

# NATIONAL Assessment Centre Services

[Ref: JA-002]

Date In: 11/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/SMI21000470/13	SAS e-filing		
Veh No: GBB5064Z	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 09/01/21 1535	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:

SMN2449Z INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref. 1:

Ref. 2/3:

## Invoice Preparation Checklist

Am't (\$)	Am't (\$)
Est. Bill	Add Bill
1) AR: Accident Reporting (\$30);	
2) DA: Damage Assessment (\$100); INC (\$30)	
3) TF: 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: 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 30	

Invoice dated  
Invoice dated

Fee Charged  
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	11/01/2021 18:51 (SGT)
Date of Accident	09/01/2021 15:35 (SGT)
Exact Location of Accident	Lor 7 Toa Payoh, Singapore
Additional Location Information	JUNCTION OF LOR 7 TOA PAYOH & LOR 6 TOA PAYOH
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5064Z
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SEA & LAND FURNISHING
Company Reg No	4XXXX500J
Email Address	pureonetwo@gmail.com
Mobile Phone No	(Phone) +65-96803178
Alternative Phone No	+65-96803178

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	20-MW004595-R05
Cover Note Number	-

#### DRIVER

Name of Driver	TEH CHOR SIAH
NRIC No	SXXXX063A
Date Of Birth	22/03/1953
Occupation	Outdoor

Date Of Driving Pass .....	02/06/1999
Driving experience .....	21 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96803178
Alt. Phone Number .....	-
Email Address .....	pureonetwo@gmail.com
Address .....	23 COMPASSVALE ROAD
Address complement .....	#13-26
Postcode .....	544755
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Side Swipe
Weather Conditions .....	DRIZZLING
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	SMN2449Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SIMON SENIN BIN HARIFF
NRIC No .....	SXXXX149F
Contact Number .....	(Phone) +65-88748229
Address .....	-
Address complement .....	-
Postcode .....	-

Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

### IMPORTANT NOTICE

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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 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.

#### 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.

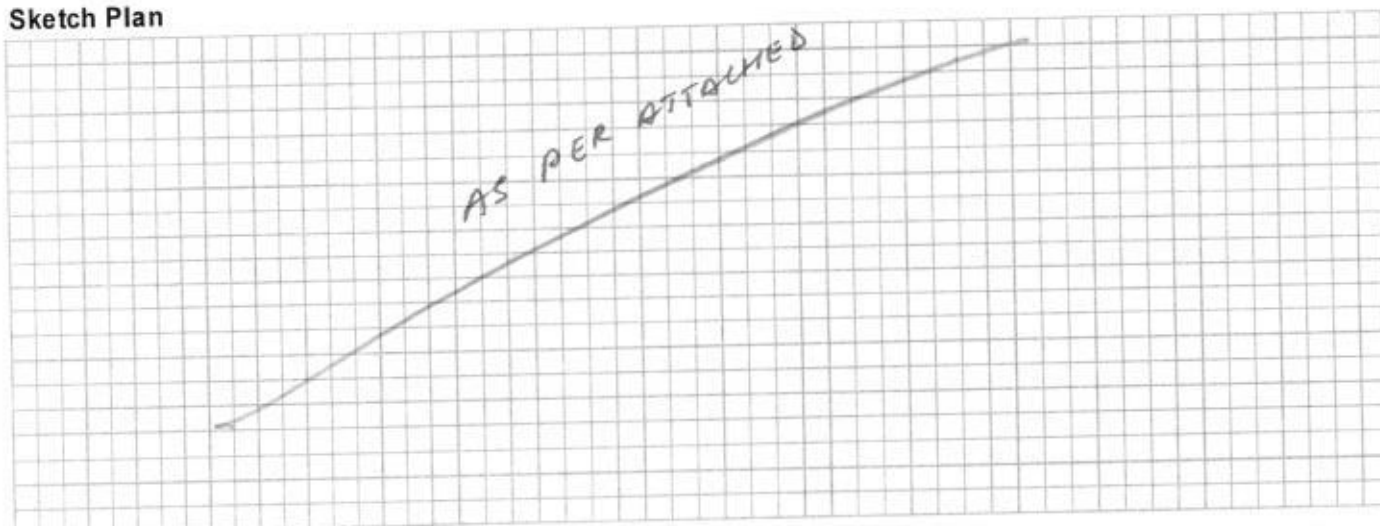


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

I WAS TRAVELLING STRAIGHT ALONG LOR 7 TOA PAYOH ON THE  
EXTREME LEFT LANE. SUDDENLY VEH B OVERTAKE MY VEH FROM  
MY LEFT AND COLLIDED ONTO MY VEH.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

