


# NATIONAL Assessment Centre Services

SM09217M0006

Date In 22/7/21 17:32	Job description	Date & Time Completed	Done by
Ref No NA/7M/21007858/U	SAS e-filing		
Veh No SC232785	E-mail (within 2hrs, AD 2hrs)		
DOA 21/7/21 14:00	i-Motor Claim Form		
OD  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: GX55907	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

NA2103411	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) RT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	6) TR : Re-inspection \$75		
<b>Cat. 2 / 3:</b>	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	• 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 (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	22/07/2021 17:32 (SGT)
Date of Accident	21/07/2021 14:00 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ3278S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BLAZE MOTORING PTE.LTD.
Company Reg No	-
Email Address	NEO.AUTO62@GMAIL.COM
Mobile Phone No	(Phone) +65-97984296
Alternative Phone No	+65-97984296

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	JHMRN68609S201111
Cover Note Number	-

#### DRIVER

Name of Driver	JURAIDI BIN HASSAN
NRIC No	SXXXX164C



Date Of Birth	20/06/1971
Occupation	Outdoor
Date Of Driving Pass	14/10/2013
Driving experience	7 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82544260
Alt. Phone Number	-
Email Address	NEO.AUTO62@GMAIL.COM
Address	BLK 393 YISHUN AVE 6 #04-1106
Address complement	-
Postcode	760393
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	-
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Ubi Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007479999
Alt. Police Station Phone No	(Fax) +65-67453410
Police Station Address	Blk 9 Eunos Crescent #01-2687 Singapore 400009
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210722/2057

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX5590X
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP5042H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	JURAIID BIN HASSAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SLZ3278S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

# ACCIDENT STATEMENT

ACCIDENT DATE: 21/07/2021 (DD/MM/YYYY), TIME: 14:00 (HH:MM)

LOCATION: Pan-Island Expressway

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 32785  
 b) INSURANCE COMPANY: Tokio Marine Insurance  
 c) POLICY NUMBER: 21-MS005233-RO2  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: Honda Stream  
 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: Blaze Motorins Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97984296  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: Juraidi Bin Hassan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 57120164c CONTACT: 83544260  
 c) ADDRESS: Blk 393 Yishun Ave 6 #01-106  
760393

\*d) DATE OF BIRTH: 20/06/1971 (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) YEARS OF DRIVING EXPERIENCE: 7 Year

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: GX 5590X MODEL: Van  
 b) DRIVER'S NAME: Roh Jackson  
 c) NRIC/FIN/PASSPORT: 581372031 CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SMP 5042H MODEL: Toyota Vios  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(2)

\* No of passenger  
 (including driver)  
(NIL)

\* No of passenger  
 (including driver)  
(NIL)

Email = neo-auto62@gmail.com

Fax = 63858262

VIDEO =



## 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-MS005233-R02 (Private Motor Car)

- |  |   |                                |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SLZ3278S  | Chassis No.: JHMRN68609S201111 |
| 2. Name of Policyholder  | BLAZE MOTORING PTE. LTD.  |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 25/05/2021  |                                |
| 4. Date of Expiry of Insurance   | 24/05/2022  |                                |
| 5. Persons or Class of Persons entitled to drive*                              | The Policyholder<br>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 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: 1141DDB

Insurance Plan:	Third Party Cover Only
Policy Excess:	Excess-Third Party (Sect II) SGD 2,500

Tokio Marine Insurance Singapore Ltd.

Authorised Signature



## 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan

SC232785

EMP 5042H

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**Describe Circumstances of the Accident**

Refer

To

Police

Report

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]*

Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20210722/2057

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

1 of 3

Report No. T/20210722/2057

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2021 15:15		Vide Report No.:		Station Diary No.: 23
<b>Informant's Particulars</b>				
Name of Informant: JURAI BIN HASSAN		Address: APT BLK 393 YISHUN AVENUE 6 #04-1106 SINGAPORE 760393		
ID Type / ID No.: NRIC NO / S7120164C		Contact No.: Home/Office: Mobile: 82544260		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 50	Date of Birth: 20/06/1971	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/07/2021 14:00	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX5590X	Van				Seriously Damaged	0
SLZ3278S	Car	HONDA	STREAM	Red	Seriously Damaged	1
SMP5042H	Car	TOYOTA	VIOS	Grey	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210722/2057

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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Report No. T/20210722/2057

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	JURAI DI BIN HASSAN	ID No.	S7120164C
Related Vehicle	SLZ3278S (Car)	Contact No.	82544260
Hospital/Clinic	INSYNC MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/07/2021	Date Discharge	22/07/2021
No. of Days granted Medical Leave	05	Degree of Injury	Slight

**Brief Details.**

On the 21/07/2021 at about 1400hrs I was driving private hire SLZ3278S with one Malay female passenger along PIE towards Changi. I was going to exit at Tampines Ave 2 and there was a queue. I slowed down behind car SMP5042H. Suddenly from behind a white van GX5590X hit my rear and my car jerked forward hitting the car in front of me. I went doctor and received 5 days MC. I have an in car video recording of the accident. That is all.



**SINGAPORE  
POLICE FORCE**



T/20210722/2057

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

3 of 3

Report No. T/20210722/2057

**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:  
G /  
Staff Sgt MOHAMMAD HAFEEZ ASHRAF BIN  
HARON

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI CHONG GUAN FATT  
Contact No.: 65476083

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
22/07/2021 15:15

Classification Of Case: