

# NATIONAL Assessment Centre Services.

[ref: Jan 2003]

NA1901171

Date In: 16/02/2019 10:36	Job description	Date & Time Completed	Done by
Ref No: XA/14P19002921/Y	SAS e-filing		
Veh No: FW 231 H	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 15/02/2019 14:20	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:	Veh No: STU 6563Z	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 ( ) / Non-INC ( )	Date:	Time:	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:

NA1901171	Invoice / Fee Charged	Ref:	Mod:
Claimant'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) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (ref 10 Jan 2003)		
Ref: 1:	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idao Mobile \$30		
	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	16/02/2019 10:36
Date Of Accident	15/02/2019 14:20
Exact Location Of Accident	PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW231H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD HAFIZ BIN HAMZAH
NRIC No	S7232191Z
Email Address	HAFIZ.H@ME.COM
Mobile Phone No	(LOCAL) +65-94301800
Alternative Phone No	OTHERS-94301800

### Vehicle Particulars

Manufacturer	TRIUMPH
Model	SPEED TRIPLE R MANUAL
Exact Purpose for which vehicle was being used at time of accident	GOING HOME FROM WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V15451/VMS/R06
Cover Note Number	

### Driver

Name of Driver	MOHAMAD HAFIZ BIN HAMZAH
NRIC No	S7232191Z
Date Of Birth	12/09/1972
Occupation	INDOOR
Date Of Driving Pass	17/01/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94301800
Fax Number	
Contact Number	OTHERS-94301800
EMail Address	HAFIZ.H@ME.COM

Address	BLK 462 CLEMENTI AVENUE 3 #02-628
Postcode	120462
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	SJU6563Z
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEAH YEOW MENG
NRIC/Passport Number	S7383738C
Contact Number	97825389
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD8456B
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZHAO FUQIANG
NRIC/Passport Number	S6962753F
Contact Number	81881276
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.

 15/2/19 1740hrs

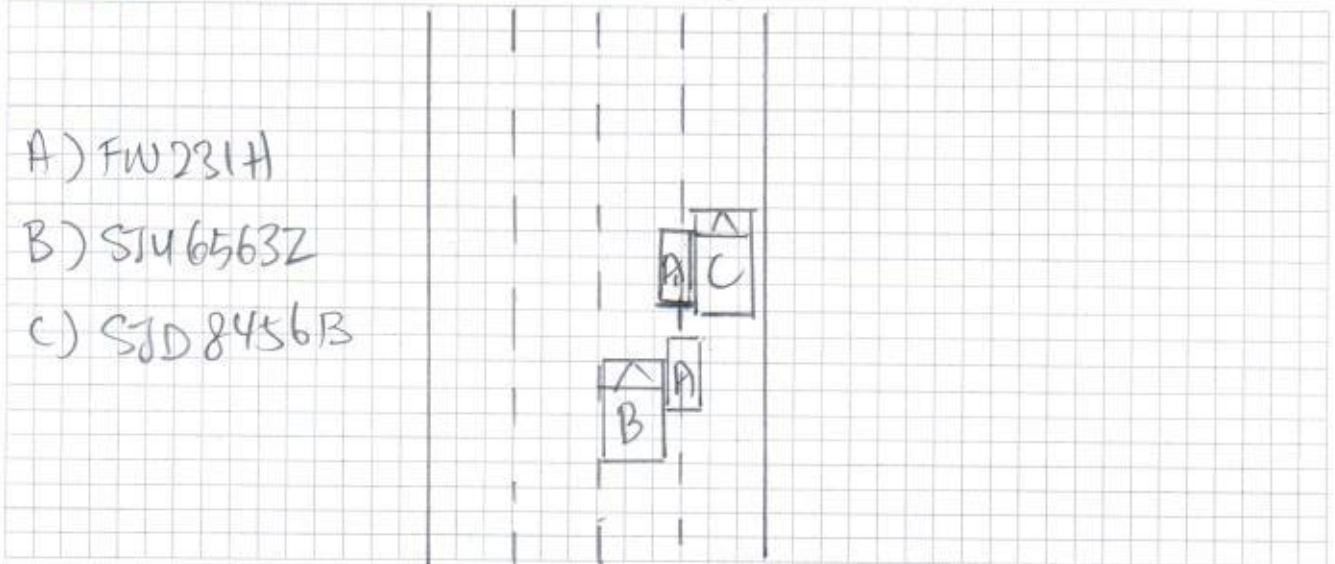
Policyholder's Signature  
Date & Time:

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

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

**SKETCH PLAN**

PIE Towards Tumpah



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 150219 at 1420hrs I was travelling along PIE Bt Tumpah, I was overtaking vehicle number SJU 6563Z a Toyota Vios. The above mentioned car suddenly swerved to the right and hit my left side of the handlebar and made me veered off unexpectedly and that time my motorcycle hit the vehicle STD 8456B Toyota Harrier's bumper but I did not fall or hit any part of my body. My right side footpeg hit the bumper and it got damaged.

**DECLARATION**

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

*[Signature]* - 150219 1742hrs

Policyholder's Signature  
Date & Time:

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

*[Signature]* 16/02/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 02 / 19) (DD/MM/YYYY), TIME: (14 : 20) (HH:MM)

LOCATION: Along PIE Bt Timah

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW231H  
b) INSURANCE COMPANY: Liberty Insurance  
c) POLICY NUMBER: S/18V15451/VMS/RG-E001  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TRIUMPH SPEED TRIPLE R 2012  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Going home from work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: MOHAMMAD HAFIZ HAMZAH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7232191Z CONTACT: 94301800  
c) ADDRESS: Blk 462 Clementi Ave 3 #02-628  
SC120462

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: as above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (12 / 09 / 1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17012013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NO

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STJ6563Z MODEL: TOYOTA VIOS  
b) DRIVER'S NAME: SEAH YEOW MENG  
c) NRIC/FIN/PASSPORT: S7383738C CONTACT: 87825389

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SJD8456B MODEL: TOYOTA HARRIER  
e) DRIVER'S NAME: ZHAO FUQIANG  
f) NRIC/FIN/PASSPORT: S6962753F CONTACT: 87825389

81881276

\*No of passenger  
(including driver)  
(1)


\*No of passenger  
(including driver)  
(2)

\*No of passenger  
(including driver)  
(2)

Email = hafiz.h@me.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7232191Z



Name  
MOHAMAD HAFIZ BIN HAMZAH

محمد حفيز بن حمزه

Race  
JAVANESE

Date of birth  
12-09-1972

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7232191Z

Name  
MOHAMAD HAFIZ BIN HAMZAH

Birth Date 12 Sep 1972

Issue Date 04 Aug 2003

1000715505H

3817187



NRIC No. S7232191Z



Date of issue  
08-12-2005

APT BLK 462 CLEMENTI AVENUE 3 #02-62B  
SINGAPORE 120462

NRIC No. S7232191Z Date: 07-02-2007 No: 8650994

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES


Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	25 Jul 2001
Class 2A	Motorcycles between 201 CC and 400 CC	05 Nov 2002
Class 2	Motorcycles > 400 CC	17 Jan 2013
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	01 Oct 1993
Class 4	Heavy motor cars and motor tractors > 2500 kg	13 Mar 2006

S7232191Z

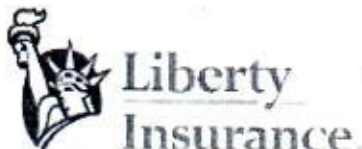
S / No. 9000170371

NP 4/8A

Licence No. S7232191Z



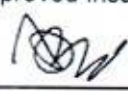




Liberty Insurance Pte Ltd  
Registration no.199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: <http://www.libertyinsurance.com.sg>

## 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)

<b>Certificate No</b>	SI18V15451 /VMS /R06
<b>Form</b>	MY3
<b>Date of Issue</b>	20-DEC-2018
<b>1.Index Mark and Registration No. of Vehicle:</b>	FW231H
<b>2.Chassis number of Vehicle:</b>	SMTTPN135GD572496
<b>3.Name of Policyholder:</b>	MOHAMAD HAFIZ BIN HAMZAH
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	29-JAN-2019 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	28-JAN-2020 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	MOHAMAD HAFIZ BIN HAMZAH,MUHAMMAD DIAN KHUDHAIRI BIN MOHAMED ALI
MOHAMAD HAFIZ BIN HAMZAH,MUHAMMAD DIAN KHUDHAIRI BIN MOHAMED ALI 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> MOHAMAD HAFIZ BIN HAMZAH,MUHAMMAD DIAN KHUDHAIRI BIN MOHAMED ALI	
<b>8.The Policy does not cover:</b> A) Use for hire or reward. B) Use for racing, pace-making, reliability trials or speed-testing. C) Use for the carriage of goods (other than samples) in connection with any trade or business. D) 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.	
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  _____ Authorized Signature	
<b>For Information only:</b> COVERAGE : Comprehensive,Flood and Special Perils SUM INSURED: MARKET VALUE AT THE TIME OF LOSS EXCESS: Section I S\$700, Theft (Outside Singapore) S\$2500 FINANCE COMPANY: PRODUCER NAME: E TAY TRADING COMPANY	

PLVC/B2BAAMT/20-DEC-18

S3\_CL\_T1\_T3\_TEMPLATE4-VER1 20-DEC-18

**eTAY**

No.1 Pemimpin Drive  
#10-01 One Pemimpin  
Singapore 576151  
Tel: 6294 6996 Fax: 6694 4933