

NATIONAL Assessment Centre Services.

Form 1 Jan 2003

NA2003063334

Date In: 27/7/2003 17:38	Job description	Date & Time Completed	Done by
Ref No: N3A/LP9000 T136/Y	SAS e-illing		
Veh No: SCE 950 TP	E-mail (by date time, A/C time)		
D.O.A: 25/07/2003 20:30	I-Motor Claims Form		
OID: TP: Reporting Only	I-Motor W/O (with: ON this, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Writer		

Preferred Wksp / INC Assign Wksp / OW: (

Tels

Fax:

TP Particulars:

Veh No:

JRP 5003

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 repater.

() 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:

NA2003063334

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Vehicle Condition:

Cal 1:

2/2

	Value	Value
1) ACT: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PF: Follow-Through Survey	\$120	
5) PF: Follow-Through Survey (Resurvey)	\$30	
For all items listed INC Only (over 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idea DA + EMRI Survey	\$160	
8) NIUC: Additional Services		
9) NI: Idea Mobile		
• NI: Courtesy Car / Tpl Allowance	\$3	
• NI: Repairs Coordination	\$10	
• NI: Post Repair Inspection	\$25	
• NI: DV / Collect Excess Coordination	\$3	
TP (NIU) / TP (Non-INC) against 100	\$20	
9) NI: Idea 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	27/07/2020 17:35
Date Of Accident	25/07/2020 20:30
Exact Location Of Accident	PIE GOING TOWARDS BEDOK PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE9507P
Insured/Policyholder	
Name Of Registered Owner	FROIS AGARRAR
Co Reg No	5XXXX298K
Email Address	MUTALIB.HASHIM1968@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87277308
Alternative Phone No	OFFICE-87277308

Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V10904/VPL/R00
Cover Note Number	

Driver

Name of Driver	ABDUL MUTALIB BIN HASHIM
NRIC No	SXXXX911E
Date Of Birth	06/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	23/07/1988
Driving Experience	32 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87277308
Fax Number	
Contact Number	OTHERS-87277308
Email Address	MUTALIB.HASHIM1968@GMAIL.COM

Address	BLK 299 YISHUN STREET 20 #06-39
Postcode	760299
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRP5603 (MOTORCYCLE)
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200726/2069

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	JRP5603
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	HARI SASS A/L KRISHNAN
NRIC/Passport Number	GXXXX416K

Contact Number 83434125
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HARI SASS A/L KRISHNAN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? JRP5603
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

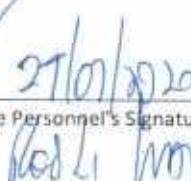
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

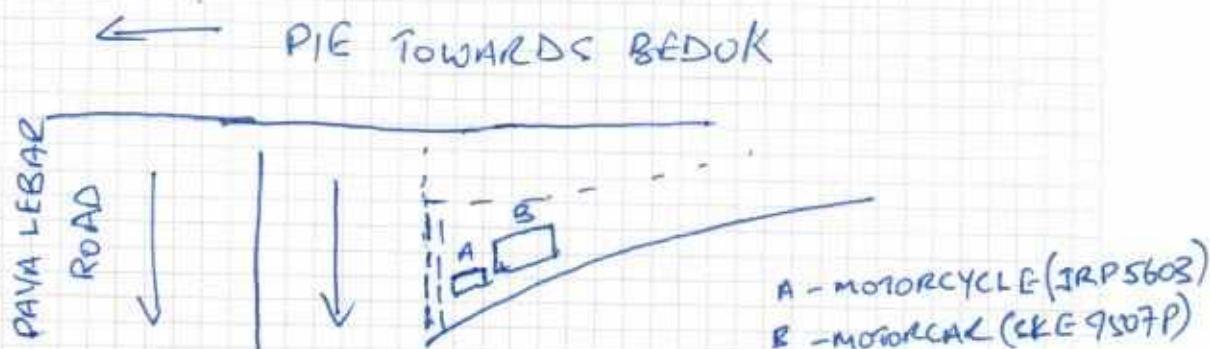
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 12020176/2069

DECLARATION

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

Policyholder's Signature

Date & Time: 27/02/2020
1400 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

27/02/2020

Kelvin



SINGAPORE POLICE FORCE



T/20200726/2069

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 4

Report No. T/20200726/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2020 17:59		Vide Report No.:		Station Diary No.: 81	
Informant's Particulars					
Name of Informant: ABDUL MUTALIB BIN HASHIM		Address: APT BLK 299 YISHUN STREET 20 #06-39 SINGAPORE 760299			
ID Type / ID No.: NRIC NO / S6808911E		Contact No.: Home/Office: Mobile: 87277308			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 52	Date of Birth: 06/03/1968	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Grab Driver		Driving Licence Information: Class: 2B,2A,3,4		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/07/2020 20:30	Type of Location: Filter Lane
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY PAYA LEBAR ROAD Filter lane exiting PIE into Paya Lebar Road, towards Changi.				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One 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
JRP5603	Motorcycle			Blue	Slightly Damaged	0
SKE9507P	Car	TOYOTA	ISIS	Silver	Slightly Damaged	1

