

NATIONAL Assessment Centre Services

[Ref: Jari00]

MMA 120080667

| | | | |
|---|--|-----------------------|---------|
| Date In: 17/19/20 10:03 | Job description | Date & Time Completed | Done by |
| Ref No: NA12IP20009965144 | SAS e-filing | | |
| Veh No: SMT 3771 G | E-mail (within 3hrs, A/C 2hrs) | | |
| DELA: 15/19/20 07:30 | I-Motor Claim Form | | |
| OD: <input checked="" type="radio"/> 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/Whan | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / GW: (| Tel: (| Fax: (|
| TP Particulars: | Veh No: SKQ 568J | 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 repolar. |
| () Total Loss Case: to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| | | |
|---|---------|-----------|
| Remarks: (INC/Non-INC/Other) | By: () | Date: () |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

| |
|-------------|
| Injury: () |
|-------------|

| | |
|------------|----------|
| Defective: | Actions: |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|--|-------------|----------|
| NA2004928 | Invoice/Reparation Checklist | Ref: () | Ref: () |
| Customer/Driver/Owner: | 1) AR: Accident Reporting (\$30) | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) INC (\$30) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Bngr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| Witnesses/Comments: | For claiming assist INC Only (wef 19 Jan 2003) | | |
| Call: | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | QD: | | |
| | *NS: Courtesy Car / Tpl Allowance \$5 | | |
| | *NG: Repair Co-ordination \$10 | | |
| | *NV: Post Repair Inspection \$25 | | |
| | *NB: DV / Collect Excess Coordination \$5 | | |
| | TP (Nil) : TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao 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 | 17/09/2020 10:03 |
| Date Of Accident | 15/09/2020 07:30 |
| Exact Location Of Accident | PIE (TUAS) AFTER THOMSON FLYOVER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SMJ3771G |
| Insured/Policyholder | |
| Name Of Registered Owner | DREAM LEASING PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-81288789 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | JAZZ |
| 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 | SD20V08184/VPZ/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------------|
| Name of Driver | AMIRUS SOLIHIN BIN HASMAWI |
| NRIC No | SXXXX447J |
| Date Of Birth | 05/11/1993 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/06/2019 |
| Driving Experience | 1 YEAR AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97853440 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 742 TAMPINES ST 72 #06-88 |
| Postcode | 520742 |
| 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 | TAMPINES N.P.C |
| Police Station Address | ROAD: TAMPINES N.P.C , POSTCODE: 529682 , 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/20200916/2010

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------------|
| Vehicle Registration Number | SKQ568J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHIN SHIH SY EVE |
| NRIC/Passport Number | SXXXX340H |
| Contact Number | 90260264 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|----------------------------|
| Name | AMIRUS SOLIHIN BIN HASMAWI |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | SMJ3771G |
| 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:

16/9/2020

SPW

Driver's Signature

(If driver is not the policyholder)

Date & Time:

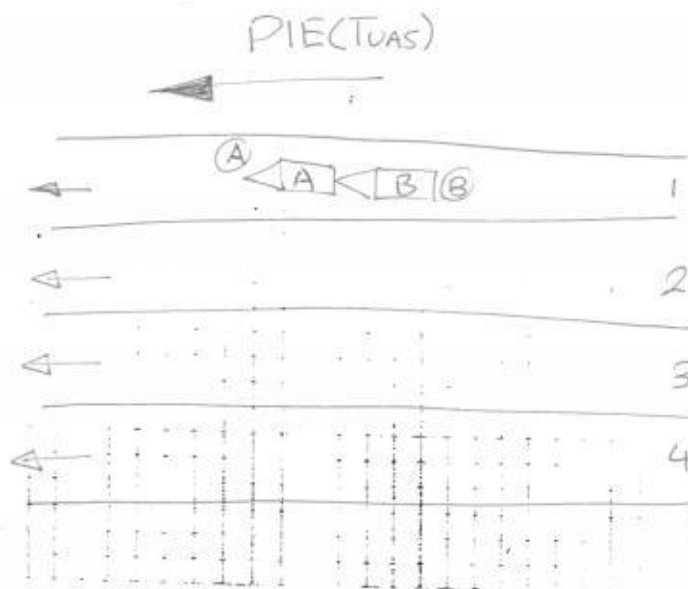
16/9/2020

SPW

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Report No T/20200916/2010

[Signature]

DECLARATION

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

Policyholder's Signature

Date & Time: 16/9/2020

GLAMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/9/2020

5PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200916/2010

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20200916/2010

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 16/09/2020 07:07 | Vide Report No.: | Station Diary No.: 16 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: AMIRUS SOLIHIN BIN HASMAWI | | | Address: APT BLK 742 TAMPINES STREET 72 #06-88 SINGAPORE 520742 | | |
| ID Type / ID No.: NRIC NO / S9341447J | | | Contact No.: Home/Office: Mobile: 97853440 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 26 | Date of Birth: 05/11/1993 | Type of Informant: Driver | | |
| Race: Javanese | | | Language: English | | Institution / School Name: |
| Occupation: Fire Rescue Specialist | | | Driving Licence Information: Class: 3,4 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|------------------|------------------------------------|--|---|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 15/09/2020 07:30 | Type of Location: Expressway after Thomson Flyover |
| Location: PAN-ISLAND EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | 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 |
|-------------|------|----------|------------------------------|-------|------------------|-----------------|
| SKQ568J | Car | INFINITI | Q50 2.0T SPORT A/T S/R (R19) | Blue | Slightly Damaged | 0 |
| SMJ3771G | Car | HONDA | JAZZ 1.3 CVT | Blue | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200916/2010

