

# NATIONAL Assessment Centre Services

Date In: 29/04/22	Job description	Date & Time Completed	Done by
Ref No: NA/TM22004059/13	SAS e-filing		
Veh No: 5ML626C	E-mail (within 8hrs, Alt: 2hrs)		
D.O.A: 24/04/22 2030	i-Motor Claim Form		
OD: TP (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: FBM1020T 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


NA2201186 Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars :- 1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

Driver/Owner: 3) TF: Towing Fee \$40/\$45

Contact No: 4) FT: Follow-Through Survey \$120

Damaged Portion: 5) RT: Follow-Through Survey (Resurvey) \$30

QC Checked by (Engr-In-Charge): For claiming against INC Only (wef 10 Jan 2005)

Auditors' Comments :- 6) TR: Re-inspection \$75

Cat. 1: 7) N1: Idac DA + SMRT Survey \$160

Cat. 2/3: 8) NTUC Additional Services:-

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 GfA 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	29/04/2022 15:47 (SGT)
Date of Accident	24/04/2022 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JOO CHIAT PLACE NEAR MANGGIS RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML626C
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	J & A
Company Reg No	5XXXX126C
Email Address	tioken@yahoo.com
Mobile Phone No	(Phone) +65-88799049
Alternative Phone No	+65-88799049

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Innova
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1800

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MR002612-R01
Cover Note Number	-

#### DRIVER

Name of Driver	TIO TIONG YEW
NRIC No	SXXXX683J

Date Of Birth	12/08/1968
Occupation	Outdoor
Date Of Driving Pass	13/01/2006
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88799049
Alt. Phone Number	-
Email Address	tioken@yahoo.com
Address	BLK 659C PUNGGOL EAST
Address complement	#07-737
Postcode	823659
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	Collision - Head on 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	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	FBM1020T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	DZUL HIDAYAT BIN MASUD
NRIC No	SXXXX464B
Contact Number	(Phone) +65-89231774
Address	-

Address complement .....	14
Postcode .....	14
Insurance Company Name .....	14
Nature Of Damage .....	14
Details of property damaged in accident .....	14
No. Of Passenger (Including Driver) .....	14

## 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.



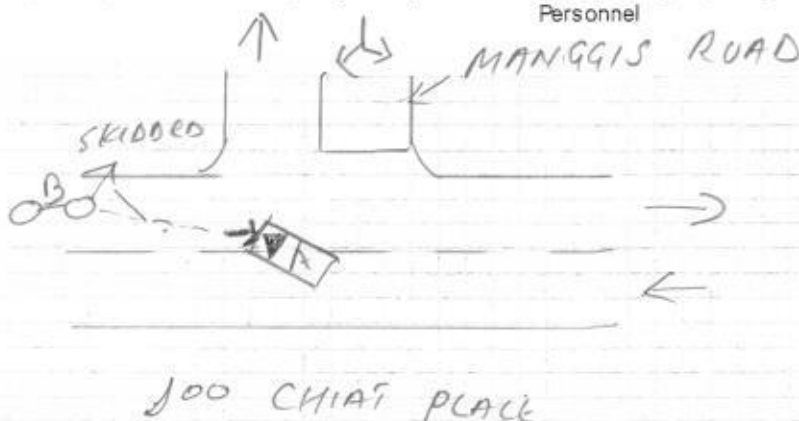
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

A - SML 626C  
B - FBM 1020T



### Describe Circumstances of the Accident

I was travelling at Joo Chiat Road turning right into Manggis Rd. when I saw the motorcycle coming from the other direction, I stopped my veh. The motorcycle apply jammed brake and skidded and the motorcycle hit onto my front portion of my veh.

### 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



# ACCIDENT STATEMENT

ACCIDENT DATE: 24/04/22 (DD/MM/YYYY), TIME: 20:30 (HH:MM)

LOCATION: 100 CHIAT PLACE NEAR MANGU ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SML626C  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_ AUTO / MANUAL  
 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: J A A (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 533-53435126C CONTACT: 88799049  
 c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: 710 FIONG YEW (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 56824683J CONTACT: 88799049  
 c) ADDRESS: BLK 639C PUNGGOL EAST  
H07-737 (823659)

\* d) DATE OF BIRTH: 12/08/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 13/01/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER TO HIRER

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: FAM1030T MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: DZUL Hidayat Bin Masun  
 c) NRIC/FIN/PASSPORT: 58227464B CONTACT: 89231774

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

26/04/22  
 waiting for  
 CI  
 company stamp

Email = token@yahoo.com  
 fax =  
 video = NO



## 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-MR002612-R01 (Private Motor Car)

- |  |   |                           |
|--|---|---------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | SML626C   | Chassis No.: ZWR800343585 |
| 2. Name of Policyholder  | J&A   |                           |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 03/05/2021  |                           |
| 4. Date of Expiry of Insurance   | 02/05/2022  |                           |
| 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: 2865DDA

Insurance Plan:	Comprehensive Approved Workshop Plan		
Limit for total loss or theft:	Prevailing Market Value		
Policy Excess:	Own Damage Claims	SGD 2,000	(In Addition To Own Damage Claims Excess)
	Excess-Third Party (Sect II)	SGD 2,000	
	Young/Inexperienced Driver	SGD 3,500	
	Windscreen Excess	SGD 100	
Financial Interest:	JACK CARS ENTERPRISE PTE LTD		





**TOKIO MARINE  
INSURANCE GROUP**

FORM MX1 H

A member of the  
Tokio Marine Group

### 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-MR002612-R01 (Private Motor Car)

- |  |            |                           |
|--|------------|---------------------------|
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| 2. Name of Policyholder  | J&A        |                           |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 03/05/2021 |                           |
| 4. Date of Expiry of Insurance   | 02/05/2022 |                           |
| 5. Persons or Class of Persons entitled to drive*                              |            |                           |

Tokio Marine Insurance Singapore Ltd.

Authorised Signature