

NATIONAL Assessment Centre Services. [ref: Jan/08] NA119052895			
Date In: 24/04/2009 10/48	Job description	Date & Time Completed	Done by
Ref No: NA119052895	SAS e-filing		
Veh No: SFP 9864	E-mail (to/for, etc)		
D.O.A: 23/04/2009 07:40	1-Motor Claim Form		
OID / TP / Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-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: SMF 9864	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 ( )		
( ) 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: ( )			
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			
Injury: _____			
NA1903009			
Driver/Owner:	1) AR: Accident Reporting (330)		
Contact No:	2) DA: Damage Assessment (5100% INC (550)		
Damaged Portion:	3) TP: Towing Fee 540/545		
	4) PT: Follow-Through Survey 5120		
	5) PT: Follow-Through Survey (Resurvey) 330		
	Forfeiting against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection 375		
	7) NI: Idax DA + SMRT Survey 5160		
	8) NTUC Additional Services:		
	ON:		
	* NI: Courtesy Car / TP Allowance 519		
	* NI: Repair Coordination 28000020 523		
	* NI: Post Repair Inspection 55		
	* NI: DV / Collect Excess Coordination 528		
	* TP (Nil) / TP (Non INC) 30		
	* NI12: Idax Mobile		
	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	24/04/2019 10:45
Date Of Accident	23/04/2019 07:40
Exact Location Of Accident	ALONG KPE TOWARDS MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP9084X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL KHALID BIN MOHD AKBAR
NRIC No	S8314444J
Email Address	KHALS667@LIVE.COM
Mobile Phone No	(LOCAL) +65-98252320
Alternative Phone No	OTHERS-98252320

### Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 M (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V03534/VPE/R00
Cover Note Number	

### Driver

Name of Driver	ABDUL KHALID BIN MOHD AKBAR
NRIC No	S8314444J
Date Of Birth	12/05/1983
Occupation	INDOOR
Date Of Driving Pass	10/03/2006
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98252320
Fax Number	
Contact Number	OTHERS-98252320
Email Address	KHALS667@LIVE.COM

Address	BLK 624B PUNGGOL CENTRAL #10-312
Postcode	822624
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	COLLISION - HEAD TO REAR
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	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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### 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	SMF986U
Vehicle Make/Model/Colour	PEUGEOT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM WEN SHENG
NRIC/Passport Number	S8482840H
Contact Number	96134444
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



## SKETCH PLAN

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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: 23/04/2019

Driver's Signature

(If driver is not the policyholder)

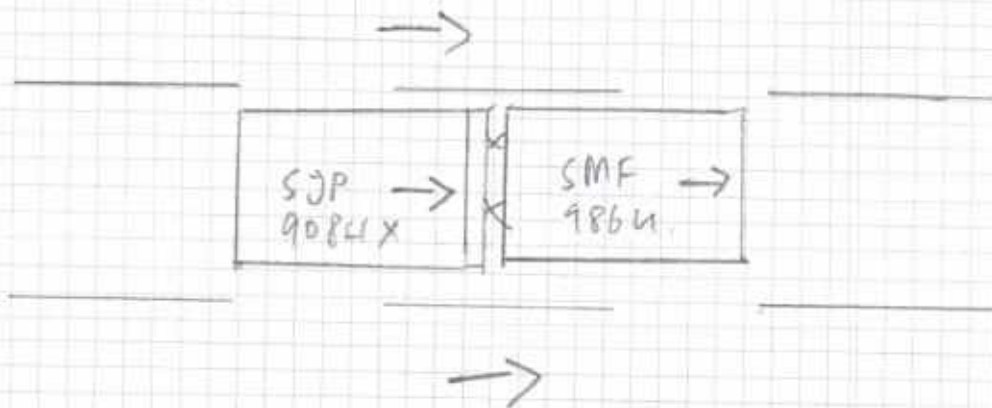
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KPE TOWARD MCE



I was travelling along KPE towards MCE in the 2nd lane of the 3 lane KPE. The car in front of me slowed down initially and abruptly stop. I was applying the brake when the car in front abruptly stop however I could not stop in time and rear ended the car in front.

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

Date & Time: 23/04/2019

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 23/04/2019 (DD/MM/YYYY). TIME: 07:40 (HH:MM)

LOCATION: KPE towards MCE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 9084X  
 b) INSURANCE COMPANY: Liberty Insurance  
 c) POLICY NUMBER: S119V03534  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA AIRBLADE 150A  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal commute  
 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: ABDUL KHALID BIN MOHD AKBAR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8314044J CONTACT: 98252320  
 c) ADDRESS: 6143 PUNGGOL CENTRAL #10-312 S'pore 822614

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

### DRIVER

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

\* d) DATE OF BIRTH: 12/05/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 10 Mar 2006

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

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: SMF 986 U MODEL: Peugeot  
 b) DRIVER'S NAME: LIM WEN SHENG  
 c) NRIC/FIN/PASSPORT: S8481840 H CONTACT: 9613 4444

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = khals667@live.com

VIDAO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8314444J



Name

ABDUL KHALID BIN MOHD AKBAR

عبدالخاليد بن محمد اكبر

Race

MALAY

Date of birth

12-05-1983

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8314444J

ABDUL KHALID BIN MOHD  
AKBAR

Birth Date: 12 May 1983

Issue Date: 10 Mar 2006



001405100G

5277143



NRIC No. S8314444J



Date of issue

07-03-2014

Address

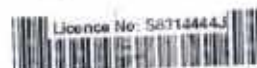
APT BLK 624B PUNGGOL CENTRAL  
#10-312  
SINGAPORE 822624

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 10 Mar 2006

NP 428A



License No: S8314444J

## 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>SI19V03534 /NPE /R00</b>
<b>Form</b>	<b>MX1</b>
<b>Date of Issue</b>	<b>21-MAR-2019</b>
<b>1.Index Mark and Registration No. of Vehicle:</b>	SJP9084X
<b>2.Chassis number of Vehicle:</b>	GJ11308864
<b>3.Name of Policyholder:</b>	ABDUL KHALID BIN MOHD AKBAR
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	22-MAR-2019 00:00 AM
<b>5.Date of Expiry of Insurance:</b>	21-MAR-2020 23:59 PM
<b>6.Persons or Classes of Persons entitled to drive*:</b>	
A) The Policyholder.	
B) Any other person who is driving on the Policyholder's order or with his 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.	
<b>7.Limitations as to use*:</b>	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
<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  _____ Authorised Signature	
<b>For Information only:</b>	
COVERAGE :	Comprehensive, Unlimited Windscreen
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I - Named Drivers S\$600, Section I - Unnamed Drivers S\$1100, Additional Excess For Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
FINANCE COMPANY:	MAYBANK
PRODUCER NAME:	D&S AUTO AGENCY

PLKH/PLKH/21-MAR-19

S3\_CI\_T1\_T3\_TEMPLATE2-VER1 21-MAR-19