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200916/2010

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|----------------------------|------------------|--|-----------------------------------|
| Driver | | | | |
| Name | AMIRUS SOLIHIN BIN HASMAWI | | ID No. | S9341447J |
| Related Vehicle | SMJ3771G (Car) | | Contact No. | 97853440 |
| Hospital/Clinic | MOUNT ALVERNIA HOSPITAL | | Class of Driving Licence & Expiry Date | Class: 3,4 Date of Expiry: NIL |
| Date Treatment | 15/09/2020 | Date Discharge | 15/09/2020 | |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Slight | |
| Driver | | | | |
| Name | CHIN SHIH SY EVE | | ID No. | S8008340H |
| Related Vehicle | NIL | | Contact No. | 90260264 |
| 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 15/09/2020 at around 0730 hours I was driving my vehicle, SMJ3771G travelling along PIE towards Tuas. Just after Thomson Flyover the vehicle in front of my had braked and I follow to brake and slow down.

Suddenly another vehicle, SKQ568J from behind had knocked the rear of my vehicle.

After the accident we both stopped our vehicle and alighted to exchange particulars.

The damage to my vehicle are dents and scratches to the rear door and bumper.

I had seen a doctor at Mount Alvernia Hospital and was given 4 days MC from 15/09/2020 till 18/09/2020.



**SINGAPORE
POLICE FORCE**



T/20200916/2010

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200916/2010

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:

G /

~~Sr Staff Sgt MUHAMAD FAISAL BIN MOHD~~

~~SALEH~~

Sgt 3 JOE ZHENG YONG JONATHAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

16/09/2020 07:07


Classification Of Case:

Authentication Stamp

NP168

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 | SD20V08184 /VPZ /R00 |
| Form | MZ406C |
| Date Of Issue | 29-JUL-2020 |
| 1.Index Mark and Registration No. of Vehicle: | SMJ3771G |
| 2.Chassis number of Vehicle: | JHMGK3850KS207801 |
| 3.Name of Policyholder: | DREAM LEASING PTE LTD |
| 4.Effective date of Commencement of Insurance for the purpose of the Act: | 03-AUG-2020 00:00 AM |
| 5.Date of Expiry of Insurance: | 02-AUG-2021 23:59 PM |
| 6.Persons or Classes of Persons entitled to drive*: | |
| <p>Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.</p> <p>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.</p> <p>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.</p> | |
| 7.Limitations as to use*: | |
| <p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p> <p>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.</p> | |
| 8.Policy does not cover: | |
| <p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> | |
| <p>*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.</p> | |
| <p>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.</p> | |
| <p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  _____ Authorised Signature | |
| For Information only: | |
| COVERAGE : | Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only) |
| SUM INSURED: | MARKET VALUE AT THE TIME OF LOSS |
| EXCESS: | All Claims S\$2000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$2000, Windscreen Excess S\$100 |
| FINANCE COMPANY: | TAI THONG LEE TRADING PTE LTD |
| PRODUCER NAME: | NEWSTATE STENHOUSE (S) PTE LTD |

PLAS/-/29-JUL-20

S1_CL_T1_T3_OE_Template2-Ver1.

29-JUL-20

Date of Accident : 15/09/2020 Accident Time: 0730 (24-HR-Format)
Accident Place : ALONG PIE(TUAS) AFTER THOMSON FLYOVER
Vehicle Reg. No. (Car Plate No.) : SMT3771G
Vehicle Make/Model : HONDA JAZZ
Insurance Company : Liberty Policy No. 9D20V08184/KPZ/R00
Owner or Company Name /IC No. : Dream Leasing pte ltd
Owner or Company Contact No. : _____ Owner's Hp 81288789 Company Tel _____
DRIVER'S Name / IC No. : AMIRUS SOLIHIN BIN HASMAWI 593414475
DRIVER'S Date Of Birth : 05/11/1993 DRIVER'S License Pass Date 13 JUNE 2019
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Heir
DRIVER'S Address : TAMPINES ST 72 BLK 742 #06-88 SINGAPORE 520742
DRIVER'S Contact No./ Alt No. : 1) 66040995 (HOME) 2) 97853440 (HP)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : amirus31@gmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): (1) Anybody injured in the accident Yes/No

Passenger NAME : _____ CM/F

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

(B) Vehicle Reg. No: SKQ 568J

Vehicle Make/Model: INFINITI

Name Driver: CHIN SHIH SY EVE

IC No. Driver: S8008340H

Driver's Contact & Add: 90260264

(C) Vehicle Reg. No: _____

Vehicle Make/Model: _____

Name Driver: _____

IC No. Driver: _____

Driver's Contact & Add: _____