

NATIONAL Assessment Centre Services.

(Ref 1 Jan 2001)

MINA70017370

Date In: 08/03/2020 16:15	Job description	Date & Time Completed	Done by
Ref No: XBA/21/2000 3428/Y	SAS e-filing		
Veh No: SLV 3550B	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 29/01/2020 14:15	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/Wh32		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMR 4595.T	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 repolar.

() 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: _____

Date: _____

MINA 20017372	Invoice dated	Fee Charged
Driver/Owner:	Invoice dated	Fee Charged
Contact No:		
Damaged Portion:		
QC Checked by (Engr-In-Charge):		
Additional Comments:		
Signature:		
Date:		
2/3		

1) ART Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (Ref 10 Jan 2000)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
• NI: Courtesy Car / Tpt Allowance	\$5
• NI: Repairs Co-ordination	\$10
• NI: Post Repair Inspection	\$25
• NI: DV / Collect Excess Coordination	\$5
TE (NI) / TP (NI) INC against INC	\$10
• NI: Idas Mobile	\$30

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	02/03/2020 16:15
Date Of Accident	29/02/2020 14:15
Exact Location Of Accident	RODYK STREET BEFORE MARTIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3550B
Insured/Policyholder	
Name Of Registered Owner	MKM CAR LEASING PTE LTD
Co Reg No	2XXXXX734R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97862032
Alternative Phone No	OFFICE-97862032

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	SD19V09968/VPZ/R00
Cover Note Number	

Driver

Name of Driver	LEE GUAN AIK
NRIC No	SXXXX519J
Date Of Birth	03/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97862032
Fax Number	
Contact Number	OTHERS-97862032
Email Address	NOEMAIL

Address	176 SIN MING DRIVE #04-08, SIN MING AUTO CARE
Postcode	575721
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 (including own vehicle) involved in the accident	2
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200302/7010

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	SME4595T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD MURTAZAM BIN ABDUL HAMID
NRIC/Passport Number	
Contact Number	91703693
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LEE GUAN AIK
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	SLV3550B
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.



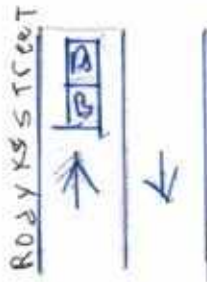
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

ROBYK STRAAT RUFORTK MARTIN ROAD



A) SLV 3550B

B) SME 4595T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated Date and time I vehicle A
SLV 3550B I was checking on coming car
suddenly vehicle B SME 4595T hit on my
Rear that is all

Police Report 7/20200302/7010

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.:

03/01/2020
Resd. [Signature]

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 29/2/2020 (dd/mm/yy) Time of Accident: 14:15 (24-HR-FORMAT)
 Vehicle No.: SLV 3550B Vehicle Make & Model: TOYOTA PRIUS ALPHA
 Exact location of Accident: RODYK STREET BEFORE MARTIN ROAD
 Policyholder's Name / IC No.: MKM CAR LEASING PTE LTD / 20124734R
 Driver's Name / IC No.: LEE GUAN AIK S1454519J (As Above) ☐
 Driver's Contact No.: 97862032 Company Contact No.: _____
 Driver's Address: 176 Sin Ming Drive #04-03, Sin Ming Auto Care S(575721)
 Insurance Company: Liberty Email address (if any): _____

Relationship between Owner & Driver: Hirer

or Others specify: _____

What do you wish to claim? (Please TICK one only)
☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Exact purpose for which the vehicle was being used at time of accident?☐ Private use / ☒ Work purpose**Occupation (nature of job)** ☐ Indoor / ☒ Outdoor**No. of Passengers (Including Driver):** _____**Passenger Name:** _____**Gender:** _____**Passenger Name:** _____**Gender:** _____**Weather condition & Road conditions? (On the day of accident)**☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____**Was there any video captured by your Car Camera?** ☐ Yes / ☒ No**Any Injuries:** ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____**The Other Party(s) Details:**1. Driver's Name / IC No.: MOHAMAD MURTAZAM BIN ABDUL HAMID Vehicle No.: SME 4595TDriver's Contact No.: 91703693 Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No.: _____

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No.: _____

Preferred Workshop Name: _____ Contact No.: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



SINGAPORE POLICE FORCE



T/20200302/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20200302/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2020 12:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE GUAN AIK			Address: APT BLK 180 ANG MO KIO AVENUE 5 #06-2960 SINGAPORE 560180		
ID Type / ID No.: NRIC NO / S1454519J			Contact No.: Home/Office: Mobile: 97862032		
Nationality: SINGAPORE CITIZEN			Email: peterlee2032@gmail.com		
Sex: Male	Age: 59	Date of Birth: 03/09/1960	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/02/2020 14:15	Type of Location: X-Junction
Location: RODYK STREET				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV3550B	Car					0
SME4595T	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200302/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200302/7010

CONTINUATION OF REPORT

Driver			
Name	LEE GUAN AIK	ID No.	S1454519J
Related Vehicle	SLV3550B (Car)	Contact No.	97862032
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/03/2020	Date Discharge	01/03/2020
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On the stated date & time, I Vehicle A stop my vehicle to check for main road vehicle to clear. Suddenly Vehicle B (SME 4595 T) hit onto my vehicle rear portion. Im filing this for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20200302/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20200302/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp

NP168

Signature Of Informant:


The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
02/03/2020 12:05

Classification Of Case:

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)

Certificate No	SD19V09968 /VPZ /R00
Form	MZ406C
Date Of Issue	05-AUG-2019
1.Index Mark and Registration No. of Vehicle:	SLV3550B
2.Chassis number of Vehicle:	ZVW400027555
3.Name of Policyholder:	MKM CAR LEASING PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	17-AUG-2019 00:00 AM
5.Date of Expiry of Insurance:	16-AUG-2020 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
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.	
7.Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business.	
B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.	
C) Use for the carriage of passengers for hire or reward under Private Hire Vehicle (PHV) by the person to whom the vehicle is hired.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trial or speed-testing.	
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
*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  Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive, Unlimited Windscreen, Airside, PHV Extension (Geographical Area: Singapore only)
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS

PLVC-/20-AUG-19

S1_CI_T1_T3_OE_Template2-Ver1.

20-AUG-19