

NATIONAL Assessment Centre Services

(Ref: Jan 2005)

19/01/08/08827

Date In: 23/08/2018 10:43	Job description	Date & Time Completed	Done by
Ref No: N/A/LIP/001528014	SAS e-filing		
Veh No: 2XV3748	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 21/08/2018 07:40	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: PROKSTRIAN	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

<p>1/A2805350</p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Cal. 1:</p> <p>Cal. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$50)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idno Mobile 30</p>		<p>Am't (\$)</p> <p>Est Bill</p>	<p>Am't (\$)</p> <p>Add Bill</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	<p>Fee Charged</p>
	<p>Invoice dated</p>		<p>Fee Charged</p>	<p>Fee Charged</p>

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 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' law firms/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 firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

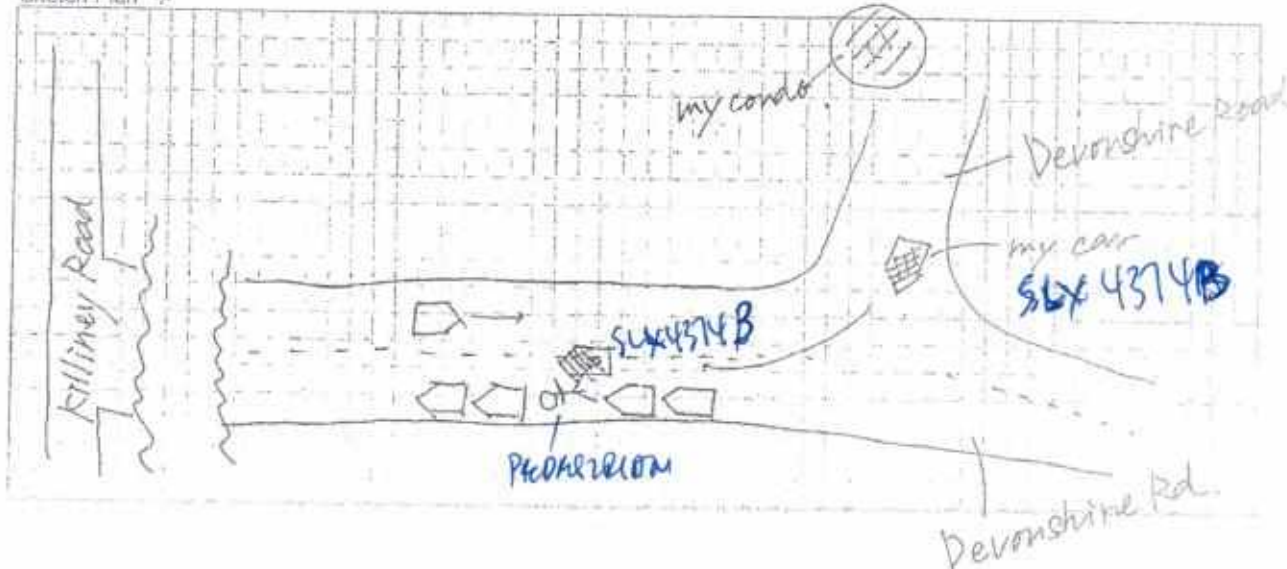
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel

Sketch Plan



Details of Witness 1

Name

Mr. Matsumoto

Phone

N.A.

Email Address

N.A.

Details of Witness 2

Name

Phone

Email Address

Details of Injured Person 1

Phongkieton

Name

Mrs. Haslinda Ste Muhamad

Address

712 Jurong West Street 71 #02-168, Singapore

Approximate Age

46

Injuries Sustained

a small fracture near back spine

If vehicle occupants, state in which vehicle?

Were seat belts worn?

☐ Yes ☐ No

Was injured conveyed to hospital by ambulance?

☐ Yes ☐ No**Details of Injured Person 2**

Name

Address

Approximate Age

Injuries Sustained

If vehicle occupants, state in which vehicle?

Were seat belts worn?

☐ Yes ☐ No

Was injured conveyed to hospital by ambulance?

☐ Yes ☐ No**Details of Injured Person 3**

Name

Address

Approximate Age

Injuries Sustained

If vehicle occupants, state in which vehicle?

Were seat belts worn?

☐ Yes ☐ No

Was injured conveyed to hospital by ambulance?

