

NATIONAL Assessment Centre Services

Date: 07/09/12	Job description	Date & Time Completed	Done by
Ref No: NA/LIP22008784/13	SAS e-filing		
Veh No: SNB15130	E-mail (within 8hrs, A/C 2hrs)		
DOA 05/09/12 1130	i-Motor Claim Form		
OD / (TP) / Reporting Only	i-Motor W/O (Within QID 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: SMT7407E	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

NA2202443	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
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			
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	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 date:	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 Actual 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	07/09/2022 14:23 (SGT)
Reported by	Driver
Date of Accident	05/09/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF TEMBELING RD & JOO CHIAT LANE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB1513D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PMLS
Company Reg No	5XXXX298B
Email Address	pakmalau6777@gmail.com
Mobile Phone No	(Phone) +65-82286234
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V09812/VPL/R01

DRIVER

Name of Driver	ZAINAL ABIDIN BIN ATAN
NRIC No	SXXXX884F
Date Of Birth	15/04/1967
Occupation	Outdoor

Date Of Driving Pass	12/06/1997
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82286234
Alt. Phone Number	-
Email Address	pakmalau6777@gmail.com
Address	BLK 744 PASIR RIS ST 71
Address complement	#06-01
Postcode	510744
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Side Swipe
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?	Yes
Was any other vehicle 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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
Reasons for not uploading a video of the accident	SD CARD WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMT7407E
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ZAINAL ABIDIN BIN ATAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SNB1513D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

BIZ CHECK

COMPANY NAME: PMLS
REGISTRATION NO.: 53436298B

SINGAPORE
COMMERCIAL
CREDIT BUREAU

REQUEST DATE	REQUEST NO.	CLIENT'S A/C REF.	REMARKS
07/07/2021 11:29:00	ONL210417191		

**ACCOUNTING AND CORPORATE REGULATORY
AUTHORITY BUSINESS PROFILE INFORMATION**

ACRA
ACCOUNTING AND CORPORATE
REGULATORY AUTHORITY

REGISTRY

REGISTRATION DATE	05/07/2021
COMMENCEMENT DATE	05/07/2021
NAME EFFECTIVE DATE	05/07/2021
COMPANY TYPE / CONSTITUTION	SOLE PROPRIETOR
REGISTERED ADDRESS	744 PASIR RIS STREET 71, 06 - 01 510744 SINGAPORE
CHANGE ADDRESS DATE	-
COMPANY STATUS	LIVE
STATUS EFFECTIVE DATE	05/07/2021
REGISTERED ACTIVITIES	1. 49219 - PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (-) 2. --- (-)
EXPIRY DATE	05/07/2024
RENEWAL DATE	-

The information from ACRA is updated 1 day from the date of request.

GST

GST REGISTRATION NUMBER	N/A
GST REGISTERED FROM	N/A
GST REGISTERED TO	N/A
GST STATUS	N/A

(GST information is as per D&B's database. Whilst every effort has been made to ensure that the information is complete & up-to-date, D&B Singapore shall not be liable of any damage or loss that may be caused as a result of any error, omission or reliance on the information.)

CHANGE OF BUSINESS NAME

PREVIOUS NAME	EFFECTIVE DATE
Nil	

The information from ACRA is updated 1 day from the date of request.

OFFICER(S)/ OWNER(S)

OFFICER NAME/ ADDRESS/ CHANGE ADDRESS DATE	IDENTITY NO. / PA REG. NO.	POSITION	APPOINTMENT DATE / DISQUALIFIED DATE	CESSATION DATE	NATIONALITY/ COUNTRY OF INCORPORATIO
ZAINAL ABIDIN BIN ATAN	S1803884F	OWNER	05/07/2021	-	

