

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MHA18144871

Date In: 8/11/15-16:44	Job description	Date & Time Completed	Done by
Ref No: 461 VP 18020875/24	SAS e-filing		
Veh No: 5R4242C	E-mail (within 3hrs, A/C 2hrs)		
D.O.A : 7/11/15-17:10	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: 226456x	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:- (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

HA1802299	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);	Int Bill	Add Bill
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		
	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile 30		
Dat 2/3:	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 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. 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 Report	08/11/2018 18:44
Date Of Accident	07/11/2018 17:10
Exact Location Of Accident	PIE (TUAS) NEAR CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4742C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V12323/VPZ/R00
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ADISUFRI BIN ABDUL RAHMAN
NRIC No	S8905432Z
Date Of Birth	14/02/1989
Occupation	INDOOR
Date Of Driving Pass	09/03/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84289995
Fax Number	
Contact Number	OFFICE-84289995
EMail Address	NOEMAIL

Address	BLK 306 SERANGOON AVENUE 2 #02-62
Postcode	550306
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4880999 - FAX NO: 64883561
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20181107/2159.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FZ6456X
Vehicle Make/Model/Colour	HONDA WAVE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	YAP NYET LEONG
NRIC/Passport Number	S6982661Z
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :



## 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 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

08 NOV 2018

Driver's Signature  
(If driver is not the policyholder)

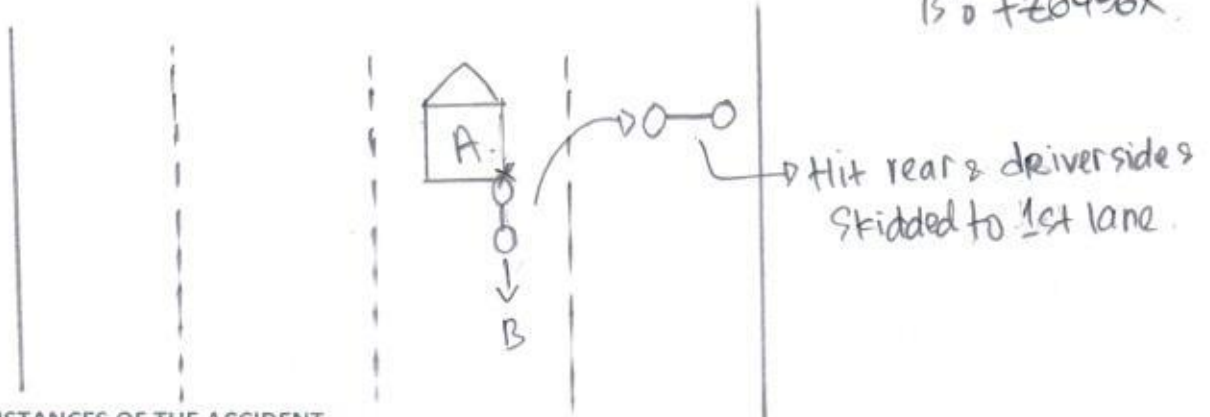
08 NOV 2018

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A: SJR4742C

B: F26456X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

# Refer to police report No: T /20181107/21541#

DECLARATION

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



Policyholder's Signature  
Date:

08 NOV 2018

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

08 NOV 2018

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

- NRIC
- DRIVING LICENSE
- CERTIFICATE OF INSURANCE
- POLICE REPORT IF ANY

Date of Accident : 7 Nov 2018 Time : 1710hrs

Location Of Accident : PIE towards tuas. Near Clementi Road exit

Country/State of Loss : \_\_\_\_\_

**INSURED/POLICYHOLDER (OWN VEHICLE)**

Registered Owner Name : ROSET LIMOUSINE SERVICES PTE LTD.

Email Address : \_\_\_\_\_ Reg Owner ID : 2004067228.

