

NATIONAL Assessment Centre Services

(url: 22/03)

SN092154002

Date In: 4/12/21 0904	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA11P21005415/V	E-mail (within 2hrs, AIC 2hrs)		
Veh No: 532 ISC11T	I-Motor Claim Form		
ICIA: 30/4/21 2220	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
OH: (1P) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel: (

Fax: (

TP Particulars:

Veh No: GBD 1079Y

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 repairer.

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

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

Remarks:

(INC Ref No: 6718/6616)

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:

NA2102807

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Sign-In-Charge):

Auditors' Comments:

Tel: (

Fax: (

Invoice Item / Action	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100); INC (\$10)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For obtaining status (INC Only) (wa 19 Jan 2023)		
6) TR: Re-inspection \$75		
7) N1: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
Q1:		
*N5: Courtesy Car / Tpl Allowance \$3		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$3		
TP (N11): TP (N-on 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 Submission	04/05/2021 09:04 (SGT)
Date of Accident	30/04/2021 22:20 (SGT)
Exact Location of Accident	Woodlands Rd, Singapore
Additional Location Information	JUNCTION OG SUNGAI KADUT AVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1541T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SULAIMI BIN SAMURI
NRIC No	SXXXX837G
Email Address	sales@garage13.com.sg
Mobile Phone No	(Phone) +65-97620762
Alternative Phone No	+65-97620762

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Cruze
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
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI20V12277/VPE/R00
Cover Note Number	-

DRIVER

Name of Driver	SULAIMI BIN SAMURI
NRIC No	SXXXX837G

Date Of Birth	15/08/1961
Occupation	Outdoor
Date Of Driving Pass	19/12/1984
Driving experience	36 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97620762
Alt. Phone Number	+65-97620762
Email Address	sales@garage13.com.sg
Address	BLK 424 WOODLANDS STREET 41 #05-332
Address complement	-
Postcode	730424
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	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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT L/20210503/7059

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD1079Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	KULANTHAISAMY SENTHIL MURUGAN
Work Permit No	GXXXX295U
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	SULAIMI BIN SAMURI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY AND NECK
Injured person in which vehicle?	SJZ1541T
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

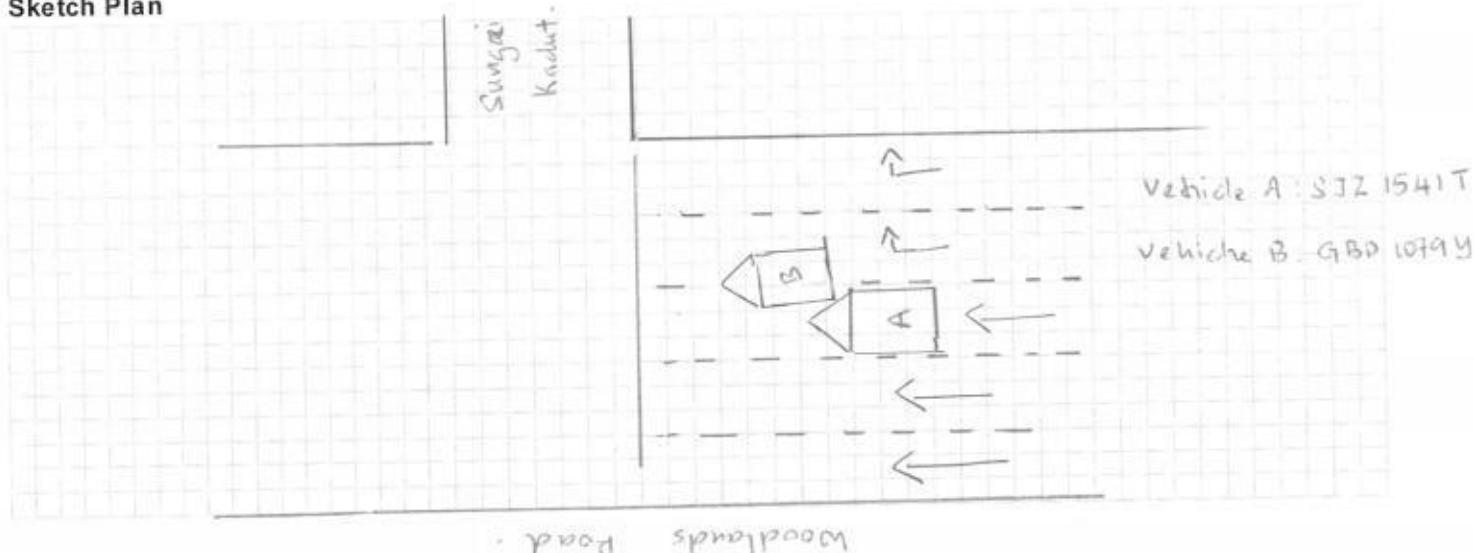
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



ON THE STATED DATE & TIME, I WAS DRIVING VEHICLE A (SIZ 1541T) GO STRA
ALONG WOODLANDS ROAD. SUDDENLY VEHICLE B (GSD 10794) CUT INTO MY LANE
AND CAUSE THE ACCIDENT HAPPENED.

AFTER THE ACCIDENT, I FELT PAIN ON MY NECK, SHOULDER, & LOWER BACK.

I VISITED UNIHEALTH 24 HR - CLINIC JURONG EAST. I WAS GIVEN 3 DAYS MC
MC NO: 000000 9154.

