

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 04/07/2023	Job description	Date & Time Completed	Done by
Ref No: NA/TMP23006666/44	SAS e-filing		
Veh No: SLF 5964L	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 03/07/2023 08:33	i-Motor Claim Form		
OD / (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	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: **FBM 3580E** 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 () / Powered-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

NA2301974	Invoice Preparation Checklist		Am't (\$)	An
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		1st Bill	Ad
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	04/07/2023 08:43 (SGT)
Reported by	Actual Driver
Date of Accident	03/07/2023 08:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG HOUGANG AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5964L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YF MARSYA
Company Reg No	5XXXX997E
Email Address	dayanbz@hotmail.com
Mobile Phone No	(Phone) +65-93361556
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MR004531-R02

DRIVER

Name of Driver	DAYAN BIN ZAINUDDIN
NRIC No	SXXXX558E
Date Of Birth	09/11/1989
Occupation	Outdoor

Date Of Driving Pass 22/07/2010
 Driving experience 13 YEARS
 Gender Male
 Mobile Number (Phone) +65-93361556
 Alt. Phone Number -
 Email Address dayanbz@hotmail.com
 Address APT BLK 139 LORONG AH SOO
 Address complement # 03-185
 Postcode 530139
 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 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) 3
 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 -

PASSENGER 1

Name UNKNOWN
 Gender Female

PASSENGER 2

Name UNKNOWN
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Hougang Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004890999
 Alt. Police Station Phone No (Fax) +65-63128989
 Police Station Address 60 Hougang Ave 9 Singapore 538775
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230703/2009

ATTACHMENT(S)

Are accident photos available for attachment? Yes
 Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM3580E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Motorcycle
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

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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.



[Handwritten Signature]

030723

[Handwritten Signature] 4/7/2023

Policyholder's Signature / Date & Time

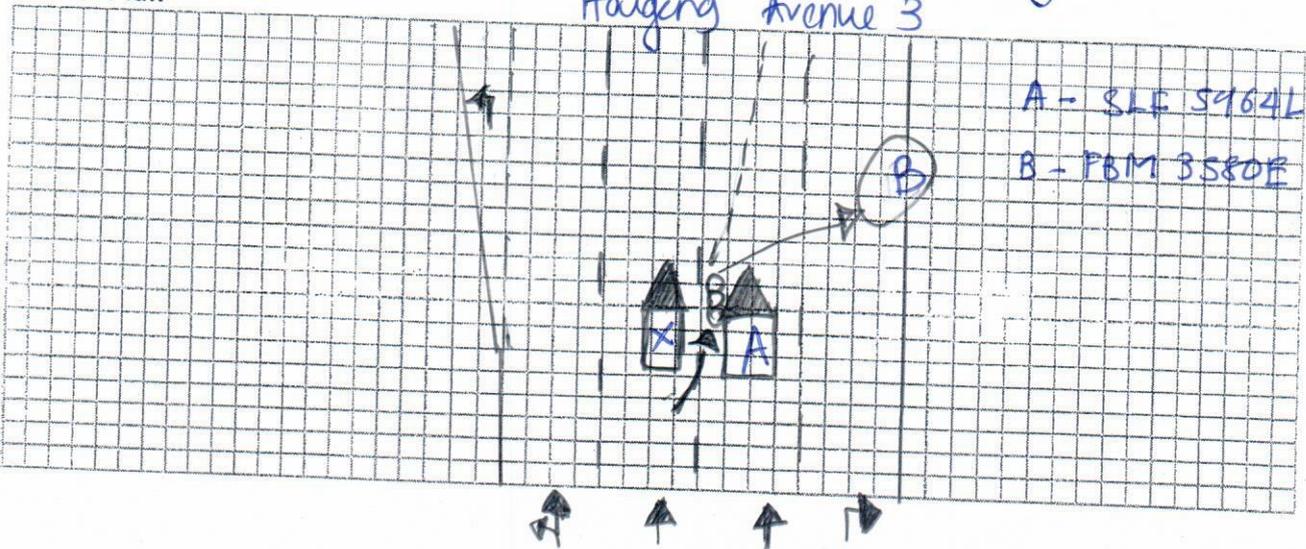
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Haugeng Avenue 3

A - SLE 5964L
B - PBM 3580E



Describe the Circumstance of the Accident

please Refer to the attached
police Report - 7/2023 0703 / 2009.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

030723

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

4/7/2023

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



**SINGAPORE
POLICE FORCE**



T/20230703/2009

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20230703/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2023 10:23	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: DAYAN BIN ZAINUDDIN			Address: APT BLK 139 LORONG AH SOO #03-185 SINGAPORE 530139		
ID Type / ID No.: NRIC NO / S8939558E			Contact No.: Home/Office: Mobile: 93361556		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 09/11/1989	Type of Informant: Driver		
Race: Malay			Language:		
Occupation: ENGINEER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/07/2023 08:30	Type of Location: Straight Road
Location: HOUGANG AVENUE 3			
Weather: Clear	Road Surface: Dry		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3580E	Motorcycle					0
SLF5964L	Car				Slightly Damaged	2



**SINGAPORE
POLICE FORCE**



T/20230703/2009

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20230703/2009

CONTINUATION OF REPORT

Brief Details.

On 03/07/2023 at about 0833hrs, I was driving my vehicle (SLF5964L) along Hougang Ave 3 approaching junction of Bartley Road East. One motorcycle (FBM3580E) who was riding on my left hit my car. I horn at him, but he did not stop and rode off. I make a check on my car and discovered scratches and dents on my left front passenger area.





**SINGAPORE
POLICE FORCE**



T/20230703/2009

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20230703/2009

CONTINUATION OF REPORT

071
003



071
003

Signature of Officer Recording The Report: F / SGT 1 RUZSHAHFIL BIN NGIRWAN	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / HRT / SR STAFF SGT RASHIDAH BINTE AZMAN Contact No.: 65476902	

Signature Of Informant:	
Date/Time: 03/07/2023 10:23	
Classification Of Case:	

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 03/07/2023	TIME OF ACCIDENT : 08:33 a.m
VEHICLE NO : SLF 5964L	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL :	LOCATION : Along Hanger Avenue 3
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : Tokio Marine	POLICY NO : 22-MR004531-P02
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : YF MAR SYA	NRIC : 53417997E
ADDRESS :	CONTACT NO : 93361556
EMAIL ADDRESS : dayanbz@hotmail.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : Dayan Bin Zainuddin	NRIC : 89989558E CONTACT NO : 93361556
DRIVER OWNER RELATIONSHIP : owner	PASSENGER : 3 MALE () FEMALE (2)
DATE OF BIRTH : 09 / 11 / 1989	DRIVING PASSING DATE : 02 / 07 / 2010
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : Apt B1K 139 Tower Ah soo # 03-185, 5530139
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ? Hanger
WEATHER CONDITION : CLEAR / RAINING / OTHERS :	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : FBM 3580E DRIVER NAME : _____ NRIC : _____ CONTACT : _____	VEHICLE C REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____
VEHICLE D REG NO : _____ DRIVER NAME : _____ NRIC : _____ CONTACT : _____	ANY WITNESS ? NO, IF YES : NAME : _____ CONTACT : _____
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES : YES / NO	WERE INJURY CONVEYED BY AMBULANCE : YES / NO
VEHICLE NUMBER:	HANDLING INSURER:



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-MR004531-R02 (Private Motor Car)

- | | | |
|---------------------------------------------------------------------------------------|------------|-----------------------------------|
| 1. Index Mark and Registration Number of Vehicle | SLF5964L | Chassis No.: NRE1610012465 |
| 2. Name of Policyholder | YF MARSYA | |
| 3. Effective date of the Commencement of Insurance for the purposes of the Act | 01/09/2022 | |
| 4. Date of Expiry of Insurance | 31/08/2023 | |

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*

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: 2348DDA

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:	MOTOR-WAY CREDIT PTE LTD	

Tokio Marine Insurance Singapore Ltd.

Authorised Signature