

NATIONAL Assessment Centre Services

Date In: 04/07/22	Job description	Date & Time Completed	Done by
Ref No: NA/L1P20006325/13	SAS e-filing		
Veh No: SNF 2206M	E-mail (within 8hrs. A/C 2hrs)		
D.O.A. 02/07/22 2235	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: FP1599C	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

NA2201831

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
1st Bill		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) N1 : Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
OD:		
*N5: Courtesy Car / Tpt 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: Idac 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 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	04/07/2022 12:46 (SGT)
Reported by	Both
Date of Accident	02/07/2022 22:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE(SLE)10.3 KM
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF2206M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MAZLAN BIN ABU
NRIC No	SXXXX480B
Email Address	zepp3lin69@gmail.com
Mobile Phone No	(Phone) +65-96160416
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
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
Policy Number / Cover Note Number	SD22V06512/VPZ/R00

DRIVER

Name of Driver	MAZLAN BIN ABU
NRIC No	SXXXX480B
Date Of Birth	18/08/1969
Occupation	Indoor

Date Of Driving Pass	28/06/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96160416
Alt. Phone Number	-
Email Address	zepp3lin69@gmail.com
Address	BLK 624B WOODLANDS DRIVE 52
Address complement	#07-29
Postcode	732624
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 vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	NOORFAIZAH
Gender	Female

PASSENGER 2

Name	NUR DIYANA
Gender	Female

PASSENGER 3

Name	NOVI
Gender	Female

PASSENGER 4

Name	AMIRA
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 POLICE REPORT:T/20220703/7001

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FP1599C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	SEE SERN YONG
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	SEE SERN YONG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FP1599C
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.
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 04/07/22

Sketch Plan


Sketch Plan diagram showing a grid with handwritten notes and markings. The grid is divided into sections by vertical lines. On the left side, there is a vertical label: "W/S OF (375) BAL". In the center, there are several small diagrams and arrows. On the right side, there are handwritten notes: "Veh A: JWA-2206M" and "Veh B: FP/5991C".

Describe Circumstances of the Accident

Please refer to police report 7/20220703/7001

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

ROSKINDA BINTI A WAHAB
Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20220703/7001

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

1 of 3

Report No. T/20220703/7001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2022 02:47		Vide Report No.: F/20220702/0229		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAZLAN BIN ABU			Address: 624B WOODLANDS DRIVE 52 #07-29 SINGAPORE 732624		
ID Type / ID No.: NRIC NO / S6925480B			Contact No.: Home/Office: Mobile: 96160416		
Nationality: SINGAPORE CITIZEN			Email: ZEPP3LIN69@GMAIL.COM		
Sex: Male	Age: 52	Date of Birth: 18/08/1969	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Technical Specialist			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/07/2022 22:35	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FP1599C	Motorcycle	YAMAHA	FZ8-N	Black	Slightly Damaged	0
SNF2206M	Car					0



**SINGAPORE
POLICE FORCE**



T/20220703/7001

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

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Report No. T/20220703/7001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SEE SERN YONG	ID No.	NIL
Related Vehicle	FP1599C (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	MAZLAN BIN ABU	ID No.	S6925480B
Related Vehicle	SNF2206M (Car)	Contact No.	96160416
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was driving on 1st lane at 90km/h on TPE(SLE) 10.3KM suddenly I felt a bang at the rear of my car. I slow down my car a few meters ahead after the loud bang. I saw a motorbike(FP1599C) on the 2nd lane flat down on the road. I try to search for the rider with some other motorist who had stop to help. But the rider was not found. I called the ambulance and the police for assistance.



**SINGAPORE
POLICE FORCE**



T/20220703/7001

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

3 of 3

Report No. T/20220703/7001

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 / TPIB /
ROIZMAN BIN MOHAMED POSARI
Contact No.: 65476131

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

Date/Time:
03/07/2022 02:47

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 02/07/2022 (DD/MM/YYYY), TIME: 22:35 (HH:MM)

LOCATION: TPE (SLE) 10.3km

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SNF2206M
 b) INSURANCE COMPANY: Liberty Insurance
 c) POLICY NUMBER: SD22V06512/VPZ/K00
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA FREED 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) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM) REPORTING ONLY

2. INSURED / POLICY HOLDER

- a) NAME: MAZLAN Bin ABU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6925480B CONTACT: 96160416
 c) ADDRESS: BLK 624B WOODLANDS Drive S2
#07-29 (8) 732624

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* No of passengers
 (including driver)
(5)

- * NOORFAIZAH (F)
- * NUR Diyana (F)
- * NOVI (F)
- * Amira (F)

- d) DATE OF BIRTH: 18/08/1969 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 28, Jun 2013
 g) WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner
 h) WEATHER CONDITION: (CLEAR) RAINING / OTHERS
 i) ROAD SURFACE: (DRY) WET / OTHERS
 j) WAS ANYBODY INJURED (YES/NO) (NO)
 k) REPORTED TO POLICE (YES/NO) (YES)
 IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

3. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FP1599C MODEL: Yamaha FZ8
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 d) THIRD PARTY VEHICLE
 e) VEHICLE NUMBER: _____ MODEL: _____
 f) DRIVER'S NAME: _____
 g) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

Email: zepp31in69@gmail.com

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

Certificate No	SD22V06512 /NPZ /R00										
Form	MZ406A										
Date Of Issue	18-MAY-2022										
1.Index Mark and Registration No. of Vehicle:	SNF2206M										
2.Chassis number of Vehicle:	GB53184720										
3.Name of Policyholder:	MAZLAN BIN ABU										
4.Effective date of Commencement of Insurance for the purpose of the Act:	12-MAY-2022 00:00 AM										
5.Date of Expiry of Insurance:	11-MAY-2023 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	MAZLAN BIN ABU										
<p>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.</p> <p>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.</p>											
<p>7.Limitations as to use*:</p> <p>A) Use for carriage of passengers or goods in connection with the Policyholder's business.</p> <p>B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.</p>											
<p>8.Policy does not cover:</p> <p>A) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.</p>											
<p>*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.</p>											
<p>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.</p>											
<p>For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers</p>  <hr/> <p>Authorised Signature</p>											
<p>For Information only:</p> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive Private usage, Unlimited Windscreen</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Section I (Singapore) S\$1500, Section I (Outside Singapore) S\$3000, Windscreen Excess S\$100</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>GENIE FINANCIAL SERVICES PTE LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>CAR TIMES INSURANCE AGENCY PTE LTD</td> </tr> </table>		COVERAGE :	Comprehensive Private usage, Unlimited Windscreen	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I (Singapore) S\$1500, Section I (Outside Singapore) S\$3000, Windscreen Excess S\$100	FINANCE COMPANY:	GENIE FINANCIAL SERVICES PTE LTD	PRODUCER NAME:	CAR TIMES INSURANCE AGENCY PTE LTD
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PLSE/PLSE/18/05/2022

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18/05/2022