

2009224K0001

Date In:	20/04/2022 10:15
Ref No:	2009224K0001
Veh No:	2009224K0001
D.O.A:	19/04/2022 07:30
OD: TP / Reporting Only	
TP Insurer:	
Job description	
SAS e-filing	
E-mail (within 8hrs, A/C 2hrs)	
I-Motor Claim Form	
I-Motor W/O (within: OD 2hrs, TP 4hrs)	
I-Photo Uploaded	
Assessment/Survey Report	
Ass't Report by Fax / Hand to Owner/Wksp	

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: 2009224K	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: ()	% [Note-Bst. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YBS () / 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: 0788 6616) Date & Time Completed: () Done by: ()		

Injury : ()	
Date/Time	Actions

Statement Particulars:	
Driver/Owner:	Contact No:
Damaged Portion:	
C Checked by (Engr-In-Charge):	
Aditors' Comments:	
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	6) TR: Re-inspection \$75
7) NI: Idas DA + SMRT Survey \$160	8) NTUC Additional Services: ()
9) NI2: Idas Mobile	Invoice dated
Fee Charged	Invoice dated

2009224K0001

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	20/04/2022 10:19 (SGT)
Date of Accident	19/04/2022 07:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	(CITY) BEFORE ANG MO KIO AVENUE 5 (EXIT 11)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN293B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HALIJAH BINTE ITHNIN
NRIC No	SXXXX681Z
Email Address	sfarizan@hotmail.com
Mobile Phone No	(Phone) +65-91698064
Alternative Phone No	+65-94226995

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	2
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	1496

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	SI22V02892/VPE/R00
Cover Note Number	-

DRIVER

Name of Driver	SHAH FARIZAN BINTE AZIZ
NRIC No	SXXXX055G

Date Of Birth	25/06/1987
Occupation	Indoor
Date Of Driving Pass	11/09/2019
Driving experience	2 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94226995
Alt. Phone Number	-
Email Address	sfarizan@hotmail.com
Address	BLK 274D PUNGGOL PLACE #05-844
Address complement	-
Postcode	824274
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	ZAIM ARIQIN BIN MUHAMMAD RUZAINI
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

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	FBR2332K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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)	-

SKETCH PLAN

IMPORTANT NOTICE

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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.
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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.

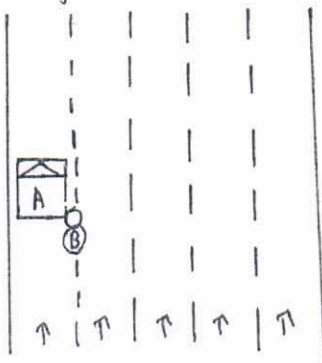
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan


CIE (city) before Ang Mo Kio Ave 5 (Exit 4)



Vehicle A - SFN293B
Vehicle B - FBR232K

On the stated date and time, I, vehicle A(SFN293B) was travelling straight along at the stated location on the extreme left lane. As there was the heavy traffic, I was moving very slowly. Out of sudden, I felt an impact from my rear portion, vehicle B(FBR2332K) was collided onto the rear right portion of my vehicle causing damages.

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

Date of Accident : 19/04/2022 Accident Time: 0730hrs (24-HR-FORMAT)

Accident Place : (TE(CITY) before Ang Mo Kio Ave S Exit 14

Vehicle Reg. No (Car plate No.) : SFN293B Vehicle Make/Model: Mazda 2

Insurance Company : Liberty Policy No. SIJ2V02892/VPE/R00

Name of Registered Owner : Company / Individual Nalijah Binte Ithnin

ID of Registered Owner : Co Reg No: - Owner's NRIC No: 511066817

: Co Contact No: - Owner's Contact No: 9169 6064

DRIVER'S Name : Shah Farizan Binte Aziz DRIVER'S NRIC No: 587180556

DRIVER'S Date of Birth : 25/06/1987 DRIVER'S License Pass Date: 11/09/2019

Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: -

DRIVER'S Address : APT B1K 2740 Punggol Place #05-844 Singapore 824274

DRIVER'S Contact No. / Alt No. : 1) 9422 6995 2) -

DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an ofc)

Email Address : sfarizan@hotmail.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): 02 Passenger Name: Zaim Ariqin Bin Muhammad Ruzaini Gender: M/F

Was the accident reported to the police? YES / NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera? YES / NO Any Injuries: YES / NO Injured Name: -

Injured Name: -

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

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>FBR2332K</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

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; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

Name of Policyholder:

HALIJAH BINTE ITHNIN

Date of Issue:

01 Mar 2022

Registration No.:

SFN293B

Effective Date of Commencement:

06 Mar 2022 00:00

Chassis No.:

JMODE10Y180110154

Certificate No.:

SI22V02892/ VPE / R00

Date of Expiry:

05 Mar 2023 23:59

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:

Coverage(s):

Third Party Fire & Theft

Sum Insured:

MARKET VALUE AT THE TIME OF LOSS

Excess:

Name of Finance Company:

TOKYO CENTURY LEASING (S) PTE LTD

Name of Producer:

LEONG WAI YEE (A7161-2)

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: SN09224K0001 Vehicle Registration No: SFM 293B

Name (as shown in NRIC): SHAH FARIZAN BIN AHMAD AZIZ NRIC/FIN/Passport No: SPXXXX0556

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 94226995

Email Address: _____

Date of Accident: 19/04/2022 Time of Accident: 07:30

Place of Accident: CTE (CITY) BEFORE ANGG MOKIO AVE 5 (EXIT 11)

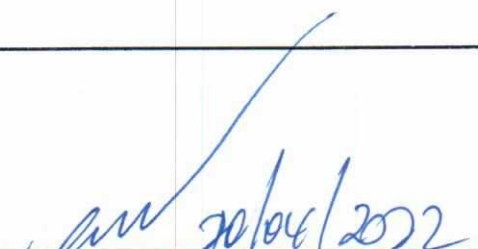
Insurance Company: LIBERTY

(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:

DRIVER NAME TO SHAH FARIZAN BIN AHMAD AZIZ

Policyholder / Driver's Signature
Date:


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