

NATIONAL Assessment Centre Services

July 1, 2021

SN409218400006

Date In: 30/08/2021 14:47
Ref No: N3A17MT21009080X
Veh No: S12 PY66M
D.O.A: 29/08/2021 15:00

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (S12 PY66M, A10 1st)		
1-Motor Claim Form		
1-Motor W/O (With 1st OD 1st, TP 1st)		
1-Photo Uploaded		
Assessment Survey Report		
Assessment Report by Fax / Hand to Owner / Witness		

(1) TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assgn Wksp / CW: (

TP Responsibility: Vch No: GRP 3869

Owner / Driver: (

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 ()

() Walk-In Customer: Customer's Information strictly Confidential & strictly NO Referral of repair.

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

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

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

NIA2103717

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) All Accident Reporting (50)	
2) DA / Survey Allowance (\$100)	INC (18)
3) Towing Fee	\$120
4) PT Follow-Through Survey	\$30
5) PT Follow-Through Survey (Resurvey)	\$30
6) Towing Fee (if not only, w/c 10 min)	\$75
7) Towing Fee	\$160
8) NIA DA + SMRT Survey	
9) NIA Additional Services	
DA	\$3
NIA Courtesy Car / Tol Allowance	\$10
NIA Repair Coordination	\$25
NIA Post Repair Inspection	\$3
INDV / Collect License Coordination	\$25
TP (NIA) TP (NIA) INC	\$3
9) NIA Mobile	
Invoice dated	
Invoice dated	

Fed Charged
Fed 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	30/08/2021 14:47 (SGT)
Date of Accident	29/08/2021 15:50 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS SLE BEFORE TAMPINES AVENUE 12 EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8464M
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	VANKADASALAM RAMDAS
NRIC No	SXXXX752B
Email Address	a66796@gmail.com
Mobile Phone No	(Phone) +65-97336387
Alternative Phone No	+65-97502535

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cr-v
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	1498

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MT102052-R03
Cover Note Number	-

DRIVER

Name of Driver	K VIJAYAKUMARI
NRIC No	SXXXX528F

Date Of Birth	01/06/1963
Occupation	Indoor
Date Of Driving Pass	01/06/1992
Driving experience	29 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97502535
Alt. Phone Number	-
Email Address	a66796@gmail.com
Address	12 FLORA ROAD #03-03
Address complement	-
Postcode	509730
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
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 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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF386G
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)	-

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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' 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.

[Signature]

Policyholder's Signature / Date & Time

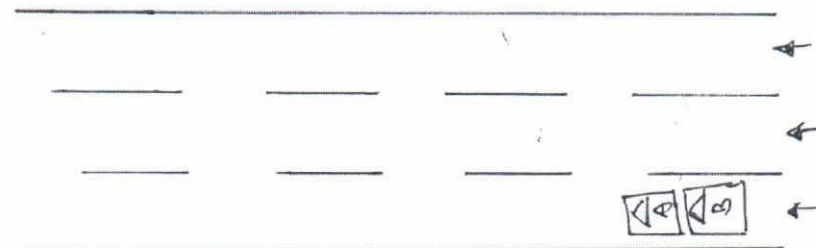
[Signature]

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

[Signature] 30/08/2021

Witnessed by Reporting Centre Personnel

Sketch Plan



TPE finds SLT Bedone Tampines Ave 12 Error.

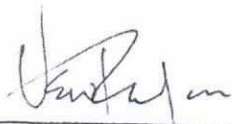
Vehicle A: SLT 81161m.

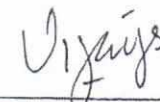
Vehicle B: G3F 386G.

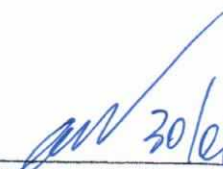
On the stated date & time, I, vehicle 'A' was travelling along the stated route. Due to front vehicle stopped, I followed suit. Moment later, vehicle 'B' could not stopped in time & hit into my vehicle rear portion, causing the damages.

Declaration

We declare the foregoing particulars are true in every respect.

 30/8/21
Policyholder's Signature / Date & Time


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

 30/8/2021
Witnessed by Reporting Centre Personnel

M

Date of Accident : 29 August 2021 Accident Time: 15:50 (24-HR-Format)
Accident Place : TPE Twd SLE before Tampines Ave 12 Exit
Vehicle No. (Car Plate No.) : SLE 8464 M. Make/Model: Honda CR-V
Insurance Company : Tokio Marine Policy No: 21-MT102052-R03
Owner or Company Name / IC No. : Vankadasalam Ramdas S1172752B
Owner or Company Contact No. : _____ Owner's Hp 97336384 Company Tel _____
DRIVER'S Name/IC No. : K. Vijayakumari S15935281F
DRIVER'S Date of Birth : 01 Jun 1963 DRIVER'S License Pass Date: 01 Jun 1992
Relationship of Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: _____

DRIVER'S Address : 12 Flora Rd #03-03 Singapore 509730
DRIVER'S Contact No./ Alt No. : 1) 97502535 2) _____
DRIVER'S Occupation : INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address : a66796@gmail.com
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): 01 driver only

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 injury (If YES, Please state): Nil

Other Party Driver's Particular (if any)

Vehicle No	: <u>GBF 386 G.</u>	Vehicle No	: _____
Vehicle Make/Model	: _____	Vehicle Make/Model	: _____
Name Driver	: _____	Name Driver	: _____
IC No. Driver/Contact:	: _____	IC No. Driver/Contact:	: _____

Passenger's name & gender:

Tokio Marine Insurance Singapore Ltd.

(Company Reg. No.: 192300014M) (GST Reg No.: M2-0000023-4)

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069048

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

FORM MX1

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-MT102052-R03 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLZ8464M Chassis No.: MRHRW1860JP000036
2. Name of Policyholder VANKADASALAM RAMDAS
3. Effective date of the Commencement of Insurance for the purposes of the Act 21/05/2021
4. Date of Expiry of Insurance 20/05/2022
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 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: E2316DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims SGD 600
	Windscreen Excess SGD 100
Financial Interest:	MALAYAN BANKING BERHAD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature