

NATIONAL Assessment Centre Services

Date In: 23/12/20	Job description	Date & Time Completed	Done by
Ref No. NA/TM20014333/13	SAS e-filing		
Veh No: 5JV42866	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 22/12/20 0930	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: GBR5124L	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%; F: 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

NA2100485	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	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: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	on:			
	*N5: Courtesy Car / Tp 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 Submission	23/12/2020 09:40 (SGT)
Date of Accident	22/12/2020 09:30 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TPE TWDS SLE AT PUNGGOL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV4286G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD NAZRI BIN KAMURI
NRIC No	SXXXX466B
Email Address	nazri@icloud.com
Mobile Phone No	(Phone) +65-97936632
Alternative Phone No	+65-97936632

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MR003513
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD NAZRI BIN KAMURI
NRIC No	SXXXX466B
Date Of Birth	25/12/1984
Occupation	Outdoor

Date Of Driving Pass	02/07/2007
Driving experience	13 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97936632
Alt. Phone Number	+65-97936632
Email Address	nazri@icloud.com
Address	BLK 713 PASIR RIS ST 72
Address complement	#02-37
Postcode	510713
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	Dry

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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ULYA NAWWARAH BINTE MOHAMAD NAZRI
Gender	Female

PASSENGER 2

Name	UMAR NAHYAH BIN MOHAMAD NAZRI
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

PLS REFER TO THE ATTACHED 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	GBK5124L
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG SENG BAN
Contact Number	(Phone) +65-88926743
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	MOHAMAD NAZRI BIN KAMURI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK & NECK
Injured person in which vehicle?	SJV4286G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

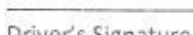
- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely by the Policyholder and/ or the Authorised Driver.
- 3) Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.


Policyholder's Signature

Date & Time:


Driver's Signature

(If driver is not policyholder)

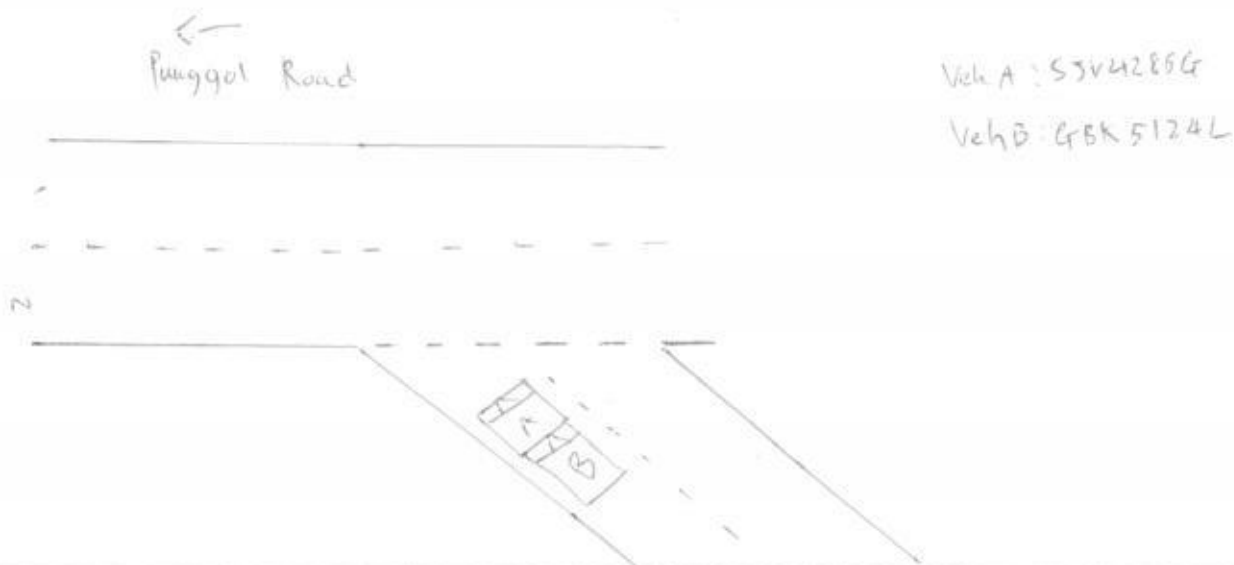
Date & Time:

 23/12/20
Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

SKETCH PLAN



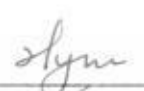
Refer to police report T/20201222 / T012

DECLARATION

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


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not policyholder)
Date & Time:

 23/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/ FIN No:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SNO920CN0001 Vehicle Registration No: SJV4286G
Name(as shown in NRIC) : MOHAMAD NAZRI BIN KAMURI NRIC/FIN/Passport No : SXXXXX466B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 713 PASIR RIS ST 72 #02-37 Singapore(510713)
Contact (Tel) : _____ Mobile No. : 97936632
Email Address : _____
Date of Accident : 22/12/20 Time of Accident : 09:30
Place of Accident : TPE TUNGS SLE AT PUNGGOL EXIT
Insurance Company: TOKIO MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ADD IN POLICY NO

