

NATIONAL Assessment Centre Services. part 1 Jan 2009 SN 0920080002

Date In: 8/12/20 15:52	Job description	Date & Time Completed	Done by
Ref No: NAL TM220013545 164	SAS e-filing		
Veh No: SMX 4772 S	E-mail (within 3hrs, A/C 2hrs)		
DDA: 7112/20 15:15	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: GBK 5776E	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 repolar.	
() Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()	

Remarks: (INC 101116 07000616)	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: _____

NA2100258		Invoice Preparation Checklist	
Original Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$30)	
QC Checked by (Eng-In-Charge):		3) TR: Towing Fee \$40/\$45	
Auditor's Comments:		4) FT: Follow-Through Survey \$120	
Cal 1:		5) PT: Follow-Through Survey (Resurvey) \$30	
2/2/20		For claiming against INC Only (wef 10 Jan 2009)	
		6) TR: Re-Inspection \$75	
		7) NI: Idao 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 (Nil) / 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 Submission	08/12/2020 15:52 (SGT)
Date of Accident	07/12/2020 15:15 (SGT)
Exact Location of Accident	Geylang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4772S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AZHAREE BIN ARSAD
NRIC No	SXXXX698A
Email Address	ESZK28@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96567575
Alternative Phone No	+65-96567575

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MS004137-R01
Cover Note Number	-

DRIVER

Name of Driver	AZHAREE BIN ARSAD
NRIC No	SXXXX698A
Date Of Birth	11/03/1973
Occupation	Outdoor

Date Of Driving Pass	29/04/1998
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96567575
Alt. Phone Number	+65-96567575
Email Address	ESZK28@HOTMAIL.COM
Address	BLK 748 JURONG WEST ST 73 #02-129
Address complement	-
Postcode	640748
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NURLIYANA BINTE ISMAIL
Gender	Female

PASSENGER 2

Name	NURSHIRIN BINTE ISMAIL
Gender	Female

PASSENGER 3

Name	KHALIFAH NURI BIN AZHAREE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201207/7046

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 GBK5776E
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person AZHAREE BIN ARSAD
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SMK4772S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person NURLIYANA BINTE ISMAIL
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SMK4772S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person NURSHIRIN BINTE ISMAIL
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SMK4772S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person KHALIFAH NURI BIN AZHAREE
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? SMK4772S
Were seat belts worn? Yes

Was this injured conveyed to hospital by ambulance? No

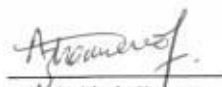
SKETCH PLAN

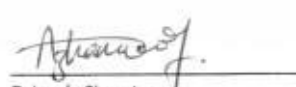
IMPORTANT NOTICE

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.:

Geylang Rd

Vehicle A: SMK4772S
Vehicle B: GBK5776F

Vehicle A: SMK4772S
Vehicle B: GBK5776F

- Refer to police report -

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

(If driver is not the policyholder)

NRIC/FIN No.:



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

Report No. T/20201207/7046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2020 17:46	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: AZHAREE BIN ARSAD			Address: 748 JURONG WEST STREET 73 #02-129 SINGAPORE 640748		
ID Type / ID No.: NRIC NO / S7308698A			Contact No.: Home/Office: Mobile: 96567575		
Nationality: SINGAPORE CITIZEN			Email: eszk28@hotmail.com		
Sex: Male	Age: 47	Date of Birth: 11/03/1973	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Fire-fighting and rescue officer			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/12/2020 15:15	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit: 50 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	Conditio	No of
GBK5776E	Lorry				Seriously Damaged	0
SMK4772S	Car	HONDA	JAZZ 1.5 CVT	Orange	Seriously Damaged	3



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMK4772S	TOKIO MARINE INSURANCE SINGAPORE LTD.	MS004137	11/04/2019	10/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	AZHAREE BIN ARSAD		ID No.	S7308698A
Related Vehicle	SMK4772S (Car)		Contact No.	96567575
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/12/2020		Date	07/12/2020
No. of Days granted Medical Leave	05	Degree of	Serious	
Passenger				
Name	KHALIFAH NURI BIN AZHAREE		ID No.	NIL
Related Vehicle	SMK4772S (Car)		Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/12/2020		Date	07/12/2020
No. of Days granted Medical Leave	05	Degree of	Serious	
Passenger				
Name	NURSHIRIN BINTE ISMAIL		ID No.	NIL
Related Vehicle	SMK4772S (Car)		Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/12/2020		Date	07/12/2020
No. of Days granted Medical Leave	05	Degree of	Serious	



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

CONTINUATION OF REPORT

Passenger			
Name	NURLIYANA BINTE ISMAIL	ID No.	NIL
Related Vehicle	SMK4772S (Car)	Contact No.	NIL
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	07/12/2020	Date	07/12/2020
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING CAR PLATE SMK4772S WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 3.

