

NATIONAL Assessment Centre Services		Job #	Date & Time Completed	Done by
Date In:	20/04/2023 11:40	Job description		
Ref No:	NB8/TM723004068/Y	SAS e-Milling		
Verb No:	GRS 4950X	E-mail (with/with, A/C 2hrs)		
D.O.A :	19/04/2023 14:10	1-Motor Clean Form		
		1-Motor W/O (With: OD Int, 1P 11hr)		
OD :	⑦ : Reporting Only	1-Photo Uploaded		
		Assessment/Survey Report		
TP Insured:		Ass't Report by Fax / Hand to Owner/Whse		

Policy No.:	Date:	Time:
Confirmed by: ()		
Insured/Driver Liability: ()	(%) (Not-Exc Sumo (W/O): 11:0-30%, 11:21-72%, 11:30-140%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

Drive-In () / Tow-In () / Roadside ()	Date: _____	Supervisor: _____	Done by: _____
Remarks: _____			
1) Apply (b) Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo [Repair Cost > \$3000] ()			

[illegible]

INVESTIGATION OF LOSS	
1) All Accident Report (SSO)	
2) DA: Damage Assessment (\$1000)	INC (\$55)
3) TP: Towing Fee	\$100.00
4) PF: Yellow Through Salvage	\$112
5) PF: Yellow Through Salvage (Battery)	\$56
6) TR: Reimbursement	\$75
7) NI: New DA & Salvage Survey	\$145
8) NUC: Additional Services	
9) GP	\$5
10) NI: Courtesy Car / Tel Allowance	\$12
11) NI: Repair Coordination	\$34
12) NI: Rent Rental Inspection	\$1
13) NI: DV / Collision Coordination	\$75
14) NI: (TP) (DA) (INC) (TR) (PF) (NI)	\$1
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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	20/04/2023 11:40 (SGT)
Reported by	Actual Driver
Date of Accident	19/04/2023 14:10 (SGT)
Exact Location of Accident	Bukit Timah, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4990X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALIF-ENGINEERING PTE. LTD.
Company Reg No	2XXXXX963D
Email Address	alif_eng786@yahoo.com.sg
Mobile Phone No	(Phone) +65-90394141
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MQ001953-R01

DRIVER

Name of Driver	SHIKDER MOHAMMAD EMON
Passport No/FIN	GXXXX362R
Date Of Birth	20/08/1990
Occupation	Outdoor

Date Of Driving Pass	20/12/2022
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86185704
Alt. Phone Number	-
Email Address	alif_eng786@yahoo.com.sg
Address	173A SELEGIE ROAD
Address complement	-
Postcode	188324
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	Side Swipe
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
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?	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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU961Z
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)	-

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

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

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

Sketch Plan

	<p>① GBD4990X</p> <p>② SLU961Z</p>
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Describe Circumstance of the Accident

I WAS TRAVELLING ALONG BUKIT TIMAH ROAD ON THE MIDDLE
LANE. SUDDENLY, VEHICLE B CHANGE LANE BUT DID NOT COME
INTO THE LANE FULLY AND JAM BRAKE OUT OF A SUDDEN.
I COULD NOT BRAKE IN TIME AND HIT THE REAR RIGHT PORTION
OF HER VEHICLE.

Declaration

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



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 20/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

Date of accident: 19/04/2023 Time: 2:10 PM
 Location of accident: BUKIT TIMAH ROAD

Details of Own Vehicle

Vehicle Number: GBD4990X Make/Model: TOYOTA DYNA
 Insurer: TOKIO MARINE Eng. cc & Transmission: 1.5
 Policy No: 22-MQDD4953-R01 Policy Type: C/ TRFT/ TPO
 Name: ALIF-ENGINEERING PTE LTD NRIC/FIN no.: 200921963D
 Email: ALIF_ENG786@YAHOO.COM.SG Contact no.: 9039 4141
 Name: SHIKDER MOHAMMAD EMON NRIC/FIN no.: G2683362R
 Email: - Contact no.: 8618 5704
 Occupation: Indoor / Outdoor D.O.B: 20-08-1990
 Address: 173A SELEGIE ROAD SINGAPORE 188324

Driving pass date: 20-12-2022 Relationship with Policyholder: EMPLOYEE

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes / No

Video Footage: Yes / No

Prosecution Letter: Yes / No

If Yes against whom: -

Passenger (incl. Driver): 1 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	<u>-</u>	<u>-</u>
Gender:	<u>Male / Female</u>	<u>Male / Female</u>

Witness: Yes / No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:	<u>-</u>	<u>-</u>
Contact no.:	<u>-</u>	<u>-</u>

Injuries: Yes / No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
<u>-</u>	<u>-</u>	<u>Yes/ No</u>	<u>Yes/ No</u>
<u>-</u>	<u>-</u>	<u>Yes/ No</u>	<u>Yes/ No</u>

Vehicle B

Vehicle C

Vehicle no.:	<u>SLU961Z</u>	
Driver name:	<u>-</u>	
NRIC/ FIN no.:	<u>-</u>	
Contact no.:	<u>-</u>	
Insurance Co.:		
Remarks:		
(Make/Model, Passenger, property info & etc.)		

Claim Type: Own Damage / Third Party / Reporting On'y

Policyholder/

driver

Workshop:

Signature:

Tokio Marine Insurance Singapore Ltd.

Company Reg No: 193300014M (GST Reg No: M2 0000023 4)

20 McCallum Street #00-01 Tokio Marine Centre Singapore 069046

T: (65) 6221 6111 F: (65) 6221 4355 / (65) 6224 0805 E: tmls@tokiomarine.com.sg W: www.tokiomarine.com



TOKIO MARINE
INSURANCE GROUP

FORM MZ390

A member of the
Tokio Marine Insurance 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.: 22-MQ001953-R01 (Comm Vehicle Carry Own Goods)

1. Index Mark and Registration Number of Vehicle: GBD4990X Chassis No.: KDY2318016764
2. Name of Policyholder: ALIF-ENGINEERING PTE. LTD.
3. Effective date of the Commencement of Insurance for the purposes of the Act: 12/05/2022
4. Date of Expiry of Insurance: 11/05/2023
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 purposesThe 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 93 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 whatever 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: 3244DDA

Insurance Plan:	Comprehensive Approved Workshop Plan
Limit for total loss or theft:	Prevailing Market Value
Policy Excess:	Own Damage Claims: SGD 1,000
	Windscreen Excess: SGD 100

Tokio Marine Insurance Singapore Ltd.

Authorized Signature

User Name: TMLSDirect from TML Only

Printed: 06/05/2022