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel



POLICE REPORT (NP299)

Report No. L/20210503/7059

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 03/05/2021 22:18	Vide Report No.	Station Diary No.
Name Of Informant SULAIMI BIN SAMURI	Address 424 WOODLANDS STREET 41 #05-332 SINGAPORE 730424	
ID Type / ID No. NRIC NO / S1485837G	Contact No. Home/Office: Mobile: 97620762	
Nationality SINGAPORE CITIZEN	Email Address SULAIMI.SAMURI@GMAIL.COM	
Occupation OPERATIONS OFFICER	Sex Male	Age 59
	Date of Birth 15/08/1961	Race Javanese
Institution/School Name	Language English	
Date/Time Of Incident 30/04/2021 22:20	Location Of Incident WOODLANDS ROAD	

Brief details.

On the above mentioned date and time, I was driving my vehicle SJZ1541T along Woodlands Road towards Bukit Panjang.

I was travelling along the extreme right lane before the junction of Sungei Kadut Ave.

The lane I was travelling in split into 3 lanes, 1 to go straight and the other 2 to Turn Right. I continued straight along the lane going straight.

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	03/05/2021 22:18
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210503/7059

GBD1079Y, which was on the Turn Right lane immediately next to mine, cut into my vehicle's lane just before the traffic light junction of Sungei Kadut Ave and jammed on its brakes.

I too jammed on my brakes but could not avoid colliding into the rear left portion of said van.

After the accident, I started feeling soreness over my neck, shoulder and lower back areas. As such, I proceeded to my company doctor at Unihealth 24-Hr Clinic Jurong East for treatment and was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/05/2021 22:18
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

GST Reg No : 201929835H

Co Reg No : 201929835H

TAX INVOICE

SULAIMI BIN SAMURI
424 WOODLANDS STREET 41
#05-332
S(730424)

Invoice No. : 14604
Our Reference : 59543
Date : 01 May 2021

Patient : SULAIMI BIN SAMURI(S1485837G)
Attending Doctor : DR XIE HUIZHUANG

DESCRIPTION	QTY	FEE
KEFENTECH PLASTER	1.00 pkts	\$9.00
COGESIC (METHYL SALICYCLATE)	1.00 tube	\$7.00
MAX 25G		
SODEN (NAPROXEN) 275MG	20.00 tabs	\$10.00
CONSULTATION		\$95.00
Sub-Total		\$121.00
Add GST 7.0%		\$8.47
Rounding Adjustment		-\$0.02
Total Amount Payable		\$129.45
Receipt No. 17396 - CASH Payment Received		\$100.00
NETS Payment Received		\$29.45
Outstanding Balance		\$0.00

All Cheques should be crossed and made payable to :
UNIHEALTH 24-HR CLINIC (JURONG EAST)

This is a computer generated invoice which does not require a signature

Medical Certificate

Date : 01 May 2021 MC No. : 0000009154

This is to certify that :

Name : SULAIMI BIN SAMURI
NRIC : S1485837G

is Unfit for Duty for 3 days
from 01 May 2021 to 03 May 2021 inclusive.



DR XIE HUIZHUANG
MB BCh BAO (HONS)
Dip O&G, RCPI

*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Unlhealth 24-Hr Clinic (Jurong East)
135 Jurong Gateway Road
#01-317 Singapore 600135
Tel : 6970 5868 Fax : 6261 5368



Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611

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 2018
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1968

Certificate No	SI20V12277 NPE /R00
Form	MX1
Date of Issue	19-MAR-2021
1. Index Mark and Registration No. of Vehicle:	SJZ1541T
2. Chassis number of Vehicle:	KL1JA6961AK716172
3. Name of Policyholder:	SULAIMI BIN SAMURI
4. Effective date of Commencement of Insurance for the purposes of the Act:	01-OCT-2020 00:00 AM
5. Date of Expiry of Insurance:	28-OCT-2021 23:59 PM
6. 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.	
7. Limitations as to use:	
Use only for social, domestic and pleasure purposes and for the Policyholder's business.	
8. 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	
 Authorised Signature	
For information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, Buy Up Excess
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I - Named Drivers: S\$1600, Section I - Unnamed Drivers: S\$2100, Additional Excess For Young, Elderly & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100
FINANCE COMPANY:	MONEYMAX LEASING PTE LTD
PRODUCER NAME:	INSURANCE MARKET PTE LTD

CSMT 20210319

Ver.1.200705

Date of Accident : 30/4/2021 Accident Time: 2220 hrs (24-HR-Format)
 Accident Place : Woodlands road, Junction of Sungai Kadut AKA
 Vehicle No. (Car Plate No.) : SJZ 1541 T Make/Model: _____
 Insurance Company : Liberty Insurance Policy No: KL134 6961 AK 716172
 Owner or Company Name /IC No. : Sulaimi Bin Samuri
 Owner or Company Contact No. : 9762 0762 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Sulaimi Bin Samuri
 DRIVER'S Date Of Birth : 15/2/1961 DRIVER'S License Pass Date 19/12/1984
 Relationship of Owner & Driver : Spouse\Parent\Children\Sibling\Employee\Others: _____
 DRIVER'S Address : Bik 424 Woodlands Street 41 #05-332 730 424
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 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
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle. No: <u>GBD 1079 Y</u>	Vehicle. No: _____
Vehicle Make \Model: <u>TOYOTA HIACE</u>	Vehicle Make \Model: _____
Name Driver: <u>ANIL Kulanthaisamy Senthil Murugan</u>	Name Driver: _____
IC No. Driver/Contact: <u>G 8406 295 U</u>	IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**