

NATIONAL Assessment Centre Services

Date In: 28/05/21	Job description	Date & Time Completed	Done by
Ref No: NA/SM21006191/13	SAS e-filing		
Veh No: SM22557M	E-mail (within Stat. AC 2hrs)		
D.O.A: 27/05/21 1140	i-Motor Claim Form		
OD: (IP) 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: SHD3013C	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) NI: 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		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non-INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice date/	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 willful 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	28/05/2021 11:00 (SGT)
Date of Accident	27/05/2021 11:40 (SGT)
Exact Location of Accident	Pasir Ris Walk, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT2557M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FUSIONITEZ
Company Reg No	5XXXX101K
Email Address	AHMADAIDIL0101@GMAIL.COM
Mobile Phone No	(Phone) +65-87550195
Alternative Phone No	+65-87550195

VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Stavic
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
Transmission	Auto
CC	2157

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MR002221-R01
Cover Note Number	-

DRIVER

Name of Driver	AHMAD AIDIL BIN MOHD NASIR
NRIC No	SXXXX055A

Date Of Birth	27/07/1982
Occupation	Indoor
Date Of Driving Pass	05/05/2004
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-87550195
Alt. Phone Number	-
Email Address	AHMADAIDIL0101@GMAIL.COM
Address	BLK 426 TAMPINES ST 41
Address complement	#04-427
Postcode	520426
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	Collided into Parked Vehicle
Weather Conditions	Raining
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ARMAAN SHEIKH MUHAMMAD AIDIL
Gender	Male

PASSENGER 2

Name	AYDEEN SHEIKH MUHAMMAD AIDIL
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 POLICE REPORT:T/20210527/7021

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	SHD3013C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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)	-

WITNESS DETAILS

WITNESS 1

Name	MR AMIR
Phone	-
Email	-

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 willful 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.



[Handwritten signature]

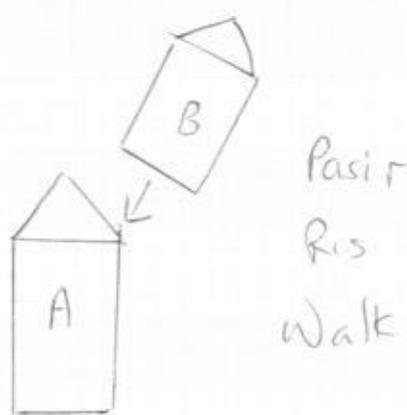
[Handwritten signature]

Policyholder's Signature / Date & Time

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

[Handwritten signature] 28/03/21
Witnessed by Reporting Centre Personnel

Sketch Plan



DOA: 27/5/21
 A: SMT 2557
 B: SHD 3013C

Describe Circumstances of the Accident

Refer to Pka Report 17/20210527/7021

Declaration

We declare the foregoing particulars are true in every respect.



[Handwritten signature]

[Handwritten signature]

Policyholder's Signature / Date & Time

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

[Handwritten signature] 28/05/21

Witnessed by Reporting Centre Personnel



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

2 of 4
Report No. T/20210527/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT2557M	TOKIO MARINE INSURANCE SINGAPORE LTD.	21-MR002221-R01	03/04/2021	02/04/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	AHMAD AIDIL BIN MOHD NASIR		ID No.	S8224055A
Related Vehicle	SMT2557M (Car)		Contact No.	87550195
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	ARMAAN SHEIKH MUHAMMAD AIDIL		ID No.	T1837667E
Related Vehicle	SMT2557M (Car)		Contact No.	87550195
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Passenger				
Name	AYDEEN SHEIKH MUHAMMAD AIDIL		ID No.	T1640055B
Related Vehicle	SMT2557M (Car)		Contact No.	87550195
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL



**SINGAPORE
POLICE FORCE**



T/20210527/7021

3 of 4

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

Report No. T/20210527/7021

CONTINUATION OF REPORT

Brief Details.

At about 11.40 am, my vehicle bearing plate number SMT2557M was parked at the side of Pasir Ris Walk to send my sons to school at Al Istighfar Mosque.

A taxi bearing plate number SHD3013C was parked in front of my car albeit further way from the side of the road. The driver reversed and the taxi's left rear bumper hit the front right bumper of my car causing scratches and dents. I horned at the driver but instead of stopping, the driver sped off.

The video of the accident was captured clearly by my in- car dash camera and I also took pictures of the damaged part of my car as evidence.

There were also several eyewitness to the incident and I took down the handphone number of Mr Amir who was willing to testify if needed to.

Nobody was injured in the accident but my two sons were emotionally affected by the incident.

The information give is true to the best of my knowledge.



**SINGAPORE
POLICE FORCE**



T/20210527/7021

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

4 of 4

Report No. T/20210527/7021

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 /
NEO ZHI YUAN
Contact No.: 65476079

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:
27/05/2021 14:22

Classification Of Case:

Personal Particulars

Date of Accident: 27/5/21 Time of Accident: 11.40 am

Exact Location of Accident: Pasir Ris N11K

Owner's Name: Fusionitez NRIC No: _____ HP No: _____

Driver's Name: Ahmad Aidil Bin Mohd Nasir NRIC No: S8224055A HP No: 87550195

Date of Birth: 27/7/1982 Driving Licence Passing Date: 5/5/2004 Occupation: Indoor / Outdoor

Address: BLK 426 Tampines St 41 #04-427 (S20426)

Relationship of Driver with Insured: Owner Email Address: _____

Vehicle No: SMT 2557M Make & Model: Ssangyong

Insurance Co: Tokio Marine Coverage: _____ Policy No: _____

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

*Weather Condition? Clear / Raining / Others: _____ Wet / Dry / Others: _____

* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 2 B: _____ C: _____ D: _____
boys

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police ?

No Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

No Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: SHD 3013C Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

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



TOKIOMARINE
INSURANCE GROUP
FORM MX4

A member of the
Tokio Marine Group

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.: 21-MR002221-R01 (Private Motor Car)

- | | | |
|---|------------|---------------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SMT2557M | Chassis No.: KPTV0B1ESKP129530 |
| 2. Name of Policyholder | FUSIONITEZ | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 03/04/2021 | |
| 4. Date of Expiry of Insurance | 02/04/2022 | |

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*
Use only for social domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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: 2348DDA
Insurance Plan:	Comprehensive Approved Workshop Plan	
Limit for total loss or theft:	Prevailing Market Value	
Policy Excess:	Own Damage Claims	SGD 1,000
	Windscreen Excess	SGD 100
Financial Interest:	MOTOR-WAY CREDIT PTE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature