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Ref No: NAI-1M123007124/04	SAS e-filing	*			
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D.O.A: 13/07/2023 18:50	i-Motor Claim	Form			
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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No:	GBK 9225C	INC ()/Non-INC ()	
Owner / Driver: (CIDA 1-20C		Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time:)
Insured/Driver Liability: (%	Note-Est. Status (WC	D): N: 0-20	0%; P: 21-79%. F	: 80-100%]	**********
Year of Registration: ()	Warranty: YES ()/NO()		
Excess: (\$) Loading: \$	\$1,000 () / \$2,000 ()			
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G SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
 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 witholding 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	14/07/2023 11:51 (SGT)
Reported by	Actual Driver
Date of Accident	13/07/2023 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CLEMENTI AVENUE 6 TOWARDS AYE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number		SKP1835L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TIONG AIK CONSTRUCTION PTE LTD
Company Reg No	1XXXXX190D
Email Address	MOHDNOOR@TIONGAIK.COM.SG
Mobile Phone No	(Phone) +65-97967579
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer

Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to	Private use
vour vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MV006371-R06

DRIVER

Name of Driver	MOHAMMAD NOOR BIN ABDUL LATIP
NRIC No	SXXXX547D
Date Of Birth	08/03/1970
Occupation	Indoor

Gender Mobile Number Alt, Phone Number (Phone) + 95-97967579 April Rik 605 Vishlun STREET 61 Address complement #10-313 Postcode Site driver the policyholder? No (Phone) + 95-97967579 No (Phone) + 95-9796757 No (Phone) + 95-9796757 No (Phone) + 95-9796757	Date Of Driving Pass	17/06/1992
Mobile Number Email Address	Driving experience	31 YEARS AND 1 MONTH
All, Phone Number Email Address Addres	Gender	Male
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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 GBK9225C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver	CIRCUMSTANCES OF ACCIDENT	
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Vehicle Registration Number GBK9225C Vehicle Manufacturer - Vehicle Model - Vehicle Variant - Vehicle Colour - Vehicle Category Commercial vehicle Name of Driver -		
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Vehicle Variant - Vehicle Colour - Vehicle Category Commercial vehicle Name of Driver -		
Vehicle Colour - Vehicle Category Commercial vehicle Name of Driver -	CONTROL OF THE CONTRO	
Vehicle Category Name of Driver - Commercial vehicle -		
Name of Driver		
Contact (dillaci	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

- Please report <u>correctly</u> 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Sphature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personne

Sketch Plan

CLEMENTI AVE 6 TOWARDS AYE (TUAS)

A: SKP1835L GBK9225C

Describe Circumstances of the Accident L(SKP1835L) WAS TRAVELLING ALONG CLEMENTI AVE 6 TOWARDS AYE (TUAS). WHILE I WAS STILL IN MY LANE, VEHICLE B (GBK9225C) ON MY RIGHT ENCROACHED INTO MY LANE AND COLLIDED WITH THE REAR RIGHT PORTION OF MY VEHICLE.

Declaration

IWe declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

oder's Signature / Date &

Driver's Sig nature (If driver is not the policyholder) / Date Witnessed by Reporting Centre

Personnel

Accident Reporting Draft

VEHICLE NO: SKP1835L

MODEL: TOYOTA COROLLA ALTIS (AUTO) MANUAL



DATE OF ACCIDENT	13/7/2023 C.C: 1,598
TIME OF ACCIDENT	1850 HRS AM/FM
LOCATION OF ACCIDENT	CLEMENTI AVE 6 TOWARDS AYE (TUAS)
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/PRIVATE USE/ PRIVATE HIRE
	A SUSTINIA DE LE
NAME OF OWNER	TIONG AIK CONSTRUCTION PTE LTD
CONTACT NO.	97967579 EMAIL: MOHDNOOR@TIONGAIK.COM.SG
NRIC	197903190D
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY 3P
INSURANCE CO.	TOKIO MARINE
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT
POLICY NO.	
	AS ABOVE / IF NO: MOHAMMAD NOOR BIN ABDUL LATIP
NAME OF DRIVER	
NRIC	S7007547D ANY PASSENGER: 0 8/3/1970
DATE OF BIRTH	
OCCUPATION	OUTDOOR / MDOOR
DATE OF DRIVING PASS	17/6/1992
GENDER	MALE/ FEMALE 97967579 EMAIL: MOHDNOOR@TIONGAIK.COM.S
CONTACT NO.	1 JALAN BERSEH #03-06 NEW WORLD CENTRE S(209037)
ADDRESS	
DOES DRIVER OWN OTHER VEHICLES	(IO) IF YES: REG NO.
RELATIONSHIP	EMPLOYÈE/ IF NO:
WEATHER CONDITION	CLEAB / RAINY/ OTHER: CLEAR
ROAD SURFACE	DRY/ WET/ OTHER: DRY
ANY INJURIES	NO IF YES - DRIVER (MOHAMMAD NOOR BIN ABDUL
CONTACT NO.	LATIP) (M)
POLICE REPORT	NO/ IF YES: NOTICE OF INTENDED PROSECUTION GIVEN
VIDEO RECORDING	1110/112
AUDIO RECORDING	NO / YES SCENE PHOTO(S) NO YES
VEHICLE B NO.	GBK9225C ANY PASSENGER:
NAME	
CONTACT NO.	ANIV DACCENCED.
VEHICLE C NO.	ANY PASSENGER:
VEHICLE D NO.	ANY PASSENGER:
VEHICLE E NO.	ANY PASSENGER:
VEHICLE F NO.	ANY PASSENGER:
ANY WITNESS	
WITNESS CONTACT NO.	
PARTICULAR WORKSHOP	- IDD I
MOBILE NO.	Rucer Auto Pte Ltd
CONTACT PERSON	
FAX NO.	2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub,
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE? NO / YE.	Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277

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



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-MV006371-R06 (22-MV006371-R06)

1. Index Mark and Registration Number of Vehicle

SKP1835L

Chassis No.: MR053REH104511579

2. Name of Policyholder

TIONG AIK CONSTRUCTION PTE LTD

3. Effective date of the Commencement of Insurance for the purposes of the Act

22/08/2022

4. Date of Expiry of Insurance

21/08/2023

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: 0952DDB

Insurance Plan:

Comprehensive Approved Workshop Plan

Limit for total loss or theft:

Prevailing Market Value

SGD 600

Policy Excess: Policy Excess:

Own Damage Claims Windscreen Excess

SGD 100

Financial Interest:

HONG LEONG FINANCE LTD

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: TMIS Direct from TM Onli

Printed: 27/07/2022