

# NATIONAL Assessment Centre Services

Date In: 26/07/21	Job description	Date & Time Completed	Done by
Ref No: NM/SMI21007933/13	SAS e-filing		
Veh No: SMW85666	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 23/07/21 0810	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:	Veh No: SMJ1734C	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 ( ) / Towel-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

MOBILE REPORTING

NA2103530 NA2103532

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Cat. 1:

Cat. 2/3:

## Invoice Preparation Checklist

	Am't (\$) 1st Bill	Am't (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) iFT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
DI*		
*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 30		

Invoice date/

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	26/07/2021 16:52 (SGT)
Date of Accident	23/07/2021 08:10 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP RD TWDS TPE(CTE/SLE)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW8566G
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MK KITCHEN
Company Reg No	5XXXX312A
Email Address	whoisnannu@gmail.com
Mobile Phone No	(Phone) +65-96823187
Alternative Phone No	+65-96823187

### VEHICLE PARTICULARS

Manufacturer	Ssangyong
Model	Tivoli
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Private use
Vehicle Category	No - Claiming third party
Transmission	Private car
CC	Auto
	1600

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MR006694-R00
Cover Note Number	-

### DRIVER

Name of Driver	NOURHAN MAHMOUD SAID ELSAYED RADWAN
NRIC No	SXXXX177H

Date Of Birth	23/08/1999
Occupation	Indoor
Date Of Driving Pass	04/02/2021
Driving experience	5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-89210688
Alt. Phone Number	-
Email Address	whoisnannu@gmail.com
Address	BLK 484C CHOA CHU KANG AVE 5
Address complement	#04-60
Postcode	683484
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	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/20210723/7009

#### 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	SMJ1734C
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)	1

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	NOURHAN MAHMOUD SAID ELSAYED RADWAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	BACK & NECK
Were seat belts worn?	SMW8566G
Was this injured conveyed to hospital by ambulance?	Yes
	No

## 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.

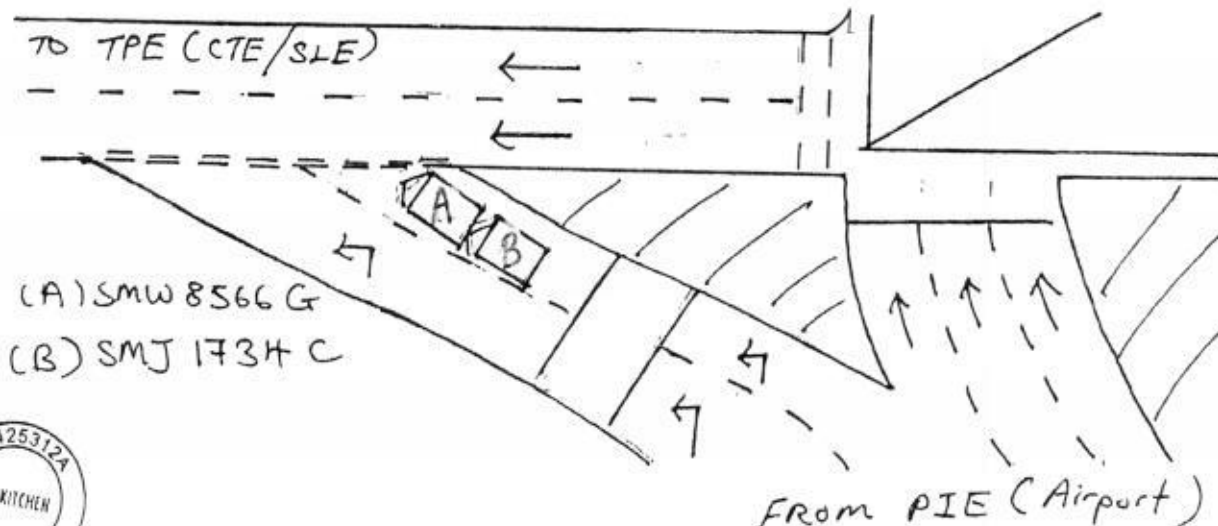


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Refer to Police Report

Report No:-

T/20210723/7009

*[Handwritten signature]*



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Handwritten signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Handwritten signature]* 26/07/21  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20210723/7009

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

1 of 3

Report No. T/20210723/7009

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
23/07/2021 11:01

Video Report No.:

Station Diary No.:

### Informant's Particulars

Name of Informant: NOURHAN MAHMOUD SAID EL SAYED RADWAN ID Type / ID No.: NRIC NO / S9991177H			Address: 484C CHOA CHU KANG AVENUE 5 #04-60 SINGAPORE 683484		
Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office: Mobile: 89210688		
Sex: Female	Age: 21	Date of Birth: 23/08/1999	Email: WHOISNANNU@GMAIL.COM		
Type of Informant: Driver					
Race: Arab			Language: English		Institution / School Name:
Occupation: Billing clerk			Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2021 08:10	Type of Location: Flyover
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		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	Conditio	No of
SMJ1734C	Car					0
SMW8566G	Car					0

### Details of Person Involved

Any Pedestrian Involved: No  
No. of Pedestrians Injured: NIL  
Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210723/7009

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

2 of 3

Report No. T/20210723/7009

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	NOURHAN MAHMOUD SAID ELSAYED RADWAN		ID No. S9991177H
Related Vehicle	SMW8566G (Car)		Contact No. 89210688
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	23/07/2021		Date NIL
No. of Days granted Medical Leave	05	Degree of	Serious

**Brief Details.**

On 23/07/2021 at about 0810 hours at the slip road of PIE beside Blk 346 Tampines towards TPE(CTE/SLE), I was travelling on the extreme right lane and came to a complete stop while waiting for the clearance of the main traffic. Suddenly, I heard a loud bang from behind and when I alight, I realise it was vehicle (B) who hit onto the rear of my vehicle (A) causing damages to my vehicle. I have 5 days of MC for my injury.

- (A) SMW8566G  
(B) SMJ1734C





**SINGAPORE  
POLICE FORCE**



T/20210723/7009

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

3 of 3

Report No. T/20210723/7009

**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 / TPHQ /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No.: 65476404  
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:  
23/07/2021 11:01

Classification Of Case:

pls email to

mg3solution@gmail.com.

# SINGAPORE ACCIDENT STATEMENT

Accident Date: 23/07/21	Time: 0810 hr	(hh:mm) 24 hr format
Location Slip Road from PIE (Airport) towards TPE (CTE/SLE)		
Vehicle Number SMW 85666		
Insured Name MK KITCHEN		
NRIC / FIN 53425312A	Contact Number 96823187	
Make SSANGYONG Model TIVOLI 1.6D STD 6AT 2ND ABS E6 FL		
Are you claiming under your own insurance policy for repair to your vehicle?		
( ) Yes If No, Pls select: ( / ) Third Party ( ) Reporting		
Insurance Company TOKIO		
Type of Policy ( / ) Comprehensive ( ) Third Party Fire & Theft ( ) TP Only		
Policy Number MR006694		
Name of Driver NOURHAN MAHMOUD SAID ( ) Same as Insured		
ELSAIED RADWAN		
NRIC / FIN 59991177H	Contact Number 89210688	
Date of Birth 23-08-1999		
Driving Pass Date 23-AUG-1999		
Occupation ( / ) Indoor ( ) Outdoor		
Gender ( ) Male ( / ) Female		
Email Address whoisnanna@gmail.com ( ) NO EMAIL		
Address of Driver BLE 484C CHUA CHU KANG AVENUE 5		
#04-60 S ( 683434 )		
Was driver an employee of the Insured's Company? ( / ) Yes ( ) No		
If No, Relationship of the Driver with the Insured Employee		
( ) Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling		
Does the Driver Own Any Other Vehicle? ( ) Yes ( / ) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions ( / ) Clear ( ) Raining ( ) Others		
Road Surface ( / ) Dry ( ) Wet ( ) Others		
Was any foreign vehicle involved in this accident? ( ) Yes ( / ) No		
Was anybody injured in the accident? ( / ) Yes ( ) No		
If yes, injured detail DRIVER back & neck pain		
Was there any video captured by Car Camera? ( ) Yes ( / ) No		
Was the Accident reported to the Police? ( ) Yes ( ) No If yes attach police report		
DETAILS OF 3 <sup>rd</sup> party Name / Nric Contact		
Veh B SMJ 1734C		
Veh C		
Veh D		
Veh E		
Veh F		

Include Driver 1 person only.


**TOKIO MARINE**  
**INSURANCE GROUP**

FORM MX4

### 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-MR006694-R00 (Private Motor Car)

- |  |   |                                |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SMW8566G  | Chassis No.: KPT30A1USLP318110 |
| 2. Name of Policyholder  | MK KITCHEN  |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 15/12/2020  |                                |
| 4. Date of Expiry of Insurance   | 14/12/2021  |                                |
| 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\***

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

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

Tokio Marine Insurance Singapore Ltd.

Authorised Signature