

NATIONAL Assessment Centre Services

Date In: 10/10/22
 Ref No: NA/TM122010350/S
 Vch No: GIBB 6708T
 DOA: 07/10/22 1427
 OD: (P) Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 8hrs, AIC 2hrs)		
i-Motor Claim Form		
i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
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: Vch No: 55D1301K 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%. P: 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Actions

NA 2202909

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Int 1:

Int 2 / 3:

Invoice Preparation Checklist		Ant (\$)	Ant (\$)
		1st Bill	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) 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:-			
ON*			
*N5: Courtesy Car / Tpl Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$5		
*N11: TP (N11) : TP (Non INC) against INC	\$20		
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 Actual 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	10/10/2022 17:20 (SGT)
Reported by	Driver
Date of Accident	07/10/2022 14:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF TANGLIN ROAD AND TOMLISON ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6708T
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PAPAPUFF
Company Reg No	5XXXX952L
Email Address	aliffshahbinilhamshah@gmail.com
Mobile Phone No	(Phone) +65-81274944
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Urvan
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	1998

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MQ004272

DRIVER

Name of Driver	ALIFF SHAH BIN ILHAM SHAH
NRIC No	SXXXX438H
Date Of Birth	20/09/1990
Occupation	Outdoor

Date Of Driving Pass	26/09/2009
Driving experience	13 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-81274944
Alt. Phone Number	-
Email Address	aliffshahbinilhamshah@gmail.com
Address	BLK 106A CANBERRA STREET #11-431
Address complement	-
Postcode	751106
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	Raining
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD1301K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ALIFF SHAH BIN ILHAM SHAH
Gender	Male
Phone No	(Phone) +65-81274944
Address	BLK 106A CANBERRA STREET #11-431
Address Complement	-
Post Code	751106
Approximate Age Years Old	32
Injuries Sustained	BACK PAIN AND NECK PAIN
Injured person in which vehicle?	GBB6708T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

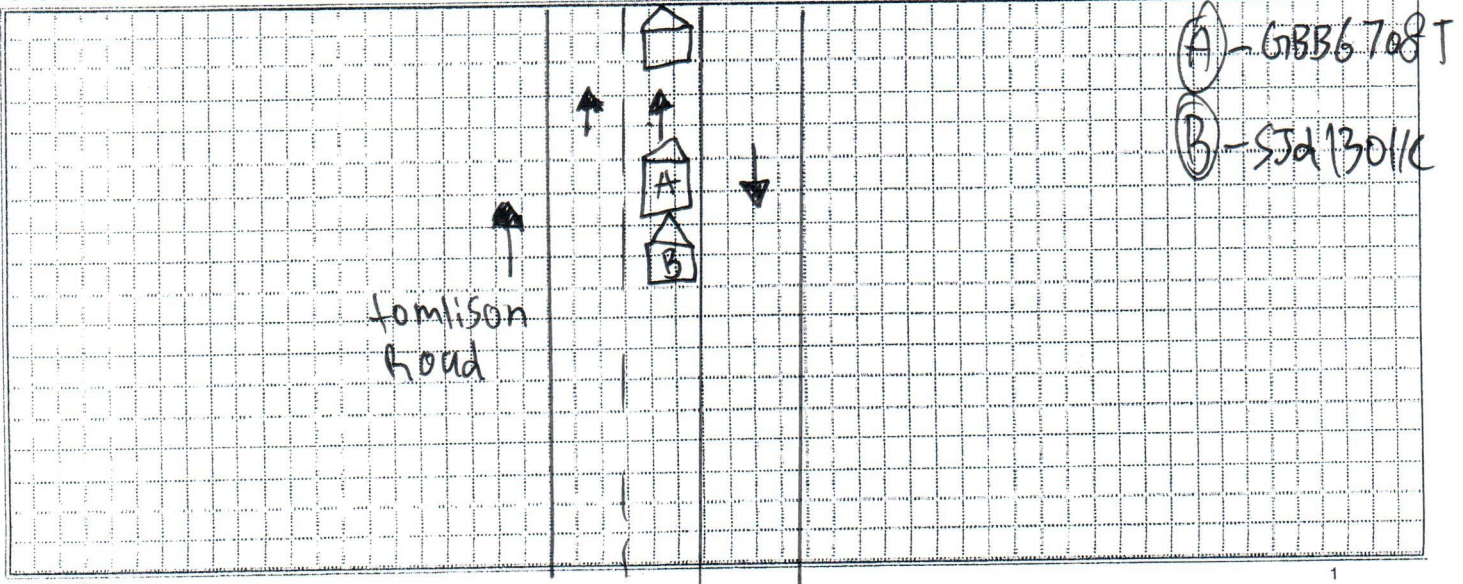


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was traveling along Tomlison Road, and suddenly I felt a huge impact on the rear of my van. I went to take a look and vehicle (5Jd1301K) hit my rear portion. and I suffer back pain and neck pain was given 7 days mc.

