

NATIONAL Assessment Centre Services (Unit 1, 2nd Floor) **SN0922A70004**

Date In: **07/10/2022 16:32** Job description: **SAS e-filing** Date & Time Completed: Done by:

Ref No: **NA2202810** E-mail (within 3hrs, AIC Unit)

Veh No: **SWK 141J** i-Motor Claim Form

D.O.A: **06/10/2022 08:50** i-Motor W/O (within 3hrs, AIC Unit)

OD (TP) Reporting Only i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax: Hand to Owner/Whse

Preferred Wksp / INC Assign Wksp / QW: () Tel: Fax:

TP Particulars: Veh No: **SWK 9157Z** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Title: ()

Insured Driver Liability: () (Note: List Status (WO) 1: 0-2011, 2: 21-7999, 3: 80-1000)

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 repair.

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

Drive-In () / Tow-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: ()

Particulars: ()

Actions: ()

NA2202810

Invoice Preparation Checklist

Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$55)	
3) TF: Towing Fee	\$40/\$40	
4) PT: Follow Through Survey (\$150)		
5) PT: Follow Through Survey (Excess)	\$30	
6) TR: Re-insurance	\$70	
7) NI: New DA / Motor Survey	\$140	
8) NTUC Additional Term (10%)		
9) QD		
10) NO: Courtesy Car / Transport Allowance	\$5	
11) NO: Repair Coordination	\$10	
12) NO: Post Repair Inspection	\$20	
13) NO: DV / Collision Excess Coordination	\$5	
14) NO: DV / Collision Excess Coordination	\$20	
15) NO: DV / Collision Excess Coordination	\$20	
16) NO: DV / Collision Excess Coordination	\$20	
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99) NO: DV / Collision Excess Coordination	\$20	
100) NO: DV / Collision Excess Coordination	\$20	

Checked by (Engr-In-Charge):

Comments:

12/3

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	07/10/2022 16:32 (SGT)
Reported by	Both
Date of Accident	06/10/2022 09:50 (SGT)
Exact Location of Accident	Choa Chu Kang Terrace, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE141J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHD FAJAR BIN AHMAD
NRIC No	SXXXX377D
Email Address	mhdjfr.a@gmail.com
Mobile Phone No	(Phone) +65-88705715
Alternative Phone No	-

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	1496

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V06361/VPL/R00

DRIVER

Name of Driver	MOHD FAJAR BIN AHMAD
NRIC No	SXXXX377D
Date Of Birth	02/02/1975
Occupation	Indoor

Date Of Driving Pass	17/03/1997
Driving experience	25 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88705715
Alt. Phone Number	-
Email Address	mhdjfr.a@gmail.com
Address	BLK 485D CHOA CHU KANG AVENUE 5 #04-134
Address complement	-
Postcode	684485
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)	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

PLEASE REFER TO SKETCH AND POLICE REPORT T/20221006/7041

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN9757Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TUI XI BENG
NRIC No	SXXXX335C
Contact Number	(Phone) +65-92218314
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	MOHD FAJAR BIN AHMAD
Gender	Male
Phone No	(Phone) +65-88705715
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNE141J
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 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 reassess 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 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

07/10/2022

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

Sketch Plan

CHUA CHUE KONG TALKBACK

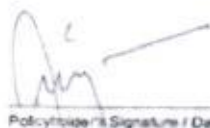
Describe Circumstance of the Accident

On 6th Oct 22 @ abt 9.50 am. I was travelling along CCC Terrace towards CCK Ave 3. I observed there was a road construction going on along CCK Ave 3, on the left lane. As I checked for on-coming vehicle on my right along CCK Ave 3 as I moved forward slowly. There was a van followed by a car approaching. So I stopped to give way. At this moment, suddenly my car was hit from the rear. The vehicle number was. SJN97572

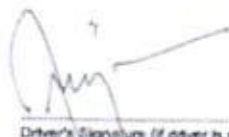
POLICE REPORT 7/20221006/7041

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 & Time


07/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221006/7041

1 of 4

Report No. T/20221006/7041

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

06/10/2022 15:09

Vide Report No.:

Station Diary No.:

Informant's Particulars

Name of Informant:

MOHD FAJAR BIN AHMAD

Address:

485D CHOA CHU KANG AVENUE 5 #04-134 SINGAPORE
684485

ID Type / ID No.:

NRIC NO / S7502377D

Contact No.:

Home/Office:

Mobile: 88705715

Nationality:

SINGAPORE CITIZEN

Email:

MHDFJR.A@GMAIL.COM

Sex:

Male

Age:

47

Date of Birth:

02/02/1975

Type of Informant:

Driver

Race:

Malay

Language:

English

Institution / School Name:

Occupation:

Driving Licence Information:

Class: 2B,2A,2,3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/10/2022 09:50	Type of Location: T-Junction
Location: CHOA CHU KANG TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
SJN9757Z	Car	HYUNDAI	Avante	Purple	Slightly Damaged	0
SNE141J	Car	HONDA	Shuttle	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20221006/7041

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

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Report No. T/20221006/7041

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNE141J	LIBERTY INSURANCE PTE LTD	SD22V6361/VPL/R 00	06/05/2022	05/05/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TUI XI BENG		ID No.	S9623335C
Related Vehicle	SJN9757Z (Car)		Contact No.	92218314
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL
Driver				
Name	MOHD FAJAR BIN AHMAD		ID No.	S7502377D
Related Vehicle	SNE141J (Car)		Contact No.	88705715
Hospital/Clinic	HEALTHWAY MEDICAL CENTRE		Class of Driving Licence & Expiry	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	06/10/2022		Date	06/10/2022
No. of Days granted Medical Leave		03	Degree of	Slight

Brief Details.

On 6th Oct 2022 @ abt 0950 hrs, I was driving my car, SNE141J along CCK Terrace twds CCK Ave 3. I noticed there was a road work going on the left lane of the 2 lanes road along CCK Ave 3. I drove slowly as i was filtering into the main road. At the same time I saw on my right, 2 vehicles approaching along CCK Ave 3 on the right lane. I stopped to give way to the 2 vehicles. After the 1st vehicle passed, suddenly I felt a strong impact coming from the rear. My car remained stationary as I was already on the brakes. I was wearing seatbelt, however the impact cause me to surge fwd. I came down from my vehicle and checked the rear vehicle number SJN9757Z. Driver was not injured. We took pictures and exchange contacts and particulars. At the point of accident, I was ok, however about 2 hrs later, I felt pain on my left neck.. I visited nearby Clinic and was given some medication with 3 days MC.



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20221006/7041

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20221006/7041

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Report No. T/20221006/7041

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

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 /
TAY CHUN KEEN
Contact No.: 65476436

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

Date/Time:
06/10/2022 15:09

Classification Of Case:

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 06 / 10 / 2022 (dd/mm/yy) Time of Accident: 09 : 50 (24-HR-FORMAT)

Vehicle No.: SNE141J Vehicle Make & Model: HONDA SHUTTLE

*Transmission : ☐ Manual ☒ Auto *C.c : 1496

Exact location of Accident: CHOA CHU KANG TERRACE

Policyholder's Name: MOHD FAJAR BIN AHMAD NRIC/FIN/REG No.: S7502377D

*Policyholder's email address : MHDFJR.A@GMAIL.COM

Driver's Name: MOHD FAJAR BIN AHMAD NRIC/FIN/REG No.: S7502377D

*Driver's email address : MHDFJR.A@GMAIL.COM

Driver's Contact No.: 88705715 Company Contact No (If any): _____

Date of birth: 02/02/1975 Driving Pass Date: 17/03/1997

Driver's Address: BLK 485D CHOA CHU KANG AVENUE 5, #04-134, SINGAPORE (684485)

Insurance Company: LIBERTY

Policy No.: SD22V06361/VPL/R00 Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Type of Accident

