

NATIONAL Assessment Centre Services

Date In: 30/08/21	Job description	Date & Time Completed	Done by
Ref No: NA/LIP21009103/13	SAS e-filing		
Veh No: SMK 9717R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 29/08/21 2040	i-Motor Claim Form		
OD: (P) 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: SMA5793C	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

NA2103817	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) 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) RT: 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:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	30/08/2021 18:08 (SGT)
Date of Accident	29/08/2021 20:40 (SGT)
Exact Location of Accident	Serangoon Central, Singapore
Additional Location Information	BESIDE NEX TWDS SERANGOON AVE 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK9727R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD SALIMI BIN JAMALUDDIN
NRIC No	SXXXX186Z
Email Address	ktmotorwerk@hotmail.com
Mobile Phone No	(Phone) +65-92232127
Alternative Phone No	+65-92232127

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI21V04275/VPC/R02
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD SALIMI BIN JAMALUDDIN
NRIC No	SXXXX186Z

Date Of Birth	07/08/1979
Occupation	Indoor
Date Of Driving Pass	03/10/2011
Driving experience	9 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92232127
Alt. Phone Number	+65-92232127
Email Address	ktmotorwerk@hotmail.com
Address	BLK 218 SERANGOON AVE 4
Address complement	#04-188
Postcode	550218
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	Raining
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MUHAMMAD IMAN ASSIDIQ BIN MOHAMAD SALIMI
Gender	Male

PASSENGER 2

Name	KAMARIAH BINTE JOHARI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:F/20210830/7033

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	SMA5793C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH BENG TECK
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 IMAN ASSIDIQ BIN MOHAMAD SALIMI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMK3727R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	KAMARIAH BINTE JOHARI
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMK3727R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


INJURED 3


Name of injured person	MOHAMAD SALIMI BIN JAMALUDDIN
Gender	Male
Phone No	(Phone) +65-92232127
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-


SKETCH PLAN

IMPORTANT NOTICE

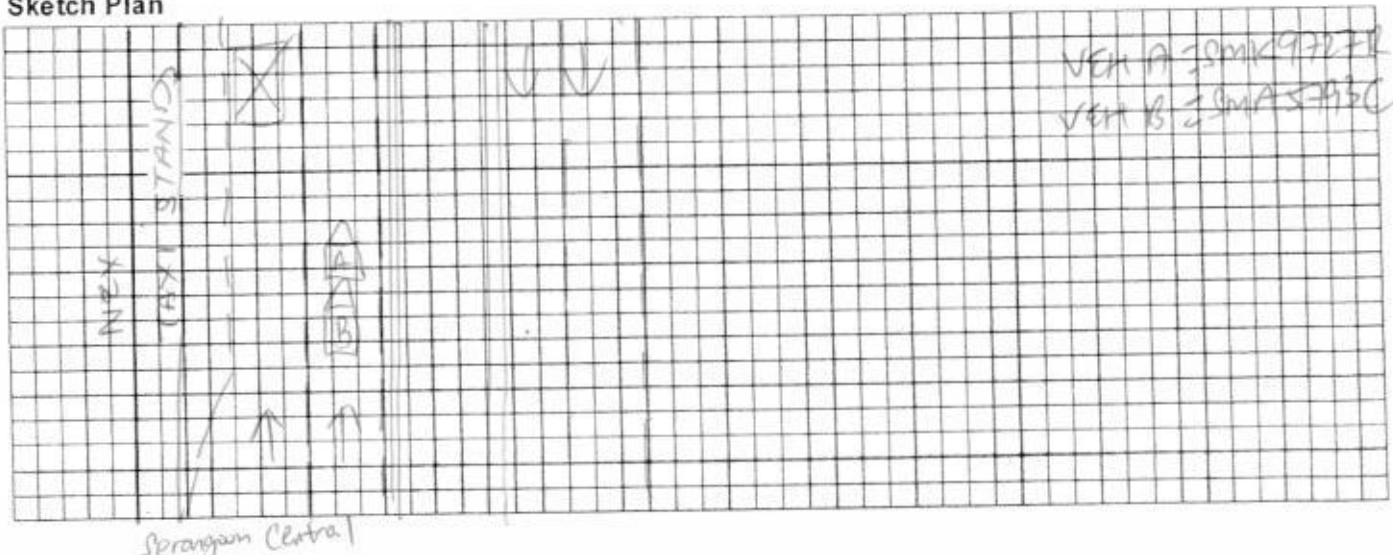
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting 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

 30/08/21
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

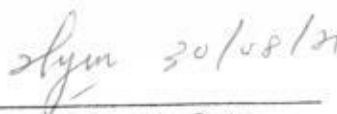
Please refer to the police report F/20210830/7033.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

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


Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



F/20210830/7033

1 of 2

POLICE REPORT (NP299)

Report No. F/20210830/7033

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 30/08/2021 13:36	Vide Report No.	Station Diary No.
Name Of Informant MOHAMAD SALIMI BIN JAMALUDDIN	Address 218 SERANGOON AVENUE 4 #04-188 SINGAPORE 550218	
ID Type / ID No. NRIC NO / S7923186Z	Contact No. Home/Office: Mobile: 92232127	
Nationality SINGAPORE CITIZEN	Email Address SALIMIJAMALUDDIN@GMAIL.COM	
Occupation Prison officer	Sex Male	Age 42
Institution/School Name	Date of Birth 07/08/1979	Race Malay
Date/Time Of Incident 29/08/2021 20:40 - 30/08/2021 13:30	Location Of Incident SERANGOON CENTRAL	

Brief details.