06/09/22
veh ✓

VEHICLE NO: SUR1513D

MAKE & MODEL: TOYOTA SIENNA

AUTO / MANUAL

DATE OF ACCIDENT	<u>05 / 09 / 22.</u>	C.C.I.S.
TIME OF ACCIDENT	<u>1130</u>	<u>AM</u> / PM
LOCATION OF ACCIDENT	<u>TEMBELING RD X JOO CHAI LANE.</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	<u>ZAINAL ABIDIN BIN ATAN.</u>	
EMAIL	<u>PAKMALAU6777@gmail.com</u>	OFFICE: MOBILE: <u>8228 6234.</u>
NRIC	<u>S1803884F.</u>	
CLAIM TYPE	OD / <u>THIRTY PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / <u>NO</u> ?	
INCURANCE CO.	<u>LIBERTY.</u>	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	<u>SI22V05812 / VIL / POL.</u>	
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO: "	
NRIC	<u>"</u>	
DATE OF BIRTH	<u>15 / 04 / 67.</u>	
ANY PASSENGER	YES / <u>NO</u> : <u>DRIVER ONLY.</u>	
NAME OF PASSENGER	<u>-</u>	
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	<u>12 / 06 / 17</u>	
GENDER	<u>MALE / FEMALE</u>	
CONTACT NO.	Mobile: <u>82286234</u> Office: Home:	
EMAIL	<u>PAKMALAU6777@gmail.com</u>	
ADDRESS	<u>744 PASIR RIS ST 71 #06-01 S(510744).</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes, Reg No: INSURE: <u>-</u>	
RELATIONSHIP	Employee / If No: <u>SELF.</u>	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If yes, Who? <u>DRIVER (SERIOUS).</u>	
CONTACT NO.		
ROLICE REPORT	No / If yes, Where? <u>TP HQ.</u>	
NOTICE OF INTENDED PROSECUTION?	No / If yes, Who?	
VEHICLE B NO.	<u>SMT7407G.</u>	Any Passenger: <u>1 DRIVER</u>
NAME		<u>1 PASSENGER.</u>
CONTACT NO.		
VEHICLE C NO.	Any Passenger:	
VEHICLE D NO.	Any Passenger:	
VEHICLE E NO.	Any Passenger:	
VEHICLE F NO.	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
WHO IS REPORTING	<u>DRIVER/ OWNER/ BOTH</u>	
Original Language Used	<u>English</u> / Mandarin / Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	

SKETCH PLAN

IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

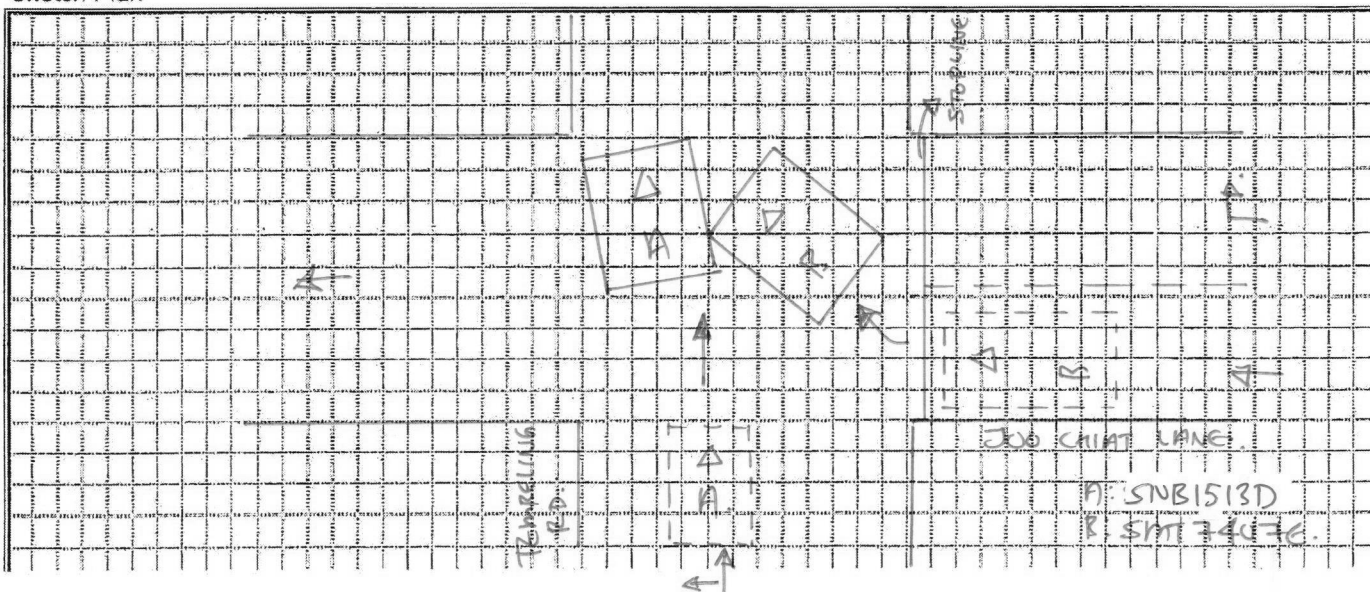
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I WAS TRAVELLING

ALONG TEMBELENG RD.

