NATIONAL Assessment Centre	Services					
Date In 27/07/24	Job description Date & Time Completed Done by					
Rel No NA/1 mi 21007986/13	SAS e-filing					
Veh No SMIC2646L	E-mail (within Shris, AIC 2lits)					
DOA 13/07/21 1750	i-Motor Claim Form					
	i-Motor W/O (Within: OD 2hrs. TP 4hrs)					
OD (P) Reporting Only	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: S2	LS1876X INC( )/Non-INC( )					
Owner / Driver: (	Tel:					
Policy No: ( ) Perio	od: ( ) Cover Type: ( )					
Confirmed by : (	Date: Time:					
Insured/Driver Liability: ( %) [No	ote-Est. Status (WO): N: 0-20%; P: 21-79%. F: 80-100%]					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	erranty: YES ( ) / NO ( )					
Excess: (\$ ) Loading: \$1,000	( )/\$2,000( )					
General Remarks:-						
( ) Walk-In Customer: Customer's information	ation strictly Confidential & Strictly NO rafer of repairer.					
( ) Total Loss Case : to e-mail Insurer l						
Drive-In ( ) / Towed-In ( ); Invoice: Y						
7,1110100.1	), 10( ), 10wing co. (					
Remarks:- (INC horline: 6788 6616)	Date&Time Completed Done by					
The state of the s	rtesy Car ( )					
2) QC Check / Post Repair Inspection	( )					
3) Upload Resurvey Photo [Repair Cost > \$300	0] ( )					
Injury:						
Date/Time Actions						
	THE THE STATE OF T					
-1	Ant (\$) Amt (					
NA 2103537	Invoice Preparation Checklist   Ist Bill   Add B					
laimant's Particulars :-	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80)					
river/Owner:	3) TF : Towing Fee \$40/\$45					
ontact No:	4) FT : Follow-Through Survey \$120 5) FT : Follow-Through Survey (Resurvey) \$30					
	For claiming against INC Only (wef 10 Jan 2005)					
amaged Portion:	6) TR: Re-inspection 575 7) N1: Idae DA + SMRT Survey \$160					
C Checked by Warm In Ch	8) NTUC Additional Services:-					
C Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5					
uditors' Comments :-	*Né: Repair Co-ordination \$10					
- Committee	*N7: Fost Repair Inspection \$25					
	*N8: DV / Collect Excess Coordination \$5					
t. <u>1:</u>						
	* NS: DV / Collect Excess Coordination \$5 <u>TP (N11)</u> : TP (Non INC) against INC \$20					

SN09217R0004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 27/07/2021 16:14 (SGT) SUBMITTED BY: Roslinda Binte A. Wahab VERSION: 1 (27/07/2021 16:14 (SGT))

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

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 witholding of material facts may allow insurance companies to repudiate

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.

Any false reporting may be referred to the Police for investigation.
 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.
 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

27/07/2021 16:14 (SGT) 13/07/2021 17:50 (SGT) PIE, Singapore (TUAS)B4 STEVEN ROAD EXIT Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMK2646L

INSURED/POLICYHOLDER

is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

FAIREEZUL ANUAR BIN MOHAMED FAWZIR

SXXXX697G

faireezfawzir@gmail.com (Phone) +65-90053171

+65-90053171

VEHICLE PARTICULARS

Manufacturer

Model

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? Vehicle Category

Transmission CC

Toyota Prius

Private use

No - Claiming third party

Private car Auto

1798

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number Comprehensive No MQ002876

DRIVER

Name of Driver NRIC No.

FAIREEZUL ANUAR BIN MOHAMED FAWZIR SXXXX697G

Tokio Marine Insurance Singapore Ltd



Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

Was there any audio recorded?

Yes

14/10/1990

30/04/2010

+65-90053171

Chain Collision

Clear Wet

No 5

Yes

No

Yes

1

No

No

No

#12-520

680108

Yes

No

11 YEARS AND 3 MONTHS

(Phone) +65-90053171

faireezfawzir@gmail.com BLK 108 TECK WHYE LANE

Indoor

Male

Yes

WITH WORKSHOP

No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver Contact Number

Address

SLS1874X

- 55

-

Private car

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Accident report SN09217R0004

Page 2 of 23

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 SLX675J Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category 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 3**

SLV8957D

 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)

Vehicle Registration Number

#### **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SKE1836S Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Private car Vehicle Category 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

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

FAIREEZUL ANUAR BIN MOHAMED FAWZIR

.

SLIGHT SMK2646L

Yes

No

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/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

PIECTURS) BY STEVEN RD

EXII

Vehicle A. SMK2646L

Vehicle B: SLS 1874X

Vehicle C SLX 675J

Vehicle D: SLV8957D

Vehicle E. SKE 18365

Describe Circumstances of the Accident

I was traveling along PIE towards tous before steven road exit.
I now traveling on the first lune, such the vehicle infront of me slow
down and stop, I followed to slow Jam and stop without any contact with
the front vehicles suddenly I felt a buye import from the rear of
my which. Total I felt I impact from the sear of my venue caning
my vehicle to move forward out hit outs the vehicle infront of me. I
get down and realised I was insulved in a chain collecen implicing 5
cars, and I was the 300 vehicle

