

# NATIONAL Assessment Centre Services

Date In: 11/01/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21000436/13	SAS e-filing		
Veh No: SMN89406	E-mail (within 8hrs, At 2hrs)		
D.O.A: 09/01/21 1350	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:	Veh No: SML3996P	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

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments: Cat. 1: Cat. 2/3:	<b>Invoice Preparation Checklist</b>		Amt (\$) In Bill	Amt (\$) Add Bill
	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
	3) TF: Towing Fee \$40/\$45			
	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) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
ON* *N5: Courtesy Car / Tp 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: Idao Mobile 30				
Invoice dated Invoice dated		Fee Charged 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 GI&A Records Management Centre established by the General Insurance Association of Singapore (GI&A) 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	11/01/2021 11:55 (SGT)
Date of Accident	09/01/2021 13:50 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	TWDS EAST COAST
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8940G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR'AINI BINTI HASAN
NRIC No	SXXXX300E
Email Address	ajhanie5@gmail.com
Mobile Phone No	(Phone) +65-96897466
Alternative Phone No	+65-96897466

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	SIENIA HYBRID 1.5X 7 SEATE
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V10921/VPL/R01
Cover Note Number	-

#### DRIVER

Name of Driver	NUR'AINI BINTI HASAN
NRIC No	SXXXX300E
Date Of Birth	28/05/1960
Occupation	Indoor

Date Of Driving Pass	27/04/1990
Driving experience	30 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96897466
Alt. Phone Number	+65-96897466
Email Address	ajhanie5@gmail.com
Address	BLK 341 UBI AVE 1
Address complement	#04-919
Postcode	400341
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 - Change/cross lane
Weather Conditions	DRIZZLING
Road Surface	Wet

#### 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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	NUR THOYYIBAH
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SML3996P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KOH SENG YONG
Contact Number .....	(Phone) +65-90023605
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 .....	NUR'AINI BINTI HASAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LEFT KNEES & UPPER BACK
Injured person in which vehicle? .....	SMN8940G
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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 willful 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 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.

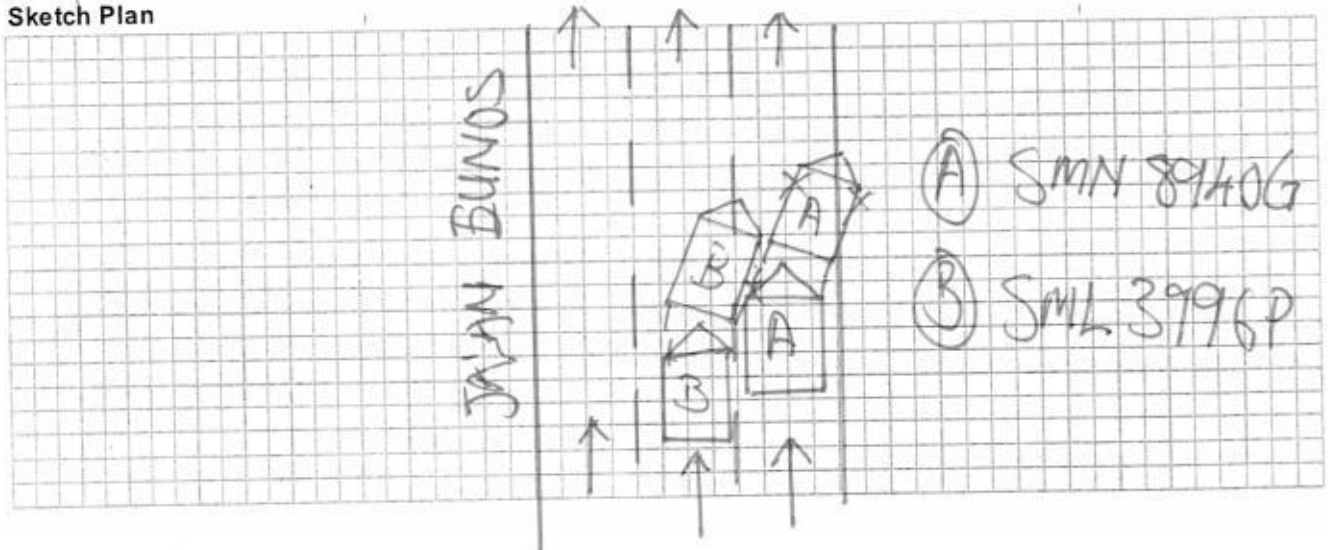
  
Policyholder's Signature / Date & Time

09/01/2021

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

  
Witnessed by Reporting Centre Personnel

#### Sketch Plan






Describe Circumstances of the Accident

On 7-1-21 @ 13:50 HRS / Was travelling on  
JALAN BUNDS, extra right lane. Vehicle  
SMK 3996P on left lane change lane into my lane  
and collided onto my vehicle SMK 8940G left portion  
and the impact was so great that force my vehicle  
to hit onto the kerb and drive up on top kerb


Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

09/01/2021

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

 11/01/21  
Witnessed by Reporting Centre  
Personnel

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : \_\_\_\_\_ Vehicle Registration No : SMN 8940G  
Name(as shown in NRIC): MUR'ANI BINTI HASAN  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S1417300E  
Address : BLK 341 UBI AVENUE 1, #04-919, S(400341)  
Contact (Tel) : 96897466 (H/P) : 96897466  
(Email) : ajhanie5@gmail.com  
Date of Accident : 9/1/2021 Time of Accident : 1350hrs  
Place of Accident : JALAN BUNOS TOWARDS EAST COAST  
Insurance Company : LIBERTY

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1) Owner have injury.
- 2) Attached Police Report: T/20210111/7011.