Mobile Phone No : \_\_\_\_\_ Alternative Phone No : \_\_\_\_\_

**INSURANCE COMPANY (OWN VEHICLE)**

Handling Insurer : \_\_\_\_\_ Fleet Policy : Yes / No

Type Of Coverage : Comprehensive / Third Party Policy Number : \_\_\_\_\_

**DRIVER IDENTIFICATION**

Driver Name : Muhammad Adisufri Bin Abdul Rahman

Date Of Birth : 14 Feb 1989 Driving Date Pass : 9 Mar 2012

Driver ID : S89054322 Occupation : Indoor / Outdoor

H/P Phone No : 84289995 Alternative Phone No : \_\_\_\_\_

Address : Blk 306 Serangoon Avenue 2 #02-62 S'pore 550306

Email Address : adi-sufri@hotmail.com Relationship : Hirer

Was driver an employee of the Insured's Company? : Yes / No

Driver's Own Vehicle Reg No : \_\_\_\_\_ Driver's Own Insurer : \_\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Registration No : SJR 4742 C

Manufacturer : Mitsubishi Model : Lancer

Reporting Type : Own Damage / Third Party / Reporting Only

Exact Purpose for which vehicle was being used at time of accident : Private Use / Company Use /

Hired Use

**GENERAL INFORMATION OF THE ACCIDENT**

Weather Condition : Clear / Raining / After Rain

Road Surface : Dry / Wet / Damp

Approach by Unknown : Yes / No

Number of Passengers (Including Driver) : 2 Imple

Injured : Yes / No

Police Reported : Yes / No

Video Camera : Yes / No

BRANBOW NPC.



**DETAILS OF INJURED PERSON**Name : Yap Nyet Leong and his sonInjuries Sustained : Self SkidWere seat belts worn? : **Yes / No**Approximate Age : 49 / 17Injured person in which vehicle? : Back motorcycle (FZ 6456X)Was injured conveyed to hospital by ambulance? : **Yes / No**

Address :

**WITNESS**Details of Witness : Muhammad AidesaifulContact Number : 85334221 Email Address : aidesaiful@gmail.com**DETAILS OF OTHER VEHICLES**Vehicle Registration No : FZ 6456XVehicle Make/Model/Colour : Honda Wave (motorcycle)Name of Driver : Yap Nyet Leong Driver's NRIC : S69826612Address : Blk 333 Bukit Batok Street 32 #05-249No. Of Passenger (Including Driver) : 2 Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_

Vehicle Registration No : \_\_\_\_\_

Vehicle Make/Model/Colour : \_\_\_\_\_

Name of Driver : \_\_\_\_\_ Driver's NRIC : \_\_\_\_\_

Address : \_\_\_\_\_

No. Of Passenger (Including Driver) : \_\_\_\_\_ Contact Number : \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20181107/2159

1 of 3

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

Report No. T/20181107/2159

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2018 22:07		Vide Report No.: D/20181107/0091		Station Diary No.: 101	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD ADISUFRI BIN ABDUL RAHMAN			Address: APT BLK 306 SERANGOON AVENUE 2 #02-62 SINGAPORE 550306		
ID Type / ID No.: NRIC NO / S8905432Z			Contact No.: Home/Office: Mobile: 84289995		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 14/02/1989	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Prison officer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 07/11/2018 17:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  PIE towards Tuas, near Clementi Exit.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ6456X	Motorcycle				Slightly Damaged	1
SJR4742C	Car	MITSUBISHI	Lancer		Slightly Damaged	1



SINGAPORE  
POLICE FORCE



T/20181107/2159

Police Station Of Origin:  
Serangoon N.P.C  
50 Serangoon Avenue 2 #01-02 SINGAPORE  
556129  
Tel No: 1800-4880999

2 of 3

Report No. T/20181107/2159

CONTINUATION OF REPORT

Brief Details.

