

# NATIONAL Assessment Centre Services

Date-In: <u>13/09/21</u>	Job description	Done & Time Completed	Done by
Ref No: <u>NA/IN/21009578/13</u>	SAS e-filing		
Veh No: <u>QBB7583A</u>	E-mail (w/dm, Stat, MP, 2hrs)		
D.O.A: <u>11/09/21</u> <u>1545</u>	i-Motor Claim Form		
OD: <u>(IP)</u> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <u>4P7907H</u>	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

<u>NA-103942</u>	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
<b>Claimant's Particulars :-</b>	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) FT : 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:-		
	9) N12: Idac Mobile 30		
Driver/Owner:	*N5: Courtesy Car / Tpt Allowance \$5		
Contact No:	*N6: Repair Co-ordination \$10		
Damaged Portion:	*N7: Post Repair Inspection \$25		
QC Checked by (Engr-In-Charge):	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	Invoice dated:	Fee Charged	
Cat 2 / 3:	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	13/09/2021 15:39 (SGT)
Date of Accident	11/09/2021 15:45 (SGT)
Exact Location of Accident	Clementi Ave 6, Singapore
Additional Location Information	SLIP RD INTO AYE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB7583D
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	MATRIX CONCEPT
Company Reg No	5XXXX678X
Email Address	matrix_concept@yahoo.com.sg
Mobile Phone No	(Phone) +65-97424955
Alternative Phone No	+65-97424955

### VEHICLE PARTICULARS

Manufacturer	Renault
Model	Kangoo
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1500

### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	21-MS000135-R02
Cover Note Number	-

### DRIVER

Name of Driver	AW TECK LEE ALVIN(HU DELI ALVIN)
NRIC No	SXXXX503D

Date Of Birth	15/01/1974
Occupation	Indoor
Date Of Driving Pass	28/11/1995
Driving experience	25 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97424955
Alt. Phone Number	-
Email Address	mta.autosolutions@gmail.com
Address	5A NEO PEE TECK LANE
Address complement	-
Postcode	119030
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	owner
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?	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?	Yes
Police Station Name	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210911/2081

#### 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	YP7907H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MUHAMMAD SAID BIN SULAIMAN BIN DRES
NRIC No	SXXXX597E
Contact Number	(Phone) +65-88150580
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## 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 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. 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 policy holder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

CLEMENTI AVE 6 SLIP RD INTO AYE

AYE

A - QBB7583D

B - 4P7907H

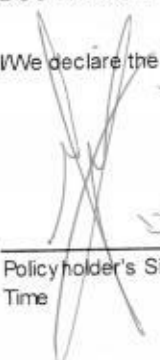



**Describe Circumstances of the Accident**


*P/s refer to the police report: T/20210911/2081*

**Declaration**

I/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

 13/09/21  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



T/20210911/2081

1 of 3

Report No. T/20210911/2081

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
11/09/2021 16:59

Vide Report No.:

Station Diary No.:  
98

**Informant's Particulars**

Name of Informant:

AW TECK LEE ALVIN

ID Type / ID No.:

NRIC NO / S7401503D

Nationality:

SINGAPORE CITIZEN

Sex:

Male

Age:

47

Date of Birth:

15/01/1974

Address:

5A NEO PEE TECK LANE SINGAPORE 119030

Contact No.:

Mobile: 97424955

Home/Office:

Email:

Type of Informant:

Driver

Language:

Institution / School Name:

Race:

Chinese

Occupation:

Interior designer

Driving Licence Information:

Class: 2B,2A,2,3

Date of Expiry:

**General Information of the Accident**Type of  
Accident:

Non-Injury

Drink  
Drive:  
NoDate/Time of  
Accident:  
11/09/2021 15:45Type of Location:  
Merging lane into  
AYE

Location:

CLEMENTI AVENUE 6

Weather:  
ClearRoad Surface:  
Dry

Road Speed Limit:

Traffic Flow:  
One WayTraffic Control:  
Not ControlledTraffic Volume:  
Moderate