OUT OF NOWHERE, VEH B CAME OUT OF JOO CHIAT

LANE (WHICH HAS A STOP LINE) AND HIT ONTO THE

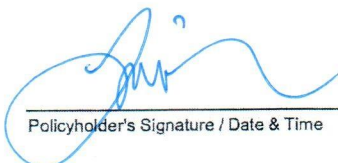
RIGHT SIDE OF MY VEHICLE.

THE IMPACT WAS SO HARD, I FELT PAIN AND

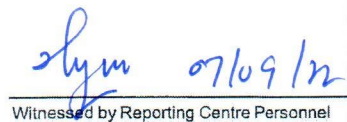
SO DIZZY THAT THE AMBULANCE HAD TO CONVEY ME.

Declaration

I/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

 07/09/12
Witnessed by Reporting Centre Personnel



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

Report No. T/20220905/7070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2022 19:23		Vide Report No.: G/20220905/0092		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZAINAL ABIDIN BIN ATAN			Address: 744 PASIR RIS STREET 71 #06-01 SINGAPORE 510744		
ID Type / ID No.: NRIC NO / S1803884F			Contact No.: Home/Office: Mobile: 82286234		
Nationality: SINGAPORE CITIZEN			Email: PAKMALAU6777@GMAIL.COM		
Sex: Male	Age: 55	Date of Birth: 15/04/1967	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation:		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: 05/09/2022 11:40	Type of Location: T-Junction
Location: TEMBELING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNB1513D	Car		Toyota Sienta		Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB1513D		SI22V09812/VPL/R 01		



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

CONTINUATION OF REPORT

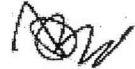
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZAINAL ABIDIN BIN ATAN	ID No.	S1803884F
Related Vehicle	SNB1513D (Car)	Contact No.	82286234
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	05/09/2022	Date	05/09/2022
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

On 05/09/2022 at about 11.30am, I was driving my car bearing plate no SNB1513D along Tembeling Road at about 50km/hr. Suddenly, another car bearing plate no SMT76407E did not stopped at the stop line of Joo Chiat Lane and hit onto my car. The said car hit head on to the right side (driver) with such a hard impact. I was stunned and injured by such impact and was conveyed by ambulance to Raffles Hospital. Both car suffered high damages and my car was towed by TP. My camera sim card was also seized by TP. I was discharged on the same day and received 5 days MC from 05/09/2022 to 09/09/2022 with medication. I wish to add that because of the carelessness of the other driver, I suffered a loss of income as I am a private hire driver and the vehicle is my own vehicle which was registered.

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
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959

Certificate No	SI22V09812 /VPL /R01
Form	MZ400B
Date of Issue:	22-Jul-2022
1.Index Mark and Registration No. of Vehicle:	SNB1513D
2.Chassis number of Vehicle:	NHP1707195123
3.Name of Policyholder:	PMLS
4.Effective date of Commencement of Insurance	30-JUL-2022 00:00
for the purpose of the Act:	
5.Date of Expiry of Insurance:	29-JUL-2023 23:59
6.Persons or Classes of Persons	ZAINAL ABIDIN BIN ATAN
entitled to drive*:	
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 LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE:	Comprehensive, Unlimited Windscreen, PHV Extension (Geographical Area: Singapore only)
SUM INSURED (\$\$):	MARKET VALUE AT THE TIME OF LOSS
EXCESS (\$\$):	Section I (Singapore) \$3,500.00, Section I (Outside Singapore) \$7,000.00, Section II (Singapore) \$3,000.00, Section II (Outside Singapore) \$6,000.00, Windscreen Excess \$100.00
FINANCE COMPANY:	GENIE FINANCIAL SERVICES PTE LTD
PRODUCER NAME:	CAR TIMES INSURANCE AGENCY PTE LTD