Signature of Vehicle Owner / Driver

Date: 11/1/2021

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm

email : yihengmotorworkshop@yahoo.com 39



**SINGAPORE  
POLICE FORCE**



T/20210111/7011

1 of 3

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

Report No. T/20210111/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2021 11:31		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: NUR 'AINI BINTI HASAN			Address: 341 UBI AVENUE 1 #04-919 SINGAPORE 400341		
ID Type / ID No.: NRIC NO / S1417300E			Contact No.: Home/Office:		Mobile: 96897466
Nationality: SINGAPORE CITIZEN			Email: ajhanie5@gmail.com		
Sex: Female	Age: 60	Date of Birth: 28/05/1960	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		Institution / School Name:
Occupation: PRIVATE SECURITY OFFICER			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/01/2021 13:50	Type of Location: Straight Road
Location:  JALAN EUNOS				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SML3996P	Car		HONDA CIVIC	Grey		0
SMN8940G	Car		TOYOTA SIENTA HYBRID 1.5X	Brown		1





**SINGAPORE  
POLICE FORCE**



T/20210111/7011

2 of 3

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

Report No. T/20210111/7011

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN8940G	LIBERTY INSURANCE PTE LTD		30/08/2020	29/08/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	NUR 'AINI BINTI HASAN	ID No.	S1417300E
Related Vehicle	NIL	Contact No.	96897466
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	10/01/2021	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

**Brief Details.**

ON 09-01-2021 @ 13.50HRS. I WAS TRAVELLING ON JALAN EUNOS TOWARDS EAST COAST ON EXTREMNE RIGHT LANE. VEHICLE SML 3996P ON LEFT LANE CHANGED LANE INTO MY LANE AND COLLIDED ONTO MY VEHICLE SMN 8940G AT LEFT PORTION, AND THE IMPACT WAS SO GREAT THAT FORCED MY VEHICLE TO HIT ONTO THE KERB AND DRIVE UP ON TOP OF KERB. WE EXCHANGE PARTICULARS AT THAT TIME. ON 10/01/2021 I FELT PAINS ON MY LEFT KNEES AND UPPER BACK, THEN I WENT TO SEE DOCTOR AT CHANGI GENERAL HOSPITAL AND WAS GIVEN 3 DAYS MC.



**SINGAPORE  
POLICE FORCE**



T/20210111/7011

3 of 3

Report No. T/20210111/7011

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

**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 /  
SYED ZAYID MUHAMMAD BIN SYED ABDUL  
WAHID ALHINDUAN  
Contact No : 65476404

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:  
11/01/2021 11:31

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: (9/1/21) (DD/MM/YYYY), TIME: (13:50) (HH:MM)

LOCATION: JALAN EUNOS TWDS EAST COAST

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMN89406  
b) INSURANCE COMPANY: LIBERTY  
c) POLICY NUMBER: S120V10921/VPL/RO1  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL:  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME:  
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: NUR'AINI BINTI HASAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: NUR'AINI BINTI HASAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 51417300E CONTACT: 96897466  
c) ADDRESS: BCK 341 UBI AVE 1  
#04-919 (400341)

\*d) DATE OF BIRTH: (28/05/1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27/04/1990

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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

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

6. WAS ANYBODY INJURED (YES / NO) SLIGHT

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SML3996P MODEL:  
b) DRIVER'S NAME: KOH SENG YONG  
c) NRIC/FIN/PASSPORT: 5891K CONTACT: 90023605


## 9. THIRD PARTY VEHICLE

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

email = yihengmotorworkshop@yahoo.com.sg  
fax = Fax 6747940  
video = haven't retrieved

### 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)

<b>Certificate No</b>	SI20V10921 /VPL /R01
<b>Form</b>	MZ400B
Date of Issue:	27-Aug-2020
1.Index Mark and Registration No. of Vehicle:	SMN8940G
2.Chassis number of Vehicle:	NHP1707170363
3.Name of Policyholder:	NUR 'AINI BINTI HASAN
4.Effective date of Commencement of Insurance for the purpose of the Act:	30-AUG-2020 00:00
5.Date of Expiry of Insurance:	29-AUG-2021 23:59
6.Persons or Classes of Persons entitled to drive*:	NUR 'AINI BINTI HASAN
For Private Hire Vehicle (PHV) Usage :	
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.	
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 <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  Authorised Signature	
<b>For Information only:</b>	
COVERAGE:	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED (SS):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (SS):	Section I (Singapore) \$2,000.00, Section I (Outside Singapore) \$4,000.00, Section II (Singapore) \$1,500.00, Section II (Outside Singapore) \$3,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	GENIE FINANCIAL SERVICES PTE LTD
PRODUCER NAME:	WTT INSURANCE AGENCIES PTE LTD