☐ Yes ☐ No

(Note - Please use page 7 if you need to add more injured person)

Describe Circumstance of the Accident *

On 21/08/2018 at around 3:40am. I was driving my car and turning right from Devonshire Road heading towards Killybegs Road. After I completed my right turn, I knocked onto a pedestrian as she was crossing the road. She was walking out from between 2 cars parked along the left side of the road, and as such I did not see her while I was making the right turn.

POLICE REPORT T/20180821/2015

Declaration

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


Policyholder's Signature & Date

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

 23/08/2018
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20180821/2015

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

1 of 3

Report No. T/20180821/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/08/2018 09:45		Vide Report No.: E/20180821/0048		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: SAWAFUJI TAKAYUKI			Address: APT BLK 57B DEVONSHIRE ROAD #05-06 THE SUITES AT CENTRAL SINGAPORE 239899		
ID Type / ID No.: FIN NO / G5746626Q			Contact No.: Home/Office: Mobile: 96354237		
Nationality: JAPANESE			Email:		
Sex: Male	Age: 48	Date of Birth: 24/08/1969	Type of Informant: Driver		
Race: Japanese			Language:		Institution / School Name:
Occupation: OFFICE WORKER			Driving Licence Information: Class: 3		Date of Expiry: 21/06/2023

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/08/2018 07:40	Type of Location: Straight Road
Location: Along Road 1 DEVONSHIRE ROAD				
Between Lamp Post 4 and 5 Lamp Post Number: 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SLX4374B	Car	TOYOTA	Camry	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



**SINGAPORE
POLICE FORCE**



T/20180821/2015

2 of 3

Report No. T/20180821/2015

Police Station Of Origin:

Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

CONTINUATION OF REPORT

Driver				
Name	SAWAFUJI TAKAYUKI		ID No.	G5746626Q
Related Vehicle	SLX4374B (Car)		Contact No.	96354237
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: 21/06/2023
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Pedestrian				
Name	Haslinda		ID No.	NIL
Related Vehicle	NIL		Contact No.	92034414
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Slight

Brief Details.

On 21/08/2018 at around 7.40am, I was driving my vehicle SLX4374B, and was turning right from Devonshire Rd onto Devonshire Rd heading towards Killiney Road. After I had completed my right turn, I knocked onto a pedestrian by the name of Haslinda (H/P: 92034414) as she was crossing the road. She was walking out from between 2 vehicles parked along the left side of the road, and as such I did not see her while I was making the right turn. I then called for police assistance. A passerby also called for an ambulance. The ambulance arrived shortly after, and attended to the injured pedestrian. Two traffic police officers also arrived after. They informed me that she would be conveyed to Singapore General Hospital. I am lodging a police report for record and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20180821/2015

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

3 of 3

Report No. T/20180821/2015

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

ASP LIM JIAN XIONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

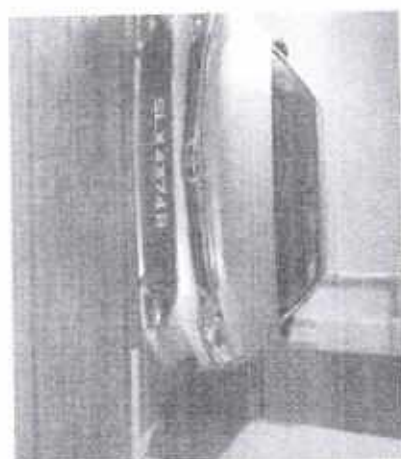
Signature Of Informant:

Date/Time:

21/08/2018 09:45

Classification Of Case:

SN 172



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident * Date: 31/08/2021 Time: 7:40am
 Exact Location of Accident * Along Road 1 Devonshire Rd Between
Lang Post 4 and 5

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SLX 4374B

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer _____ Model _____

Type of Vehicle*

☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others _____

Exact Purpose for which vehicle was being used at time of accident *

going to the office

Are you claiming under your own insurance policy for repair to your vehicle?

