

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **JN 092020009**

Date In: 2/2/20-17:30	Job description	Date & Time Completed	Done by
Ref No: NA/INP20013286/24	SAS e-filing		
Veh No: W0234294	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 1/1/20-22:05	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-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: Vch No: **84W 8304** 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%; F: 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC hotline: 6788 6616) 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

LA200512	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N11 INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated Fee Charged		
	Invoice dated Fee Charged		

Pat 1:

Pat 2 / 3:

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 Submission	02/12/2020 17:34 (SGT)
Date of Accident	01/12/2020 22:05 (SGT)
Exact Location of Accident	Guillemard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7429H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD HAIKAL BIN AZIZ
NRIC No	SXXXX318B
Email Address	mhdhaikalaziz@gmail.com
Mobile Phone No	(Phone) +65-92705307
Alternative Phone No	+65-92705307

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V07015/VPC/R00
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD HAIKAL BIN AZIZ
NRIC No	SXXXX318B
Date Of Birth	19/01/1993
Occupation	Outdoor

Date Of Driving Pass	10/07/2012
Driving experience	8 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92705307
Alt. Phone Number	+65-92705307
Email Address	mhdhaikalaziz@gmail.com
Address	BLK 761 BEDOK RESERVOIR VIEW
Address complement	#07-319
Postcode	470761
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MUHD ERRIYAN BIN MARZUKI
Gender	Male

PASSENGER 2

Name	NOOR HAFIZAH BINTE ZAIMI
Gender	Female

PASSENGER 3

Name	NORHAYATI BTE JANTAN
Gender	Female

PASSENGER 4

Name	NURAZIRAH BTE AZIZ
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201202/7030.

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 SGW3830Y
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MUHAMMAD HAIKAL BIN AZIZ
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMQ7429H
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person NOOR HAFIZAH BINTE ZAIMI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMQ7429H
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person MUHD ERRIYAN BIN MARZUKI
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? SMQ7429H
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person NORHAYATI BTE JANTAN
 Address -
 Address Complement -

Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMQ7429H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	NURAZIRAH BTE AZIZ
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMQ7429H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature
Date / time:



Driver's signature
(if driver is not policy holder)
Date / time:



reporting centre personnel's Signature
Date / time:

SKETCH PLAN

A: SMQ 7429H
B: SGW 3830Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/20201202/7030

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	01/12/2020	(DD/MM/YY)
Time of accident	2206	(HH:MM)
Exact location of accident	Guillemard Road	

DETAILS OF VEHICLE

Vehicle registration number	SMQ 7429H		
Vehicle make and model	Honda Fit		
Type of vehicle	Saloon <input type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	Liberty
Policy number	SD20V0701S / VPC / R00
Type of policy	Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Muhammad Haikal Bin Aziz	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S9301318B	
Contact	92705307	
Address	Blk 761 Bedok Reservoir view #07-319 S(470761)	

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

Name		Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number		
Contact		
Address		
Email address	mhdhaikalaziz@gmail.com	
Date of birth	19/01/1993	
Occupation	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Driving date pass	10/07/2012	

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Accident captured by camera?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	5 (Inclusive of driver)

PASSENGER 1

Name	MUHAMMAD HAikal BIN AZIZ
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	NOOR HAFIZAH BTE ZAIMI
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 3

Name	NORHAYATI DTE JANTAN
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 4

Name	ANIZAH BTE AZIZ
Gender	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	MUHD ERRIYAN BIN MARUHI
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Was other vehicle damaged?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE STATION ACTION

Reported to police?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	Bedok Division HQ

WITNESS 1

Name	
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WITNESS 2

Name	
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THIRD PARTY VEHICLE 1	
Vehicle registration number	SGW 3830Y
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1	
Name	Muhammad Haikal Bin Aziz
Injuries sustained	Body
Which vehicle person in?	SMQ7429H
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 2	
Name	Noor Halkizah Bte Zalmi
Injuries sustained	Body
Which vehicle person in?	SMQ7429H
Were seat belts worn?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

INJURED PERSON 3	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6	
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>



SINGAPORE POLICE FORCE



T/20201202/7030

1 of 4

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

Report No. T/20201202/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2020 15:51	Vide Report No.:	Station Diary No.:
Informant's Particulars		
Name of Informant: MUHAMMAD HAIKAL BIN AZIZ	Address: 761 BEDOK RESERVOIR VIEW #07-319 SINGAPORE 470761	
ID Type / ID No.: NRIC NO / S9301318B	Contact No.: Home/Office:	Mobile: 92705307
Nationality: SINGAPORE CITIZEN	Email: mhdhaikalaziz@gmail.com	
Sex: Male	Age: 27	Date of Birth: 19/01/1993
Type of Informant: Driver		
Race: Malay	Language: English	Institution / School Name:
Occupation: Lift engineer	Driving Licence Information: Class: 2B,2A,3	
Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/12/2020 22:05	Type of Location: Straight Road
Location: GUILLEMARD ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Stationary - Head to Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGW3830Y	Car	TOYOTA			Slightly Damaged	0
SMQ7429H	Car	HONDA	Fit	Black	Slightly Damaged	4



**SINGAPORE
POLICE FORCE**



T/20201202/7030

2 of 4

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

Report No. T/20201202/7030

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD HAIKAL BIN AZIZ	ID No.	S9301318B
Related Vehicle	SMQ7429H (Car)	Contact No.	92705307
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	NURAZIRAH BINTE AZIZ	ID No.	S9602200Z
Related Vehicle	SMQ7429H (Car)	Contact No.	96628513
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight
Passenger			
Name	NORHAYATI BTE JANTAN	ID No.	S2196295C
Related Vehicle	SMQ7429H (Car)	Contact No.	97877195
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: ,2B,2A,3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20201202/7030

3 of 4

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

Report No. T/20201202/7030

CONTINUATION OF REPORT

Passenger				
Name	NOOR HAFIZAH BINTE ZAIMI		ID No.	S9341092J
Related Vehicle	SMQ7429H (Car)		Contact No.	90617694
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: ,2B,2A,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight
Passenger				
Name	MUHAMMAD ERRIYAN BIN MARZUKI		ID No.	S9441999I
Related Vehicle	SMQ7429H (Car)		Contact No.	88211840
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: ,2B,2A,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	03		Degree of	Slight

Brief Details.

On the stated date and time, my car (SMQ7429H) was stationary along Guillemard Road on the middle lane as the traffic light was red. Out of sudden, I felt an impact from my rear. When I went down to check, I realized that vehicle (SGW3830Y) had collided onto the rear portion of my vehicle (SMQ7429H).

My passengers and I sustained injuries and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20201202/7030

4 of 4

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

Report No. T/20201202/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

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:
02/12/2020 15:51

Classification Of Case:



www.libertyinsurance.com.sg



Certificate of Insurance

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189), Motor Vehicles (Third-Party Risks And Compensation) Rules 1987, Road Transport Act 1987, Road Transport (Amendment) Act 2014, The Motor Vehicles (Third Party Risks) Rules, 1987

Name of Policyholder:

MUHAMMAD HAIKAL BIN AZIZ

Date of Issue:

02 Jul 2020

Effective Date of Commencement:

29 Jun 2020 00:00

Certificate No.:

SD20V07015/ VPC / R00

Date of Expiry:

28 Jun 2021 23:59

Registration No.:

SMQ7429H

Chassis No.:

GK33421716

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 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.

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers

For Information Only:

Coverages:

Comprehensive, Unleaded Windscreen

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Section I- Named Drivers: S\$500, Section I- Unnamed Drivers: S\$1000 Additional Excess for Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100

Name of Finance Company

OVERSEA-CHINESE BANKING CORPORATION LTD

Name of Producer

VENTURE CREDIT PTE LTD (A1451-2)