

# NATIONAL Assessment Centre Services

[ver 1 Jan'03]

SM 0921400007-01

Date In: 30/4/21 18:03	Job description	Date & Time Completed	Done by
Ref No: NA/TMZ21205356/64	SAS e-filing		
Veh No: SMx 2778x	E-mail (within 2hrs, AIC 2hrs)		
ICCA: 312121 16:54	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: Vch No: SMN 900A. 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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( ) Action: ( )

Scraped Cno photo taken

NA 2102771

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claim against INC Only (wef 10 Jan 2003)

6) TR: Re-inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

\*NS: Courtesy Car / Tpt Allowance \$5

\*NG: Repair Co-ordination \$10

\*NJ: Post Repair Inspection \$25

\*NA: DV / Collect Excess Coordination \$5

TP (NI): TP (N-a INC) against INC \$20

9) NI2: 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	30/04/2021 18:03 (SGT)
Date of Accident	03/02/2021 16:54 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMX2778X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	1ST AUTO PRO PTE LTD
Company Reg No	2XXXXXX200K
Email Address	CLAIMS@1AP.COM.SG
Mobile Phone No	(Phone) +65-86146767
Alternative Phone No	+65-86146767

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1600

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	ML000635
Cover Note Number	-

### DRIVER

Name of Driver	ESWARAN S/O ARUMUGAM
NRIC No	SXXXX483G

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

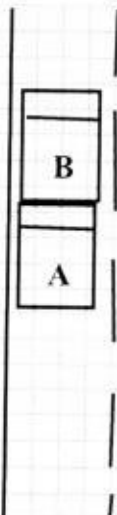
1ST AUTO PRO PTE LTD  
201702200K

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan



SMX2778X

A: ~~SMX2778X~~

B: SMN900X

AYE

## ADDENDUM

### Sketch

Date Of Birth	03/04/1985
Occupation	Indoor
Date Of Driving Pass	16/10/2014
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91430004
Alt. Phone Number	-
Email Address	CLAIMS@1AP.COM.SG
Address	BLK 105 TOWNER RD #10-414
Address complement	-
Postcode	321105
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	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?	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

#### REFER TO STATEMENT.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN900A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG KIM YEOW
NRIC No	SXXXX136C
Contact Number	-
Address	-

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



**Describe Circumstances of the Accident**

I WAS TRAVELLING ALONG AYE. VEHICLE B WHO WAS INFRONT OF ME SUDDENLY JAM BRAKE. I REACTED AND SWERVE  
TO THE LEFT, HOWEVER OUR CARS STILL COLLIDED. WE CAME DOWN OF THE VEHICLE AND CHECK ON THE DAMAGES.  
IT WAS MINOR AND THERE WAS NO VISBLE DAMAGES ON MY VEHICLE. AS SUCH I INITIATED A PRIVATE SETTLEMENT  
WITH THE DRIVER OF VEHICLE B. HOWEVER IT DIDNT WENT THROUGH AND WE ARE REQUESTED BY OUR INSURANCE  
COMPANY TO FILE THE REPORT. WE NOTIFED OUR INSURANCE COMPANY THAT THE VEHICLE HAS BEEN SCRAPED  
SO THEY GAVE US INSTRUCTIONS TO FILE WITHOUT THE PHOTOS.

**Declaration**

We declare the foregoing particulars are true in every respect.

**1ST AUTO PRO PTE LTD**  
**201702200K**

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

10 Sin Ming Drive Singapore 575701  
www.lta.gov.sg

27 Apr 2021

Our ref 2704210601N057202406

1ST AUTO PRO PTE. LTD.  
8 KAKI BUKIT AVENUE 4  
#01-49 PREMIER @ KAKI BUKIT  
SINGAPORE 415875

Dear Sir/Madam

**DISPOSAL OF DEREGISTERED VEHICLE SMX2778X**

We have received the disposal details of your deregistered vehicle, SMX2778X and have updated the disposal in our records on 27 Apr 2021.

Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any question.

Yours sincerely

Assistant Registrar of Vehicles  
Vehicle Licensing Division  
Land Transport Authority

[This is a computer-generated letter, no signature is required.]

Road Safety Reminder: Please drive safely and look out for fellow road users, including cyclists. Let's keep everyone safe on our roads!



# 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: tmis@tokiomarine.com.sg W: www.tokiomarine.com

A member of the  
Tokio Marine Group



**TOKIO MARINE**  
INSURANCE GROUP

## Certificate of Insurance

FORM MZ406

**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.: ML000635 (Private Car)

- |  |  |                                |
|--|--|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SMX2778X   | Chassis No.: MR053ZEC107118557 |
| 2. Name of Policyholder  | 1ST AUTO PRO PTE LTD   |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 27/12/2020 (00:00:00)  |                                |
| 4. Date of Expiry of Insurance   | 17/04/2021   |                                |
| 5. Persons or Class of Persons entitled to drive*                              | 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 whom the vehicle is hired.
- 4) Use for hire or reward except for rental services by the Policyholder only.

\* 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**

Insurance Plan:	Third Party Only	Account No: 2911DDA
Policy Excess:	Excess-Third Party (Sect II)	SGD 1,500.00
Financial Interest:	-	

**TOKIO MARINE INSURANCE SINGAPORE LTD.**

Authorised Signature

Date of Accident : 03 FEB 2021 Accident Time: 1654 (24-HR-FORMAT)  
 Accident Place : ALONG AYE  
 Vehicle Reg. No (Car plate No.) : SMX2778X Vehicle Make/Model: TOYOTA ALTIS  
 Insurance Company : TMI Policy No. ML000635  
 Name of Registered Owner : Company / ~~Individual~~ 1ST AUTO PRO PTE LTD  
 ID of Registered Owner : Co Reg No: 201702200K Owner's NRIC No: \_\_\_\_\_  
 : Co Contact No: 8614 6767 Owner's Contact No: \_\_\_\_\_  
 DRIVER'S Name : ESWARAN S/O ARUMUGAM DRIVER'S NRIC No: S8510483G  
 DRIVER'S Date of Birth : 03 APR 1985 DRIVER'S License Pass Date 16 OCT 2014  
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : BLOCK 105 TOWNER ROAD #10-414 SINGAPORE 321105  
 DRIVER'S Contact No./ Alt No. : 1) 91430004 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR \ ~~OUTDOOR~~ (eg. working inside or outside of an ofc)  
 Email Address : claims@1ap.com.sg  
 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): 1 Name & Gender; \_\_\_\_\_  
 Was the accident reported to the police? YES \ NO  
 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 injuries, if yes(name of the injured person) \_\_\_\_\_

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: SMN900A  
 Vehicle Make/Model: TOYOTA NOAH  
 Name DRIVER: NG KIM YEOW  
 IC No. DRIVER: S7614136C  
 DRIVER'S Contact & add: \_\_\_\_\_

Vehicle Reg No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name DRIVER: \_\_\_\_\_  
 IC No. DRIVER: \_\_\_\_\_  
 DRIVER'S Contact & add: \_\_\_\_\_