

NATIONAL Assessment Centre Services.

[ver 1 Jan'03]

MA 119151632

Date In: 16/11/19 15:27	Job description	Date & Time Completed	Done by
Ref No: MA1 LIP19020337/64	SAS e-filing		
Veh No: SKJ 5939B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 15/11/19 17:30	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: SLP 8747A	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: YBS () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolar.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	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

MA1908599

Client's Particulars:	Invoice Particulars:	Amount (\$)	Balance (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.20	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Cal. J:	For claiming against INC Only (ver 10 Jan 2003)		
Cal. 2/3:	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 (N11): TP (Non INC) against INC \$20		
	9) N12: Idas Mobile \$0		
	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	16/11/2019 15:27
Date Of Accident	15/11/2019 17:30
Exact Location Of Accident	TPE TWDS PIE B4 TAMPINES AVE 12 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5939B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD TAUFIK BIN SULAIMAN
NRIC No	S8236482Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92334307
Alternative Phone No	OFFICE-92334307

Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO-1.8 (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S18V14236/VPE/R02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD TAUFIK BIN SULAIMAN
NRIC No	S8236482Z
Date Of Birth	12/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	03/06/2004
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92334307
Fax Number	
Contact Number	OFFICE-92334307
Email Address	NOEMAIL

Address	BLK 288C PUNGGOL PLACE #06-827
Postcode	823288
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	CHAIN COLLISION
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	4
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191116/2042

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	SLP8747A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM6433J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGQ5198H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD TAUFIK BIN SULAIMAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKJ5939B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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:

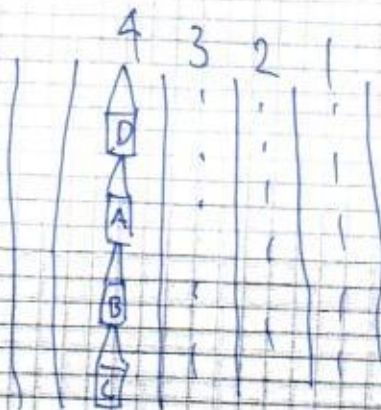
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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


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

SKETCH PLAN



A: SKJ 5939B
B: SLP 8747A
C: SLM 6435J
D: S5Q 5148H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Straight

I was travelling along TPE (PIE) before exit 3C at my own lane (4). The car in front of me slow down and stop so I followed suit without having any contact with front vehicle. Suddenly I felt a huge impact from rear of my vehicle & the impact causing my vehicle to propel forward & hit onto vehicle D rear portion. I wish to state that is a 4 cars chain collision.

*****for company vehicle only*****

I _____ is the _____ of
company _____ and I am using the
vehicle _____ for work/private purpose

DECLARATION

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

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.:

SKJ 59393

CHEVROLET ORLANDO 1-8

15 11 2019

17 30

TPE (PIE) PASSENGER BEFORE EXIT 3C
FETCH KIDS

NAME OF OWNER

Muhammad. Taufik Bin Sulaiman
9223 4307
882364822

TYPE

OD

THIRD PARTY

Reporting Only

PRIVATE HIRE

YES

NO

INSURANCE CO

LIBERTY INSURANCE

TYPE OF COVERAGE

Comprehensive / Third Party / Third Party Fire & Theft

POLICY NO

SI18V14236/VPE/R02

NAME OF DRIVER

As above / If No:

IRIC

S 8236432Z

Any passengers: NO

DATE OF BIRTH

12 / 11 / 1982

OCCUPATION

Outdoor / Indoor

DATE OF DRIVING PASS

13 / 06 / 2002

GENDER

Male

Female

CONTACT NO

9223 4302 Office:

Home:

ADDRESS

288C PUNGGOL PLACE #06-824 S(823280)

DRIVER HAVE ANY OWN Vehicle NO / If yes: Reg No:

RELATIONSHIP

Employee / If No: owner

WEATHER CONDITION

Clear / Raining / Other:

ROAD SURFACE

Dry / Wet / Other:

ANY INJURIES

No / If yes: Who? DRIVER

CONTACT NO

9223 4307

POLICE REPORT

No / If yes: Where?

VEHICLE B NO.

SL98747A (Toyota Prius)

Any Passenger:

NAME

CONTACT NO.

VEHICLE C NO.

SLM6433J (Hyundai Elantra)

Any Passenger:

VEHICLE D NO.

SGQ5198H (Toyota Vios)

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approached by unknown person soliciting (s) /
requiring accident claims assistance?

