

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 15/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/MT2100 3332/13	SAS e-filing		
Veh No: SMP848213	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 13/03/21 2315	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: SFM 668T	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

NA2102368	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	Inc Bill	Adm Bill
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)		
QC Checked by (Engr-In-Charge):	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		
Auditors Comments:	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
Ref. 1:	Invoice dated	Fee Charged	
Ref. 2 / 3:	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	15/03/2021 12:19 (SGT)
Date of Accident	13/03/2021 23:15 (SGT)
Exact Location of Accident	Mandai Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP8482B
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL
Company Reg No	5XXXX119L
Email Address	superstarlimosg@gmail.com
Mobile Phone No	(Phone) +65-96233308
Alternative Phone No	+65-96233308

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	MR002371
Cover Note Number	-

DRIVER

Name of Driver	ILZAM BIN SAMSUDIN
NRIC No	SXXXX354E
Date Of Birth	06/10/1966
Occupation	Outdoor

Date Of Driving Pass	29/10/1996
Driving experience	24 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98519518
Alt. Phone Number	-
Email Address	VIRUZZ97@GMAIL.COM
Address	BLK 418 WOODLANDS STREET 41
Address complement	#11-129
Postcode	730418
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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?	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?	Yes
Police Station Name	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210314/2009

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFM668J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN GUOWEI,DARIAN
NRIC No	SXXXX778B

Contact Number	(Phone) +65-97382866
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

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 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.

SUPER STAR LIMO & CAR RENTAL
Reg. No.: 53359119L

[Signature] 15/03/21

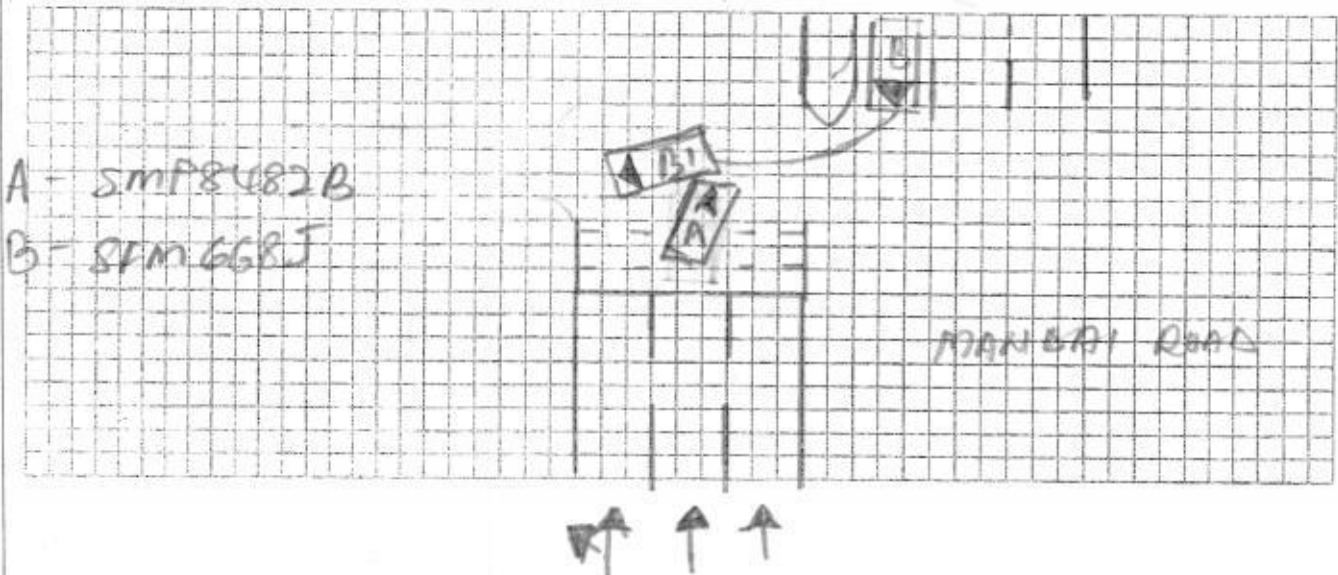
[Signature] 15/03/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Pls refer to the police report: T/20210314/2009