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

10/10

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



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

Report No. T/20221010/7037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/10/2022 14:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ALIFF SHAH BIN ILHAM SHAH ABDULLAH			Address: 106A CANBERRA STREET #11-431 SINGAPORE 751106		
ID Type / ID No.: NRIC NO / S9035438H			Contact No.: Home/Office: Mobile: 81274944		
Nationality: SINGAPORE CITIZEN			Email: ALIFFSHAHBINILHAMSHAH@GMAIL.COM		
Sex: Male	Age: 32	Date of Birth: 20/09/1990	Type of Informant: Driver		
Race: Sikh		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2022 14:25	Type of Location: T-Junction
Location: TANGLIN ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
GBB6708T	Van	NISSAN	Urban	White	Seriously Damaged	0
SJD1301K	Car	BMW		Black	Slightly Damaged	0



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

Report No. T/20221010/7037

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBB6708T	TOKIO MARINE INSURANCE SINGAPORE LTD.	MQ004272	29/10/2021	28/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ALIFF SHAH BIN ILHAM SHAH ABDULLAH		ID No. S9035438H
Related Vehicle	GBB6708T (Van)		Contact No. 81274944
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,2A,3 Date of Expiry: NIL
Date	07/10/2022		Date 07/10/2022
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

I was traveling toward cascuden road on the right land. Traffic light ahead with people crossing. Put are stop to my van. When suddenly are BMW by the plate Number SJD1301K hit the back of my van Gbb6708t. So we got out and took some pictures and change particulars. For insurance purposes. No traffic police was at the scene, and we left. Later on in the days. Feel some pain in the neck and back so I went to see my doctor and get 7days mc from 07/10/2022 to 13/10/2022. I do have are car camera also and willing to share it if have to.



**SINGAPORE
POLICE FORCE**



T/20221010/7037

3 of 3

Report No. T/20221010/7037

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

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 / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
10/10/2022 14:05

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 10 / 2022) (DD/MM/YYYY), TIME: (14 : 27) (HH:MM)
 LOCATION: Junction Tanglin Road and Tomlinson Road

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBB6708T
 b) INSURANCE COMPANY: TOKIO MARINE
 c) POLICY NUMBER: MQ004272
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN URVAN Auto MANUAL
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: ON DUTY
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

Driver

(1) passenger

INSURED / POLICY HOLDER
 a) NAME: ALIFF SHAH BIN ILHAM SHAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9035438H CONTACT: 81274944
 c) ADDRESS: BK 106A Canberra Street #11-431
S(751106)

* CONTINUE TO 8.0 IF DRIVER ALSO POLICY HOLDER

DRIVER Owner
 a) NAME: PAPA PUFF (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: (53401952L) CONTACT: -
 c) ADDRESS: -

* d) DATE OF BIRTH: (20 / 09 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: (26 Sep 2009)

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WORKER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

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: SJD SJD 1301K MODEL: -
 b) DRIVER'S NAME: -
 c) NRIC/FIN/PASSPORT: - CONTACT: -

9. THIRD PARTY VEHICLE

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

Email = aliffshahbinilhamshah@gmail.com

fax =

video = Wah with a w/s

Tokio Marine Insurance Singapore Ltd.

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

20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0895 E: tmis@tokiomarine.com.sg W: www.tokiomarine.com



TOKIO MARINE
INSURANCE GROUP

A member of the
Tokio Marine Group

Certificate of Insurance

FORM MZ300

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.: MQ004272 (Commercial Vehicle)

- | | | |
|--|---|--------------------------------|
| 1. Index Mark and Registration Number of Vehicle | GBB6708T | Chassis No.: JN1MG4E25Z0792856 |
| 2. Name of Policyholder | PAPAPUFF | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 29/10/2021 (00:00:00) | |
| 4. Date of Expiry of Insurance | 28/10/2022 | |
| 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

Account No: 2423DDA

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

TOKIO MARINE INSURANCE SINGAPORE LTD.

Authorised Signature