On 29.08.2021 at about 2040hrs, i was travelling along Serangoon Central Towards Serangoon Ave 4. The traffic was slow and suddenly (Veh B) SMA5793C suddenly hit the rear portion of my vehicle with an big impact causing damage to my rear portion of my vehicle.
We proceed to exchange particulars and the driver say to do an insurance claim settlement.
I was with my Wife(Kamariah) and Son (Muhammad Iman) in the vehicle, after the accident, we were not feeling well and went to the clinic nearby "Medical Union Clinic" and was given 3 days MC. My wife and son was given 2 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: 30/08/2021 13:36
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210830/7033

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210830/7033

Subjects Involved			
Victim			
Person Name	MOHAMAD SALIMI BIN JAMALUDDIN		
ID Type	NRIC NO	ID No	S7923186Z
Gender	Male	Age	42
Race	Malay	Language	English
Occupation	Prison officer	Address	218 SERANGOON AVENUE 4 #04-188 SINGAPORE 550218
Mobile No	92232127	Is Informant A Victim?	Yes
Person Name	MOHAMAD SALIMI BIN JAMALUDDIN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

30/08/2021 13:36

Classification Of Case:

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09218U000C Vehicle Registration No: SMK3727R
Name (as shown in NRIC): MUHAMMAD SAUJI NRIC/FIN/Passport No: 5XXXX1862
BIN JAMALUDDIN
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: BLK 218 SERANGOON AVE 4 #04-188 Singapore (550218)
Contact (Tel): _____ Mobile No.: 97232127
Email Address: _____
Date of Accident: 29/08/21 Time of Accident: 2040
Place of Accident: SERANGOON CENTRAL
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:

AMEND VEH REGISTRATION NO: SMK9727R

Policyholder / Driver's Signature
Date:

shym 30/08/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

ACCIDENT STATEMENT

ACCIDENT DATE: 29/08/2021 (DD/MM/YYYY), TIME: 20:40 (HH:MM)

LOCATION: Along Seremban Central (beside Nax) towards Seremban Ave 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMK9727R
 b) INSURANCE COMPANY: Liberty Insurance
 c) POLICY NUMBER: S121V04275/VP/R02
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA SHUTTLE 1.5
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: Mohammad Salimi Bin Jamaluddin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7923186Z CONTACT: 92232127
 c) ADDRESS: BLK 218 Seremban Ave 4 #04-188
18) 550218

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohamed Salimi Bin Jamaluddin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7923186Z CONTACT: 92232127
 c) ADDRESS: BLK 218 Seremban Ave 4 #04-188
18) 550218

* d) DATE OF BIRTH: 07/08/1979 (DD/MM/YYYY)

- e) OCCUPATION: INDOOR / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 03/10/2011

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)

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Ang Mo Kio HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMA5793C MODEL: TOYOTA
 b) DRIVER'S NAME: Koh Beng Teck
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(3)

2) Muhammad Iman
 Asiddig Bin
 Mohamed Salimi

3) Kamariah Binte
 Johari

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

Email: ktmotorwerk@hotmail.com

fax: _____

VIDEO: _____



www.libertyinsurance.com.sg



Certificate of Insurance

Motor Vehicles (Third Party, Motor and Comprehensive) Act (Chapter 180) Motor Vehicles (Third Party, Motor and Comprehensive) Rules, 1987. Road Transport (Amendment) Act 2013. The Motor Vehicles (Third Party, Motor and Comprehensive) Rules, 1987.

Name of Policyholder:

MUKHAMAD SALAH BIN JAMALUDDIN

Date of Issue:

02 Apr 2021

Registration No.:

SKN0727R

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 the permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle and has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation to that behalf.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and is registered under the Road Traffic Act.

This not being complied of the law or 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, velocity 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.

Conditions mentioned in Schedule 2 of the Motor Vehicles (Third Party, Motor and Comprehensive) Act (Chapter 180) and Section 10, of the Road Transport Act, 1987 are not to be included under these headings.

We hereby certify that the Policy is valid in accordance with the provisions of the Motor Vehicles (Third Party, Motor and Comprehensive) Act (Chapter 180) and Part IV of the Road Transport Act, 1987.

For Information Only:

Contract No.

Sum Insured

Excess

Name of Insured Company

Name of Producer

Comprehensive, Uninsured Motorist

SUM INSURED AT THE TIME OF LOSS

Sum Insured: RM100,000.00

Excess: RM100,000.00

Name of Insured Company: MAYAGAH INSURANCE LTD

Name of Producer: CAN THAI INSURANCE AGENCY PTE LTD (44009-2)

For and on behalf of
LIBERTY INSURANCE PTE LTD
Approved Insurers



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