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210314/2009

1 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20210314/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2021 02:03	Vide Report No.:	Station Diary No.: 26
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ILZAM BIN SAMSUDIN			Address: APT BLK 418 WOODLANDS STREET 41 #11-129 SINGAPORE 730418	
ID Type / ID No.: NRIC NO / S1772354E			Contact No.:	Mobile: 98519518
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 54	Date of Birth: 06/10/1966	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: GO JEK DRIVER			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/03/2021 23:15	Type of Location: Straight Road
Location: MANDAI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SFM668J	Car	TOYOTA	RAV4 2.0 PREMIUM SUV (AUTO) (2WD)	Blue	Slightly Damaged	1
SMP8482B	Car	TOYOTA	NOAH HYBRID 7-SEATER 1.8 SI CVT	Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210314/2009

2 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20210314/2009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHAN GUOWEI, DARIAN	ID No.	S9049778B
Related Vehicle	SFM668J (Car)	Contact No.	97382866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ILZAM BIN SAMSUDIN	ID No.	S1772354E
Related Vehicle	SMP8482B (Car)	Contact No.	98519518
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 13/3/2021 at about 2313hrs, I was proceeding to Singapore Zoo to pick up a passenger from Woodlands Road. As I was driving, I came upon a traffic light which was still green and still proceeded on while going at speed limit of the road when a car "SFM668J" suddenly made a right turn towards BKE from the opposite direction without checking for any oncoming vehicles. I quickly made a emergency brake and swerved to the right to prevent collision but was not able to stop in time and a collision occurred. My vehicle stayed on the middle of the junction while the other car moved and waited at the side. Since, I was on the middle of the road I had to make a U turn and come back.

Upon coming back to the location where the accident occurred, I realized that the car was not around so I quickly went to drive along BKE towards SLE and spotted the car. I went close to the car to signal him to stop along the road shoulder. The driver informed that he thought that it was a hit and run and left but I informed him that I needed to make a U turn as I was in the middle and didn't want to obstruct traffic. We both made assessment to our vehicles, the damages my car sustained was my front left bumper was heavily dented which is almost touching the tire and the passenger seat door is unable to be fully opened. The other car only sustained minor scratches but unsure if there were any other damages as it was dark. Both of us exchanged particulars and we both agreed to lodge a police report and to inform our insurance agencies regarding this incident.

I wish to inform that no one was injured and no government property was affected.



**SINGAPORE
POLICE FORCE**



T/20210314/2009

3 of 4

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20210314/2009

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210314/2009

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

4 of 4

Report No. T/20210314/2009

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:

L /

SC2 ODIADA ADRIEL RHYS LANCAON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

14/03/2021 02:03

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (13 / 03 / 21) (DD/MM/YYYY), TIME: (23 : 15) (HH:MM)

LOCATION: MANOR ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMP8482B
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA NOAH (A)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE HIRE
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ILZAM BIN SAMSUDIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1772354E CONTACT: 98519518
c) ADDRESS: _____

* d) DATE OF BIRTH: (06 / 10 / 1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 29/10/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRE

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: SFM668J 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: _____

Email = VIR42297@gmail.com

fax =

VIDEO =

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No. 192300014M) (GST Reg. No. M2-000023-4)

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

T: (65) 6221 8111 F: (65) 6221 4355 / (65) 6224 0895 E: tmsi@tokiomarine.com.sg W: www.tokiomarine.com



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine 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.: MR002371 (Private Car)

1. Index Mark and Registration Number of Vehicle SMP8482B Chassis No.: ZWR800401836
2. Name of Policyholder SUPER STAR LIMO & CAR RENTAL
3. Effective date of the Commencement of Insurance for the purposes of the Act 12/04/2020 (00:00:00)
4. Date of Expiry of Insurance 11/04/2021
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 rendered inoperative by Section 6 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: 2891DDA

Insurance Plan:	Comprehensive		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 2,500.00	(Original Excess : SGD 2,500.00)
	Additional Excess for Unnamed Driver(s)	SGD 500.00	
	Additional Excess for Young or Inexperience Driver(s)	SGD 3,500.00	
	WindScreen Excess	SGD 100.00	
	Excess-Third Party (Sect II)	SGD 2,500.00	
Financial Interest:	DICKSON CAPITAL PTE LTD		
Additional Terms:	1. Unnamed Driver Excess is not applicable		
	2. Vehicle is licensed for private hire (PH) by LTA		
	3. Only hirers with PH licence can use car for PH		
	4. Subletting is NOT covered		
	5. YID excess applied on Section 1 & Section 2 separately		
	6. Notwithstanding anything to the contrary in the policy, MC19 Waiver of Excess is NOT applicable		
	7. Private Hire Usage Vehicle Endorsement is applicable		
	8. PH service in Singapore only		
	9. Approved workshop plan only		

TOKIO MARINE INSURANCE SINGAPORE LTD.