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



SINGAPORE POLICE FORCE



T/20200726/2069

2 of 4

Report No. T/20200726/2069

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

CONTINUATION OF REPORT

Rider			
Name	HARI SASS A/L KRISHNAN	ID No.	G6707416K
Related Vehicle	JRP5603 (Motorcycle)	Contact No.	83434125
Hospital/Clinic	ALJUNIED MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/07/2020	Date Discharge	26/07/2020
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ABDUL MUTALIB BIN HASHIM	ID No.	S6808911E
Related Vehicle	SKE9507P (Car)	Contact No.	87277308
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/07/2020 at about 8.30pm, I was driving my silver Toyota Isis SKE9507P along the filter lane exiting from PIE onto Paya Lebar Road, towards Changi. It was raining heavily and visibility was poor. There was a blue motorcycle JRP5603 in front of me and it was moving. I did not realised that it stopped in the filter lane until it was too late and I bumped into the rear end of the motorcycle. The motorcyclist fell down and I got out to help him. He was able to get up and speak. I helped him to push his motorcycle to the side of the road.

Just then, 2 passer-bys who appeared to be from a repair company approached the motorcyclist and offered to help him. They then called for a tow truck to tow the motorcycle away. However, before the tow truck came, they brought the motorcyclist to get medical assistance.

I had one female passenger onboard. She was fine and did not have any injuries. As her drop-off point was less than 50m away, she decided to alight from my vehicle and make her way on foot.

The motorcycle JRP5603 had its rear lights and rear license plate damaged. Some of the pedals were bent.

My vehicle SKE9507P had the front bumper cracked in more than one place, and the front license plate was broken as well.

On 26/07/2020, I called the motorcyclist and he informed me that he received treatment at a clinic in Aljunied, and he was given an MC of 5 days.



**SINGAPORE
POLICE FORCE**



T/20200726/2069

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

3 of 4

Report No. T/20200726/2069

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20200726/2069

4 of 4

Report No. T/20200726/2069

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:
L /
Staff Sgt KENNETH KOH CHIN HAO

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/07/2020 17:59

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

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 25/07/2020 (DD/MM/YYYY), TIME: 20:30 (HH:MM)

LOCATION: PIE GOING TOWARDS BEDOK PAYA LEBAR EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKE9507P
b) INSURANCE COMPANY: LIBERTY INSURANCE PTE LTD
c) POLICY NUMBER: SD19V10904/NP/R00
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA ISIC
f) TYPE: (SALOON / COUPE) MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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 MUTALIB BIN HASHIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S6808911C CONTACT: 87277308
c) ADDRESS: BLK 299, YISHUN ST. 20, #06-39, S(760299)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 06/03/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/07/1988

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING

b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: YISHUN NORTH MPC

8. THIRD PARTY VEHICLE

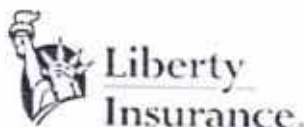
- a) VEHICLE NUMBER: JRP 5603 MODEL: MOTORCYCLE
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = mutalib.hashim1968@gmail.com

VIDEO



Liberty Insurance Pte Ltd
Registration no: 190002701D
51 Club Street
#05-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6221 3366

Certificate of Insurance

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987
ROAD TRANSPORT (AMENDMENT) ACT 2019
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SD19V10904 /VPL /R00
From	MZ400B
Date Of Issue	14-APR-2020
1 Index Mark and Registration No. of Vehicle	SKE9507P
2 Chassis number of Vehicle	ZNM100063800
3 Name of Policyholder	FROIS AGARRAR
4 Effective date of Commencement of Insurance for the purpose of the Act	31-AUG-2019 00:00 AM
5 Date of Expiry of Insurance	18-OCT-2020 23:59 PM
6 Persons or Classes of Persons entitled to drive*	
For Private Hire Vehicle (PHV) Usage	ABDUL MUTALIB BIN HASHIM
For Social, domestic & pleasure purposes	Any Authorised Drivers driving with the permission of the Policyholder.
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 and pleasure purposes.	
8 Policy does not cover	
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	
*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 are not to be included under these headings.	
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.	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers	
 Authorised Signatory	
For Information only COVERAGE SUM INSURED EXCESS FINANCE COMPANY PRODUCER NAME	Comprehensive (limited to 100% of the sum insured) (Geographical Area: Singapore only) MARKET VALUE AT THE TIME OF LOSS Wrecked Car Excess: S\$100 (Section 1) (Singapore); S\$2000 (Section 1) (Outside Singapore); S\$2000 (Section 1) (Singapore) NEW CAR QUOTATIONS PTE LTD MAXIMUM VENTURE

CSJP 20200414

Ver.1.260705