☐ Chain Collision ☒ Head To Rear ☐ Side Swipe ☐ Other _____

Occupation (nature job) ☒ Indoor / ☐ Outdoor *No. of Passengers / Including Driver): 1

*Passenger Name: _____ Gender: Male / Female

*Passenger Name: _____ Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? ☒ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person' Name: MOHD FAJAR BIN AHMAD

Injuries Sustain : BODY Injured Person in Which Vehicle: SNE141J

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: TRAFFIC POLICE

The Other Party (S) Details:

1. Driver's Name / IC No: TUI XI BENG S9623335C Vehicle No: SJN9757Z

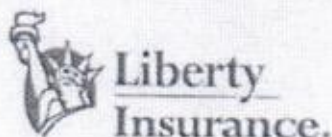
Driver's Contact No: 92218314 Insurance Company : _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company : _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



Liberty Insurance Pte Ltd

Registration no. 19690270010

51 Club Street

007400 (Liberty House)

Singapore SG2428

Tel: (65) 6221 8611

Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1968

ROAD TRANSPORT ACT, 1987

ROAD TRANSPORT (AMENDMENT) ACT 2019

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1968

Certificate No	SD22V06361 /MPL /R00
From	MZ400B
Date Of Issue	13-MAY-2022
1. Index Mark and Registration No. of Vehicle:	SNE141J
2. Chassis number of Vehicle:	GK82201794
3. Name of Policyholder:	MOHD FAJAR BIN AHMAD
4. Effective date of Commencement of Insurance for the purpose of the Act:	06-MAY-2022 00:00 AM
5. Date of Expiry of Insurance:	05-MAY-2023 23:59 PM
6. Persons or Classes of Persons entitled to drive*:	
For Private Hire Vehicle (PHV) Usage:	MOHD FAJAR BIN AHMAD
For Social, domestic & pleasure purposes:	Any Authorised Drivers driving with the permission of the Policyholder.
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 prohibition or regulation to drive 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*:	
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 6 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 55 of the Road Transport Act, 1987 are not to be included under those headings.	
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 Signatory	
For Information only: COVERAGE: SUM INSURED: EXCESS: FINANCE COMPANY: PRODUCER NAME:	Comprehensive Unlimited Windscreen PHV Extension (Geographical Area: Singapore only) MARKET VALUE AT THE TIME OF LOSS Section I (Singapore) S\$3000; Section I (Outside Singapore) S\$7000; Section II (Singapore) S\$3000; Section II (Outside Singapore) S\$6000; Windscreen Excess S\$100 CAN TIMES CAPITAL PTE LTD CAR TIMES INSURANCE AGENCY PTE LTD

20220527

Ver.1.260705

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7502377D



Name

MOHD FAJAR BIN AHMAD

محمد فاجر بن احمد

Race

MALAY

Date of birth

02-02-1975

Sex

M

S7502377D

Country of birth

SINGAPORE



3779118



NRIC No. S7502377D



Date of issue

10-10-2005

APT BLK 495D CHOA CHU KANG AVENUE 5 #04-134
SINGAPORE 884485

NRIC No: S7502377D

Date: 18/08/2020

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	14 Jul 1993
Class 2A Motorcycles between 201 cc and 400 cc	24 May 1994
Class 2 Motorcycles exceeding 400 cc	24 Feb 1996
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Mar 1997



NP 429A



Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	377D
Vehicle Details	
Vehicle No.:	SNE141J
Vehicle to be Exported:	Yes
Intended Deregistration Date:	06 Oct 2022
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT
Primary Colour:	Grey
Manufacturing Year:	2021
Engine No.:	L15B6052194
Chassis No.:	GK82201794
Maximum Power Output:	95.0 kW (127 bhp)
Open Market Value:	\$19,182.00
Original Registration Date:	06 May 2022
First Registration Date:	06 May 2022
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 May 2032
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	05 May 2032
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$68,501.00
COE Rebate Amount:	\$54,800.00
Total Rebate Amount:	\$58,550.00

The information contained herein is correct as at 06 Oct 2022

OK