YES / NO

PARTICULAR WORKSHOP

LP NO

CONTACT PERSON

PHONE

Sme Motor Pte Ltd

1 Kaki buldt ave 6 #02-15

Autobay @ kaki buldt

Singapore 417883

Telp: 67476106 (6 lines)

Fax: 67417368

Email: vic@autobay.com



Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2019 10:58		Vide Report No.: G/20191115/0181		Station Diary No.: 48	
Informant's Particulars					
Name of Informant: MUHAMMAD TAUFIK BIN SULAIMAN			Address: APT BLK 288C PUNGGOL PLACE #06-827 SINGAPORE 823288		
ID Type / ID No.: NRIC NO / S8236482Z			Contact No.: Home/Office: Mobile: 92334307		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 12/11/1982	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SYSTEM ENGINEER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/11/2019 17:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY PAN ISLAND EXPRESSWAY TPE towards PIE at 3.5KM mark. Before Tampines Ave 12 exit*				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SGQ5198H	Car	TOYOTA	VIOS	Silver	Slightly Damaged	1
SKJ5939B	Car	CHEVROLET	ORLANDO	Grey	Slightly Damaged	0
SLM6433J	Car	HYUNDAI	ELANTRA	Blue	Slightly Damaged	0
SLP8747A	Car	TOYOTA	PRIUS	Silver	Slightly Damaged	1



Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Lim Kwang Seng	ID No.	S1670070C
Related Vehicle	SGQ5198H (Car)	Contact No.	84184039
Hospital/Clinic	NIL	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	NIL
Driver			
Name	MUHAMMAD TAUFIK BIN SULAIMAN	ID No.	S8236482Z
Related Vehicle	SKJ5939B (Car)	Contact No.	92334307
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	16/11/2019	Date Discharge	16/11/2019
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	Tan Chai Eng	ID No.	S1528048D
Related Vehicle	SLM6433J (Car)	Contact No.	96392369
Hospital/Clinic	NIL	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	NIL

Brief Details.

On 15/11/2019 at about 1730hrs, I was driving my vehicle SKJ5939B Chevrolet Orlando dark grey colour, alone along TPE towards PIE and was filtering to the Tampines Ave 12 exit, at lamp post 181. As I was approaching the exit, the traffic volume was heavy and I was on the 4thth lane. I noticed a vehicle coming to a stop. I also applied my brakes and came to a complete stop behind the vehicle in front of me.

Suddenly I felt 2 impacts at the rear of my vehicle. Which made my vehicle surge forward and collide onto the vehicle in front of mine. I came out of my vehicle to see what had happened.



Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

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Report No. T/20191116/2042

CONTINUATION OF REPORT

There were total of 4 cars involved in a chain collision. Mine was the second car. The first car is SGQ5198H Toyota Vios silver colour (driver is one Lim Kwang Seng IC:S1670070C HP: 84184039 with one male passenger), the third car is SLP8747A Toyota Prius silver colour (the driver refuse to provide any particulars, one male Malay passenger) and the forth car is SLM6433J Hyundai Elantra dark blue colour (driver is one Tan Chai Eng IC:S1528048D HP: 96392369).

Traffic Police, Ambulance and EMAS arrived at scene. The passenger of the third vehicle was being conveyed by Ambulance to Hospital. After the accident we were all able to drive our vehicles away. I felt pain at the back of my head and muscle strain on the back of my neck due to the impact. On 16/11/2019 at 0921hrs I went to seek medical attention at Raffles Medical located at Waterway Point and I received Medical certificate of 2 days from 16/11/2019 to 17/11/2019.

My vehicle front bumper/fender was chipped off and the rear bumper near the reverse light was dented inwards. I was advised to lodged a Traffic Accident Report vide G/20191115/0181 under Traffic Police IO Farhan Off: 656476224.



**SINGAPORE
POLICE FORCE**



T/20191116/2042

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Report No. T/20191116/2042

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

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 /

Sr Staff Sgt AKBAR KHAN GAFFOOR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/11/2019 10:58

Officer In Charge Of Case:

TP/GIT/ FARHAN

Classification Of Case:

Contact No.: 65476224

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

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)

Name of Policyholder: MUHAMMAD TAUFIK BIN SULAIMAN		Certificate No.: SI18V14236/ VPE / R02
Date of Issue: 21 Nov 2018	Effective Date of Commencement: 30 Nov 2018 00:00	Date of Expiry: 29 Nov 2019 23:59
Registration No.: SKJ5939B	Chassis No.: KL1YA7551CK595179	Type of Certificate: MX1

Persons or Classes of Persons entitled to drive*:

- 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.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- 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
LIBERTY INSURANCE PTE LTD
 Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	HONG LEONG FINANCE LTD
Name of Producer:	B.A.S. INSURANCE AGENCY (A1569-1)