On 7 November 2018 at about 1710hrs, I was driving along lane 2 of PIE towards Tuas. When the vehicle in front of me changed lane, I noticed a vehicle tire was laying on lane 2 causing obstruction. I checked my blind spots on both sides but it was not safe to change lane. Thus, I slow down my vehicle intending to stop before the vehicle tire. Suddenly, I felt an impact from the rear and noticed a motorcycle skidded on my right. I immediately alight to make a check and on the rider and pillion. My younger brother then called 995 for medical assistance. Traffic police and ambulance was at scene to assist. Subsequently, both rider and pillion was conveyed by the ambulance but I am unsure to which hospital. I am lodging this traffic accident report as advised by the traffic police. I wish to state that I am only contactable after 1830hrs due to work.





**SINGAPORE  
POLICE FORCE**



T/20181107/2159

3 of 3

Police Station Of Origin:

Serangoon N.P.C

50 Serangoon Avenue 2 #01-02 SINGAPORE

556129

Tel No: 1800-4880999

Report No. T/20181107/2159

**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:

F /

Sgt 2 TOH RUI YUN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Signature Of Informant:

Date/Time:

07/11/2018 22:07

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number: **S8905432Z**

Name: **MUHAMMAD ADISUFRI BIN ABDUL RAHMAN**

Birth Date: **14 Feb 1989**

Issue Date: **05 Feb 2009**

001705720A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8905432Z**





Name: **MUHAMMAD ADISUFRI BIN ABDUL RAHMAN**

Race: **MALAY**

Date of birth: **14-02-1989**

Sex: **M**

Country of birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles < 200 CC	05 Feb 2009
Class 2A	Motorcycles between 201 CC and 400 CC	04 Jan 2013
Class 2	Motorcycles > 400 CC	04 Feb 2014
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	09 Mar 2012

S8905432Z

S / No. 9000202026

License No: S8905432Z



Nº 178A

3472760



NRIC No: **S8905432Z**



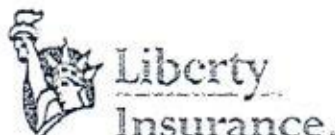
Date of issue: **17-02-2004**

APT BLK 306 SERANGOON AVENUE 2 #02-02  
SINGAPORE 550306

NRIC No: **S8905432Z**

Date: **22/08/2017**






Liberty Insurance Pte Ltd  
 Registration no. 199002791D  
 51 Club Street  
 #03-00 Liberty House  
 Singapore 060426  
 Tel: (65) 6221 8811 Fax: (65) 6225 8890  
 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)

<b>Certificate No</b>	<b>SD18V12323/VPZ/R00</b>
<b>Form</b>	<b>MZ406C</b>
<b>Date Of Issue</b>	<b>30-OCT-2018</b>
<b>1. Index Mark and Registration No. of Vehicle:</b>	<b>SJR4742C</b>
<b>2. Chassis number of Vehicle:</b>	<b>JMYSRCY2A9U004286</b>
<b>3. Name of Policyholder:</b>	<b>ROSET LIMOUSINE SERVICES PTE LTD</b>
<b>4. Effective date of Commencement of Insurance for the purpose of the Act:</b>	<b>01-NOV-2018 00:00 AM</b>
<b>5. Date of Expiry of Insurance:</b>	<b>31-OCT-2019 23:59 PM</b>
<b>6. Persons or Classes of Persons entitled to drive*:</b>	
<p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p>	
<b>7. Limitations as to use*:</b>	
<p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>C) Use for the carriage of passengers for hire or reward under "Uber/Grabcar" by the person to whom the vehicle is hired.</p>	
<b>8. Policy does not cover:</b>	
<p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>*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.</p>	
<p>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).</p>	
<p>For and on behalf of  <b>LIBERTY INSURANCE PTE LTD</b>          Approved Insurers</p>	
 _____ Authorised Signature	
<b>For information only:</b>	
<b>COVERAGE:</b>	Third Party Fire & Theft, Geographical Area: Singapore only, Grabcar Extension
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>EXCESS:</b>	Refer Memorandum - Section II S\$2000, Refer Memorandum - Fire & Theft S\$2000
<b>FINANCE COMPANY:</b>	
<b>PRODUCER NAME:</b>	NEWSTATE STENHOUSE (S) PTE LTD

PLSL/01-NOV-18

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01-NOV-18