☒ Yes ☐ No (If No, Pls select: ☐ Third Party ☐ Reporting)

Vehicle Category*

☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *

Type of Policy

☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☐ No

Policy Number

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver *

SAWAFWI TARAYURI

Personal Identification - NRIC (Singaporean/PR) *

- FIN/Passport Number *

G57466260

Date of Birth *

dd/ 24 mm/ 08 yy 1969

Driving Date Pass *

dd/ 22 mm/ 06 yy 2018

Year of Driving Experience *

5 Year(s) Month(s)

Occupation *

office clerk

☒ Indoor ☐ Outdoor

Gender *

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No. *

9635-4233

Address of Driver

*

57B Devonshire Rd. #05-06 The Suites
At Central

Postcode (239899)

Email Address

*

sawafuji.takayuki@toyota-asia.com

Was driver an employee of the Insured's Company?

☐ Yes ☐ No

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

☐ Yes ☐ No

Vehicle Registration Number of Driver's Own Vehicle (if applicable)

Insurance Company of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side
Swipe, Front to Rear)

*

Moving Vehicle Against - Pedestrian

Weather Conditions

*

☒ Clear ☐ Raining ☐ Others

Road Surface

*

☒ Dry ☐ Wet ☐ Others

OTHER INFORMATION

a. Was anybody injured in the accident?

*

☐ Yes ☐ No

b. Was any other vehicle or property damaged? (Including
Witness)

*

☐ Yes ☒ No

under inspection

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?

*

☒ Yes ☐ No (If Yes, please state which Police Station.)

Police Station Name

Police Station Address

Police Station Contact

Orchard N.P.C.

51 Killiney Rd. Singapore 239572

Tel No.

1800-5859999

Fax No.

Was notice of intended Prosecution given?

*

☐ Yes ☒ No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number

*

PEDESTRIAN

Vehicle Make/ Model/ Colour

Details of Properties

Name of Driver

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

Contact Number

Address

Name of Insurance Company

No. of Passenger (Including Driver)

(Note - Please use page 6 if you need to add more vehicles)



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TOYOTA MOTOR ASIA PACIFIC PTE LTD



Name
SAWAFUJI TAKAYUKI
FIN
G57465263



80242075

VISIT PASS
Immigration Regulations

01-01-2014

Name
SAWAFUJI TAKAYUKI

FIN
G57465263

Date of Birth
24-08-1969

Nationality
JAPANESE



Download SingPass App to check status



MULTIPLE JOURNEY VISA ISSUED
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 5 : Motor cars with unladen weight \leq 2000kg with \leq 2 seats
passenger's, exclusive of driver's and other motor vehicles with unladen weight \leq 2500kg

NP 428A *



REPUBLIC OF SINGAPORE DRIVING LICENCE

SAWAFLU TALAYUK

06746628Q

Issued: 24 Aug 1999
Valid From: 22 Jun 2018
Valid Till: 21 Oct 2024

002816722G






Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

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)

Certificate No	SD18V00033 /VPZ /R03
Form	MZ406
Date Of Issue	17-APR-2018
1.Index Mark and Registration No. of Vehicle:	SLX4374B
2.Chassis number of Vehicle:	MR053DK5100112788
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	28-MAR-2018 00:00 AM
5.Date of Expiry of Insurance:	31-DEC-2018 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. 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.	
7.Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	
*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.	
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
FINANCE COMPANY:	DBS BANK LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/PLAS/17-APR-18

S1_CI_T1_T3_QE_Template2-Ver1.

17-APR-18



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048550
Tel (65) 6224 0050 Fax (65) 6224 0050
Operating Hours: Monday to Friday: 10:00 - 17:00
L1EN: S663301000 / GST Reg. No.: N42201728

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No.: MNA118188827 Vehicle Registration No.: 3LX4374B

Name (as shown in NRIC): SAWA FUJI TAKAYUKI NRIC/FIN/Passport No.: G5746626Q

☒ Vehicle Driver / ☐ Vehicle Owner (*) Please delete as appropriate

Address: _____ Singapore

Contact (Tel): _____ Mobile No.: 96354239

Email Address: _____

Date of Accident: 21/08/2018 Time of Accident: 07:40

Place of Accident: Along DEVENISHIRE ROAD BETWEEN CAMP POST 485

Insurance Company: LIBERTY Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insurer Police Report 1/20180821/2015



Policyholder / Driver's Signature: _____
Date: _____

Reporting Centre Personnel's Signature: _____
Name: _____
NRIC/FIN No.: _____
Date: 27/08/2018