SUDDENLY, I FELT A STRONG IMPACT FROM THE REAR PORTION OF MY VEHICLE.

I ALIGHTED MY VEHICLE, AND REALISED, VEHICLE B, BEARING LORRY PLATE NO: GBK5776E HAD COLLIDED ONTO THE REAR PORTION OF MY VEHICLE.

AFTER THE ACCIDENT, I, MY WIFE, MY SISTER IN LAW AND MY CHILD SUFFERED INJURIES ON OUR NECK AND BACK. SO WE WENT TO OUR FAMILY PHYSICIAN CLINIC & SURGERY TO CONSULT A DOCTOR AND RECEIVED 5 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20201207/7046

4 of 4

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

Report No. T/20201207/7046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

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:
07/12/2020 17:46

Classification Of Case:



TOKIO MARINE
INSURANCE GROUP
ORIGINAL

A member of the
Tokio Marine Group

POLICY SCHEDULE

RENEWAL

INSURED / ADDRESS
AZHAREE BIN ARSAD

748 JURONG WEST STREET 73
#02-129
SINGAPORE 640748

POLICY NO : 20-MS004137-R01
POLICY TYPE : PRIVATE MOTOR CAR
POLICY PERIOD : 11/04/2020 TO 10/04/2021
DATE OF ISSUE : 13/03/2020
ACCEPT DATE : 13/03/2020
PREMIUM DUE : SGD 1,961.02
(inclusive of GST)

ACCOUNT : E2316DDA

RISK NUMBER : 0001 Private Motor Car
BUSINESS/PROFESSION OF INSURED : OTHERS INDOOR
REGISTRATION NO : SMK4772S
MAKE : HONDA JAZZ 1.5L
TYPE OF BODY : Saloon
CUBIC CAPACITY : 1500
YEAR OF MANUFACTURE : 2019
YEAR OF REGISTRATION : 2019
SEATING CAPACITY (INCLUDING DRIVER) : 5
ENGINE NUMBER : L15B34100263
CHASSIS NUMBER : JHMGK5850KS204476
TYPE OF COVER : Comprehensive Approved Workshop Plan
SUM INSURED : Prevailing Market Value
FINANCIAL INTEREST : DBS BANK LTD

EXCESS

Own Damage Claims : SGD 600
Windscreen Excess : SGD 100

ANNUAL PREMIUM (SGD)

Basic Premium	2,036.37
Less NCD (10.00%)	203.64
TOTAL PREMIUM BEFORE GST	1,832.73

DRIVER'S PARTICULARS

NAME	NRIC/PASSPORT NO	AGE	MARITAL STATUS	DRIVING EXPERIENCE
AZHAREE BIN ARSAD	S7308698A	47		21 YEARS

The above policy is subject to the following Clauses, Warranties, Endorsement, Exclusions as printed herein and/or attached hereto :-

M022 Private Motor Car - Comprehensive

ACCIDENT STATEMENT

ACCIDENT DATE: 07/12/2020 (DD/MM/YYYY), TIME: 15:15 (HH:MM)

LOCATION: Geylang Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMK4772S
b) INSURANCE COMPANY: TOKIO MARINE
c) POLICY NUMBER: 20-M5004137-R01
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: HONDA JAZZ
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: AZHAREE BIN ARSAD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7308698A CONTACT: 96567575
c) ADDRESS: 748 JURONG WEST STREET 73 #02-129 S(640748)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 11/03/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBK5776E MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(including driver)
(4)

① NURLIYANA BINTE ISMAIL (F)

② NURSHIRIN BINTE ISMAIL (F)

③ KHALIFAH NURI BIN AZHAREE (M)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

Email = ric060autoservices@gmail.com

fax = 6286 7060