

# NATIONAL Assessment Centre Services.

(Ref 1 Jan 00)

MANA 8151859

Date In: 23/1/2008 11:37	Job description	Date & Time Completed	Done by
Ref No: NGA/21002/200/4	SAS e-filing		
Veh No: GBT 3107R	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 19/1/2008 18:45	I-Motor Claim Form		
OID: (T) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SJR 54214	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: ( )

Repairer: (INC) 0688 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	Account

NA1807669	INVOICE PREPARATION CHARGES	Amount	Balance
Client's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection	\$75	
	7) NI: Idas 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 (Nil): TP (Non INC) against INC	\$20	
	9) N12: Idas Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

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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 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	23/11/2018 11:37
Date Of Accident	19/11/2018 18:45
Exact Location Of Accident	SLIP RD WOODLANDS AVE 3 TO WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3107R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	YUSGI66SY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96467285
Alternative Phone No	OFFICE-96467285

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	GOING BACK AFTER WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00032/VCZ/R03
Cover Note Number	

### Driver

Name of Driver	MOHAMED YUSRI BIN MOHAMED YA'ACOB
NRIC No	S7719284J
Date Of Birth	14/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96467285
Fax Number	
Contact Number	OTHERS-96467285
Email Address	YUSGI66SY@HOTMAIL.COM

Address	BLK 257 YISHUN RING ROAD #02-1021
Postcode	760257
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	RAINING
Road Surface	WET

### 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?	NO
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)	1

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR5421Y
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD NABIL BIN MOHAMAD FAZIL
NRIC/Passport Number	S9925981G
Contact Number	97535097
Address	BLK 685 JURONG WEST STREET 64 #4-169
Postcode	642685
Insurance Company Name	AXA INSURANCE PTE LTD
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 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.

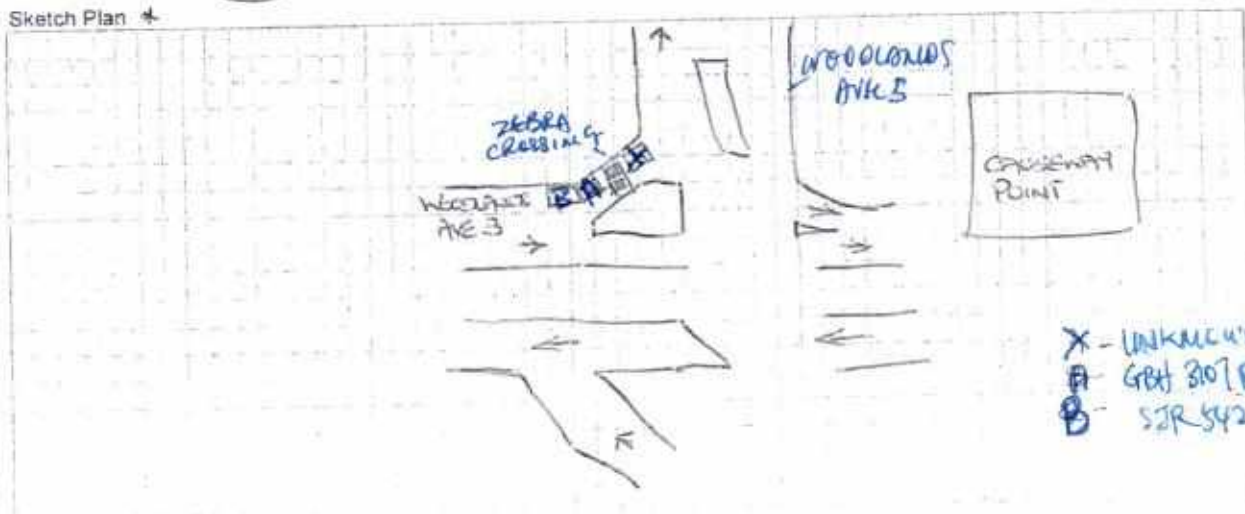
(collectively the "Purposes")

(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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature & Time  19 Nov 18 @ KROON  23/11/2018  
Driver's Signature (if driver is not the policyholder) / Date  
Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstance of the Accident \*

ON THE 19TH NOV 18 @ 1245 HRS. I WAS ON A SLIP ROAD OF WOODLANDS AVE 3 HEADING TOWARDS WOODLANDS AVE 5. WHILE WAITING FOR THE FRONT CAR TO MOVE, SUDDENLY VEHICLE NUMBER SJR5421Y HIT MY VAN REAR BUMPER. I PULLED MY HANDBRAKE, ON THE HAZARD LIGHT AND EXITED FROM MY VAN TO CHECK IF THERE IS ANY INJURY OR DAMAGE.

NO INJURY OR DAMAGE WAS FOUND AT THE TIME OF INCIDENT. BOTH DRIVER'S PARTICULARS HAD BEEN RECORDED FOR RECORD PURPOSE.

Declaration

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



Policyholder's Signature

\*

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

19 Nov 18 @ 1900

Witnessed by Reporting Centre Personnel

23/11/2018

Address of Driver	* BLK 687C WILAND DR 75 #07-51 Postcode (73267)
Email Address	* YusG16657@gmail.com
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> 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)	
Weather Conditions	<input type="radio"/> Clear <input checked="" type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input type="radio"/> Dry <input checked="" type="radio"/> Wet <input type="radio"/> Others

### OTHER INFORMATION

a. Was anybody injured in the accident?	* <input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	* <input type="radio"/> Yes <input checked="" type="radio"/> No

### DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	* <input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)

### DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	* SJR 5421 Y
Vehicle Make/ Model/ Colour	BAUJI SWIFT / WHITE
Details of Properties	
Name of Driver	MUHAMMAD HABIL B MUHAMMAD FAZIL
Personal Identification - NRIC (Singaporean/PR)	99925981 G
- FIN/Passport Number	
Contact Number	97535091
Address	BLK 685B JURONG WEST ST 64 #01-169 S(642685)
Name of Insurance Company	AXA
No. of Passenger (Including Driver)	02
(Note - Please use page 6 if you need to add more vehicles)	

# 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 wilful 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: 19 Nov 18 Time: 1845 hrs.  
Exact Location of Accident \* SLIP ROAD WOODLANDS AVE 3 TO WILANDS AVE 5

## DETAILS OF OWN VEHICLE

Vehicle Registration Number \* GBH 3107 R

## 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  
Type of Vehicle\* Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ Micycle ☐ Others \_\_\_\_\_  
Exact Purpose for which vehicle was being used at time of accident \* GOING BACK AFTER WORK  
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 \* MUHAMMAD YUSRI BIN MUHAMMAD YAKOB  
Personal Identification - NRIC (Singaporean/PR) \* 8719284J  
- FIN/Passport Number  
Date of Birth \* 14 dd/ 07 mm/ 1977/yy  
Driving Date Pass \* 16 dd/ 06 mm/ 2010/yy  
Year of Driving Experience \* 08 Year(s) 11 Month(s)  
Occupation \* ☐ Indoor ☒ Outdoor  
Gender \* ☒ Male ☐ Female  
Contact Number / Mobile Phone / Fax No. \* 96467285











REPUBLIC OF SINGAPORE  
 IDENTITY CARD NO. S7719284J



Name  
**MOHAMED YUSRI BIN  
 MOHAMED YA'ACOB**

Race  
**BOYANESE**

Date of birth  
**14-07-1977**

Country of birth  
**SINGAPORE**

4045015



ACC No. S7719284J



Date of issue  
**16-05-2007**

Address  
**APT BLK 257 YISHUN RING ROAD  
 #02-1021  
 SINGAPORE 780257**

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7719284J



Name  
**MOHAMED YUSRI BIN  
 MOHAMED YA'ACOB**

Birth Date: 14 Jul 1977

Issue Date: 23 Feb 2009



001712865A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2a: Motorcycles - < 250 CC

Class 2: Motor cars < 3500 kg with < 7 passengers, exclusive of the driver, and motor tractors/tractors < 2500 kg

PASS DATE  
 16 Jul 2010  
 (14 Jul 2010)

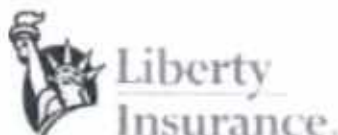
S / No. 9000117341

S7719284J



428A


Licence No: S7719284J



**Liberty Insurance Pte Ltd**  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6800  
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>SD18V00032 /VCZ /R03</b>
<b>Form</b>	<b>MZ407</b>
<b>Date Of Issue</b>	<b>22-MAY-2018</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	GBH3107R
<b>2.Chassis number of Vehicle:</b>	VSKYBAM20Z0157259
<b>3.Name of Policyholder:</b>	GOLDBELL CAR RENTAL PTE LTD
<b>4.Effective date of Commencement of Insurance for the purpose of the Act:</b>	12-APR-2018 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	31-DEC-2018 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
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.	
<b>7.Limitations as to use*:</b>	
A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.	
<b>8.Policy does not cover:</b>	
A) Use for racing, pace-making, reliability trials 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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature	
<b>For Information only:</b>	
<b>COVERAGE :</b>	Comprehensive, Unlimited Windscreen Personal Accident Benefit, Airside Gf Singapore Changi Airport, Geographical Area: Singapore only
<b>SUM INSURED:</b>	MARKET VALUE AT THE TIME OF LOSS
<b>FINANCE COMPANY:</b>	DBS BANK LTD
<b>PRODUCER NAME:</b>	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/PLDU/22-MAY-18

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22-MAY-18