*[Signature]* 11/1/21  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

*[Signature]* 11/01/21  
Witnessed by Reporting Centre  
Personnel

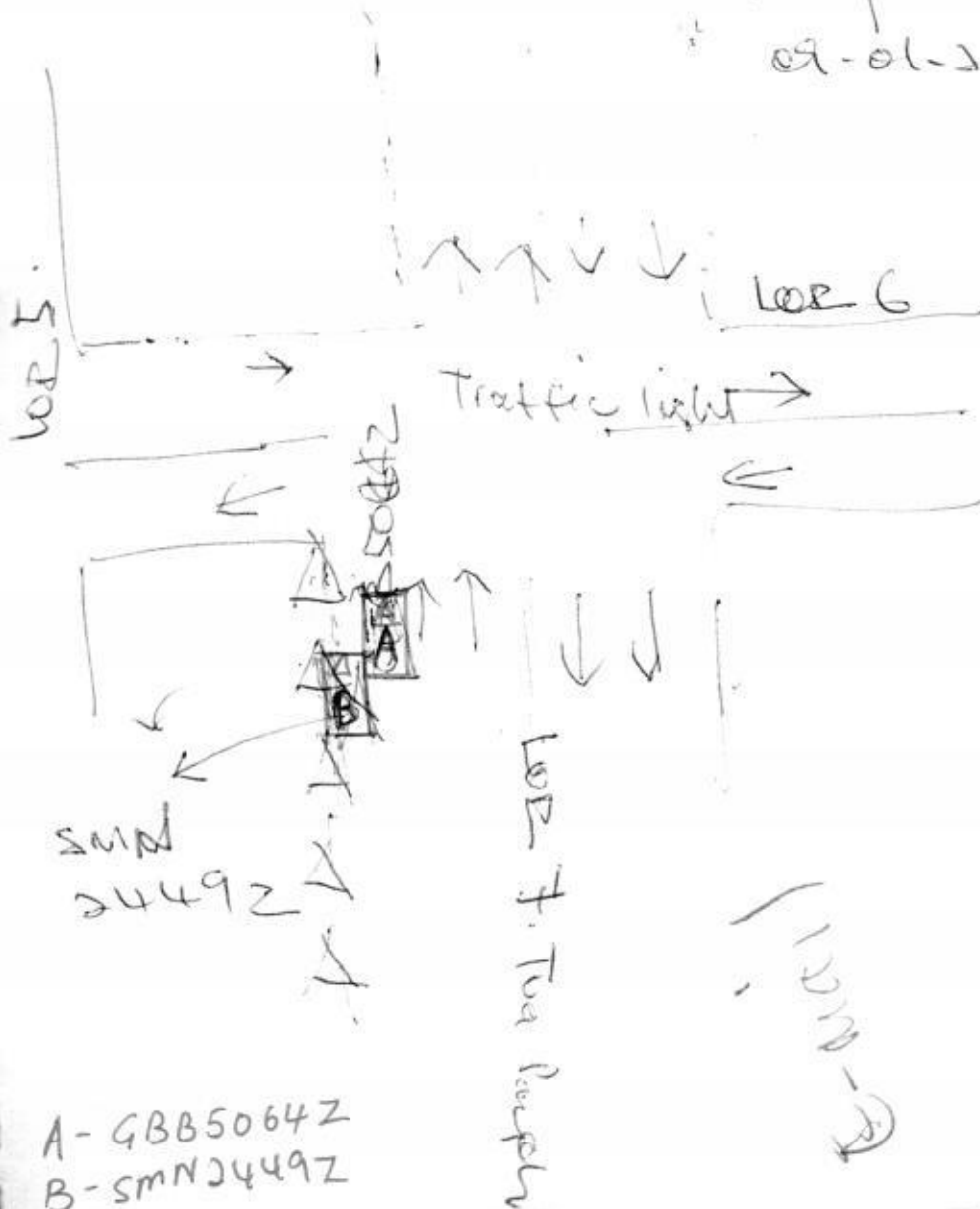


Simon Senin Bin Hariff  
WIC 0985149-F

Record

3:35pm

09-01-21



# ACCIDENT STATEMENT

ACCIDENT DATE: 09/01/21 (DD/MM/YYYY), TIME: 15:35 (HH:MM)

LOCATION: JUNE OF CAR 7 POA PAYOH 1 LOR 6

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBBS064Z  
b) INSURANCE COMPANY: TOKIO MARINE  
c) POLICY NUMBER: 7407A (M)  
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)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: SEA & LAND FURNISHING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96803178  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: TEH CHOR SIAH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 50017063A CONTACT: 96803178  
c) ADDRESS: 23 COMPASSVALE ROAD  
13-26 (544755)

\*d) DATE OF BIRTH: 22/03/1953 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 02/06/1999

4. 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 DRIZZLING)  
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 SMN

- a) VEHICLE NUMBER: 94V249Z MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: SIMON SENIN BIN HARIFF  
c) NRIC/FIN/PASSPORT: 50985149F CONTACT: 88748229

## 9. THIRD PARTY VEHICLE

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

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

\*No of passenger  
(Including driver)  
( )

\*No of passenger  
(Including driver)  
( )

11/01/21  
waiting for  
company  
stamp ✓

Email = pureonetwo@gmail.com  
fax =  
video = no





**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.: 20-MW004595-R05 (Comm Vehicle Carry Own Goods)

Chassis No.: JTFAT35YX0K200522

1. Index Mark and Registration Number of Vehicle GBB5064Z
2. Name of Policyholder SEA & LAND FURNISHING
3. Effective date of the Commencement of Insurance for the purposes of the Act 22/05/2020
4. Date of Expiry of Insurance 21/05/2021

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).

Account: 0996DDA

**ADDITIONAL INFORMATION**

Insurance Plan: Third Party Cover Only

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

新时代汽车保险代理私人有限公司  
**NEW TIMES MOTOR & INSURANCE AGENCY PTE LTD**  
Blk 1057 Eunos Ave 3  
#02-83 Singapore 409848  
Tel: 6747 8705/06 Fax: 6744 1072  
E-mail: newtimes@singnet.com.sg

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User Name: Intermediaries from TMO