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
GBB7583D	Van	RENAULT	Kangoo	White	Seriously Damaged	0
YP7907H	Lorry	NISSAN	Diesel	Yellow	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBB7583D	TOKIO MARINE INSURANCE SINGAPORE LTD.	21-MS000135-R02		



**SINGAPORE  
POLICE FORCE**



T/20210911/2081

2 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20210911/2081

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
<b>Driver</b>			
Name	AW TECK LEE ALVIN	ID No.	S7401503D
Related Vehicle	GBB7583D (Van)	Contact No.	97424955
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	MUHAMMAD SAID SULAIMAN BIN DRES	ID No.	S8525597E
Related Vehicle	YP7907H (Lorry)	Contact No.	88150580
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 08/09/2021 at around 1545hrs, I was driving my van GBB7583D along Clementi Ave 6 filter lane into AYE and slowed down before the give way sign entering the expressway. As I was slowing down I noticed from my rear mirror a yellow truck YP7907H (rental) behind me. It failed to slow down and hence hit the back of my car. I wish to add that I have a front and rear camera installed in my vehicle.

There was no dispute, the driver (Muhammad Said Sulaiman Bin Dres) and myself exchange particulars and settled amicably.

I am lodging this report for recording purposes.





**SINGAPORE  
POLICE FORCE**



T/20210911/2081

3 of 3

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20210911/2081

**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  
D /  
SC2 SIN WEI JIE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
11/09/2021 16:59

Classification Of Case:

SN 37



SIGNATURE

Roslinda

From:  
Sent:  
To:  
Subject:

Alvin Aw <matrix\_concept@yahoo.com.sg>  
Monday, 13 September 2021 10:51 AM  
LKK Paya Ubi  
GBB7583D

Name : MATRIX CONCEPT

UEN : 53430678X

Status : LIVE

Address : 5A NEO PEE TECK LANE, SIN

Industry ? : INTERIOR DESIGN S

Data Protection Officer(s) :

Click [here](#) for more information



**Business Profile**



**Other Information**

# ACCIDENT STATEMENT

ACCIDENT DATE: (11/09/11) (DD/MM/YYYY), TIME: (15:45) (HH:MM)

LOCATION: CLEMENTI AVE 6

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: CBB7582D  
 b) INSURANCE COMPANY: TOKIO MARINE  
 c) POLICY NUMBER: 21-MC000135-R02  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: RENAULT KANGOO (M) 1.5  
 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: MATRIX CONCEPT (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 53420678X CONTACT: 97424955  
 c) ADDRESS:

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

## DRIVER

- a) NAME: AW TECK LEG ALVIN (HU DELI ALVIN) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7401503D CONTACT: 97424955  
 c) ADDRESS: 5A NEO DEE TECK LANE  
 119030

\* a) DATE OF BIRTH: (15/01/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28/11/1995

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

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: 4P7907H MODEL:  
 b) DRIVER'S NAME: MUHAMMAD SAID SULAIMAN BIK ALOS  
 c) NRIC/FIN/PASSPORT: SP525597E CONTACT: SP50580

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
 e) DRIVER'S NAME: CONTACT:  
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = mfa-autosolutions@gmail.com

fax =

VIDEO = yes, front only



## 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-MS000135-R02 (Comm Vehicle Carry Own Goods)

- |  |                |                                |
|--|----------------|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | GBB7583D       | Chassis No.: VF1FW1AC541721012 |
| 2. Name of Policyholder  | MATRIX CONCEPT |                                |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 25/01/2021     |                                |
| 4. Date of Expiry of Insurance   | 24/01/2022     |                                |

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\*

- 1) Use in connection with the policyholder's business.
  - 2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholders' business.
  - 3) Use for social domestic and pleasure purposes.
- The policy does not cover:-
- 1) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
  - 2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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**

Insurance Plan: Third Party, Fire & Theft  
Limit for total loss or theft: Prevailing Market Value

Account: 2324DDA

Tokio Marine Insurance Singapore Ltd.

Authorised Signature