### Declaration

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

Vehicle Mumber: SMK2646L	Wake I Model	: Toyota Pri	US ON MY		
DATE OF ACCIDENT	13 / 7 / 20:	*C.C.			
TIME OF ACCIDENT	5.50				
LOCATION OF ACCIDENT		e steven roud e	- L		
EXACT PURPOSE USED AT TIME OF ACCIDENT		IVATEUSE / PRIVATE			
NAME OF OWNER FAIRLES			555 4854		
EMAIL faireet faw zir @gmai	THINCE ZUE IN INDIVI	AR BIN MOHAME			
NRIC NRIC	590376976	MOBILE 9 0 0 5 3 1 7 1			
CLAIM TYPE					
FLEET POLICY	OD / THIRD PARTY / REPORTING ONLY YES / NO ?				
INSURANCE CO.					
TYPE OF COVERAGE	Comprehensive / Thi	nd Dants / 'Third Dants	Time 8 miles		
POLICY NO.		ra rarry / Timu rarry	FIFE & FREH		
	MQ002876				
NAME OF DRIVER	AS ABOVE / IF NO.				
DATE OF BIRTH	590376976	6			
1 N N T 10 1 0 0 0 1 1 0 0 0 0 0 0 0 0 0 0 0	14 / 10 / 199				
NAME OF PASSENGER	YES / NO:				
	MALE / PENCALE				
	MALE / FEMALE				
DATE OF DRIVING PASS	Outdoor / (Indoor)				
English and the control of the contr	30 / Apr / 201 Male) / Femal				
CONTACT NO.					
	Mobile, 9005 3171	Home			
EMAIL:					
	BIK 108 Teck Whye	5 (680108)			
DOES DRIVER OWN OTHER VEHICLES?	O / If yes : Reg No:	INSURER.			
ELATIONSHIP	Employee / If No. Ow				
	Tear / Raining				
	Dry / We) / Other.				
NY INJURIES NOTACT NO.	No / If yes): Who? FAIRE	EZUL ANVAR BI	IN MOHAMED FAMEL		
STITICI TO	9005 3171				
OLICE REPORT OTICE OF INTENDED PROSECUTION GIVEN?	No / If yes - Where?	LIST WITH THE TOTAL CO.			
PHICEPPAG		IO/IF YES, WHO?			
AME	SLS 1874 X A	ny rassenger			
ONTACT NO					
	SLX6755 A	ny Passenger .			
EHICLE D NO		ny Passenger .			
EHICLE E NO.		ny Passenger .			
EHICLE F NO.		ny Passenger			
NY WITNESS					
TTNESS CONTACT NO.		ES / NO			
WAS THERE ANY VIDEO CAPITIBES					
WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED?					
WAS THERE ANY VIDEO CAPTURE? WAS THERE ANY AUDIO RECORDED? SCENE ACCIDENT PHOTOS TAKEN?	7	ES / NO			

Have you been approach by unknown person soliciting (s) /

ASSESSMENT\_RALEBIFRISTAUTO.Com

# Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 19230001446 (GST Reg No.: MZ-0000021-4) 20 McCalliers Street #09-01 Tokio Marine Centre Singapore 069046 T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: Imis@tokiomarine.com.sg W: www.lokiomarine.com.

Tokio Marine Group



# Certificate of Insurance

FORM MX1

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.: MQ002876 (Private Car)

1. Index Mark and Registration Number of Vehicle

SMK2646L

Chassis No.: ZVW906153165

2. Name of Policyholder

FAIREEZUL ANUAR BIN MOHAMED FAWZIR

3. Effective date of the Commencement of

01/07/2021 (14:47:04)

Insurance for the purposes of the Act 4. Date of Expiry of Insurance

30/06/2022

5. Persons or Class of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the Person devergis permitted in accordance with the licensing or other laws or requisitors to drive the Major vicinitie or has been, set permitted and is not designated by endor of a Count of Law or by reaction of any encounter or regulation indust behalf from deleng the Major vicinitie. And provided further that the Major Vicinitie is registered under the Road Traffic Act and as registered under the Road Traffic Act and as registered.

#### Limitations as to use

Use brily 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 inoporative by Section 8 of the Mixor Vehicles (Third Forty Risks and Compensation) Act (Chapter 189), and Section 65 of the Risks Transport Act, 1997 (Milaysee, are not to be included under these hoodings.

We benefit certify that the Policy to which this Certificate relative is inside in accordance with the provision of the Mass Vehicles, (Third Party Risks and Compensation) Act (Chapter 18to and Part IV of the Risks 1981 (Malaysia)

Please refer to the Policy Schedule by full details, terms and conditions of the insurance

#### IMPORTANT NOTICE

This Certificate is not transferable. During to currency if the insulance is cancelled for whethouser reason, you must retain the Certificate to Take Manne Insulance Singapore Ltd. within 1 days thereof as if the Certificate has been less destroyed, you must make a standary declaration to that effect. Eakpoint comply with this other is an offence under factor Vehicle (Third Planty Boks and Compensation).

ADDITIONAL INFORMATION			Account No: 2845DDA
Insurance Plan:	Comprimerswe Essential		53.555555555555555555555555555555555555
Limit for total lass or theft.	Prevailing Market Value		
Policy Excess:	Own Damage Claims Additional Excess for Unnamed Drivery a Additional Excess for Young or theaperionics Driveryal WindScience Excess	SGD 900 00 SGD 500 00	(Original Excess : SCD: 866 ce)
		5GD 3.500.00	
		5GD 100 00	
Financial Interest:	TOKYO CENTURY LEASING (SUPTE LTD)		

TOXIC MARINE INSURANCE SINGAPORE LTD.

**Authorised Signature**