Policyholder / Driver's Signature
Date:

Shym 23/12/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



SINGAPORE POLICE FORCE



T/20201222/7012

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20201222/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2020 11:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMAD NAZRI BIN KAMURI			Address: 713 PASIR RIS STREET 72 #02-37 SINGAPORE 510713		
ID Type / ID No.: NRIC NO / S8441466B			Contact No.: Home/Office: Mobile: 97936632		
Nationality: SINGAPORE CITIZEN			Email: NVZRI@ICLOUD.COM		
Sex: Male	Age: 35	Date of Birth: 25/12/1984	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/12/2020 09:30	Type of Location: slip road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
GBK5124L	Lorry					0
SJV4286G	Car	TOYOTA	WISH 1.8X A	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201222/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

2 of 3

Report No. T/20201222/7012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV4286G	TOKIO MARINE INSURANCE SINGAPORE LTD.	MR003513	22/06/2020	25/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD NAZRI BIN KAMURI	ID No.	S8441466B
Related Vehicle	SJV4286G (Car)	Contact No.	97936632
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	22/12/2020	Date	22/12/2020
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details:

On the stated time and date , i was driving my vehicle (SJV4286G) sending my 2 kids to school which located at sengkang . while i was at the slip road on 1 lane of 2 lanes exiting into Punggol road i felt an huge impact from my rear i alighted my vehicle and realised (GBK5124L) had rear ended my vehicle . we move infront of the road to avoid congestion , we exchange particuar and left the scene shortly. after which i went to unihealth bedok clinic as i was feeling pain at my neck and back and received 5 days MC



**SINGAPORE
POLICE FORCE**



T/20201222/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

3 of 3

Report No. T/20201222/7012

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 / TPHQ /
SYED ZAYID MUHAMMAD BIN SYED ABDUL
WAHID ALHINDUAN
Contact No.: 65476404

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:
22/12/2020 11:43

Classification Of Case:

Date of Accident : 22/12/2020 Accident Time: 0930 (24-HR-Format)
 Accident Place : TPE towards SLE at Punggal exit
 Vehicle No. (Car Plate No.) : SJY4286G Make/Model: Toyota wish
 Insurance Company : TOKIO MARINE INSURANCE Policy No: MR003913
 Owner or Company Name / IC No. : Mohamad Nazri bin Kamari (57441466B)
 Owner or Company Contact No. : 97936632 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : _____
 DRIVER'S Date Of Birth : 25/12/1984 DRIVER'S License Pass Date 17/4/2003
 Relationship of Owner & Driver : Spouse Parents Children Sibling Employee Others: owner
 DRIVER'S Address : BLK 713 PASIRRI STREET 71 403-37
 DRIVER'S Contact No. / Alt No. : (1) _____ (2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : NVZRI@CLOND.COM
 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): Yes 5 Days MC owner & Driver same

Other Party Driver's Particular (if any)

Vehicle No: <u>GBK 5124L</u>	Vehicle No: _____
Vehicle Make/Model: <u>TOYOTA DYNA</u>	Vehicle Make/Model: _____
Name Driver: <u>NH JENG BAN</u>	Name Driver: _____
IC No. Driver/Contact: <u>88926743</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

ULYA NAWWARAH BINTE MUHAMAD NAZRI (FEMALE) 4 years old
UMAR NAHYAH BIN MUHAMAD NAZRI (MALE) 2 years old

G13 Accident reporting@gmail.com

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: tms@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.: MR003513 (Private Car)

- | | | |
|--|--|---------------------------|
| 1. Index Mark and Registration Number of Vehicle | SJV4286G | Chassis No.: ZGE200023814 |
| 2. Name of Policyholder | MOHAMAD NAZRI BIN KAMURI | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 22/06/2020 (17:08:41) | |
| 4. Date of Expiry of Insurance | 21/06/2021 | |
| 5. Persons or Class of Persons entitled to drive* | The Policyholder
Any person who is driving on the Policyholder's order or with the Policyholder's 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.
 - 3) Use for the carriage of passengers for hire or reward by any person except for private hire services.
 - 4) Use for hire or reward except for (3) and rental by the Policyholder.

* 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: 2324DDA

Insurance Plan:	Comprehensive		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 2,000.00	(Original Excess : SGD 2,000.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 1,500.00	
	WindScreen Excess	SGD 100.00	
	Excess-Third Party (Sect II)	SGD 2,500.00	
Financial Interest:	NIL		
Additional Terms:	1.Private Hire Usage Vehicle Endorsement is included. 2.Unnamed Driver Excess is not applicable 3.Car is licensed for private hire (PH) by LTA. 4.Only PH licenced Named Drivers can use car for PH in Spore only 5.No rental to unnamed driver. 6.YID excess on Section 1 & 2 separately. 7.Approved workshop plan only 8.Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable		

TOKIO MARINE INSURANCE SINGAPORE LTD.