white car SKM4118U came out from that road and hit on the right side of my car. I stopped my car and checked if my colleague was ok. I then noticed that my driver side door was unable to open due to the accident. I had to alight my car from the passenger side door. I then checked with the driver of SKM4118U and he claimed that there was a stationary car that blocked his view. Therefore, he did not see my car when turning right from Kew Terrace to Kew Heights. I then told him that I will let the insurance company to handle this incident. I exchanged particulars with him and took some photos of the accident. I then left the scene.

A few hours after the accident, I felt pain at the neck area. I believed the injury was caused by the accident. I then went to Alexandra Hospital for a check and I was given 4 days MC. I reported to my insurance company and I was told to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20200125/2008

3 of 3

Report No. T/20200125/2008

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Staff Sgt TAN WEI JIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/01/2020 01:51

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No.: 65476204

Classification Of Case:

SN 49

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SIGNATURE

7/2020

Tokio Marine Insurance Singapore Ltd.

Company Reg No: 19230014M; GST Reg No: M2-000002-1-1
 20 MacCallum Street #09-01 Tokio Marine Centre Singapore 069046
 T: (65) 6221 6133 F: (65) 6221 4355 / (65) 6224 0495 E: lmy@tokiomarine.com.sg W: www.tokiomarine.com



TOKIOMARINE
INSURANCE GROUP

Authorised Signatory
Tokio Marine Centre

FORM MX1 H

Certificate of Insurance

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.: MS005842 (Private Car)

1. Index Mark and Registration Number of Vehicle: SGJ1517J Chassis No.: GJ11104099

2. Name of Policyholder: MUHAMMAD ASHRAF BIN SYED SULAIMAN

3. Effective date of the Commencement of Insurance for the purposes of the Act: 10/05/2019 (00:00:00)

4. Date of Expiry of Insurance: 29/06/2020

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 mandated imperative 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: 275900A |
| Insurance Plan: | Third Party Only | |
| Policy Excess: | Excess-Third Party (Sect II) | SGD 2,000.00 |
| Financial Interest: | HONG LEONG FINANCE LTD | |

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature