

# NATIONAL Assessment Centre Services

Date In 03/01/2023	Job description	Date & Time Completed	Done by
REF NO NA/LIP23000031/d4	SAS e-filing		
Veh No SL569834	E-mail (within 8hrs. APT 2hrs)		
DOA 30/12/2022 18 45	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: SLF 5481 M	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

NA2300008	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) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: 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:-			
	ON*			
	*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			
Cat 1:	Invoice date:	Fee Charged		
Cat 2 / 3:	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 ..... 03/01/2023 15:32 (SGT)  
Reported by ..... Both  
Date of Accident ..... 30/12/2022 18:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MOUNTBATTEN ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS6983G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOHAMED FAIZAL S/O ABDUL SALAM  
NRIC No ..... SXXXX694C  
Email Address ..... m.faizal1187@gmail.com  
Mobile Phone No ..... (Phone) +65-81862929  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... X-trail  
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 ..... 1997

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SI22V12714/VPE/R00

### DRIVER

Name of Driver ..... MOHAMED FAIZAL S/O ABDUL SALAM  
NRIC No ..... SXXXX694C



Date Of Driving Pass .....	28/02/2008
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81862929
Alt. Phone Number .....	-
Email Address .....	m.faizal1187@gmail.com
Address .....	BLK 6 PEACH GARDEN
Address complement .....	# 14-06
Postcode .....	437606
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

#### 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 .....	SLF5481M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TENG KOK ENG (DRIVER GUARDIAN)

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

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 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

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

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

Sketch Plan

MOUNTBATTEN ROAD

BUSSTOP



A - SLS 6983G

B - SLP 5481M




Describe Circumstance of the Accident

I was driving along Mountbatten Road on 30 December 2022 at about 6.45 p.m. I stopped at the bus bay point as there was another car in front that had stopped due to the traffic light.

After I had stopped, a car hit me from behind.

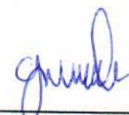
Declaration

I/We declare the foregoing particulars are true in every respect.

 3/1/23

Policyholder's Signature / Date & Time

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

 31/1/2023

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



## MEDICAL CERTIFICATE

REG NO.: 201432854H

MC-2IU1ZB

NAME

NRIC / FIN / PASSPORT

MOHAMED FAIZAL S/O ABDUL SALAM

S8734694C

This is to certify that the above-named is unfit for duty for a period of 3 days from 31-Dec-2022 to 02-Jan-2023.

TYPE OF MEDICAL CERTIFICATE:

- ☐ Hospitalisation Leave  
☒ Outpatient Sick Leave  
☐ Maternity Leave  
☐ Sterilisation Leave  
☐ Time Chit

Admitted on: \_\_\_\_\_ Discharged on: \_\_\_\_\_

Delivered on: \_\_\_\_\_

Operated on: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

This certificate is not valid for absence from court attendance.

Fit for light duty from N.A. to N.A..

COMMENTS:

DIAGNOSIS: mild neckache from low impact RTA

HOSPITAL/CLINIC

WARD

NAME/DESIGNATION/MCR NO

Minmed Clinic (Haig Road)

NA

LOCUM DOCTOR

DATE

31-Dec-2022

This medical certificate is electronically generated. No signature is required.

This medical certificate was retrieved from <https://mc.gov.sg/mc/0xzwe2utqv1h1snnfth1kaz1cf>



Find out more about the Digital MC initiative at [mc.gov.sg](https://mc.gov.sg)

**Minmed Clinic (Haig Road)**

30 Haig Road  
Singapore 438737  
Minmed Group Pte Ltd  
GST and Co Reg No: 201432854H



MOHAMED FAIZAL S/O ABDUL SALAM - S8734694C  
47 MARINE CRESCENT  
#10-78  
SINGAPORE 440047

Invoice #HR254867  
Date 31/12/2022  
Ref No 319074

**Tax Invoice**

Provider: LOCUM DOCTOR

Item	Qty	Unit Cost	Sub Total
Anarex Tab	20	\$0.50	\$10.00
Arcoxia 5 days (CWC)	1		\$0.00
Arcoxia 120mg Tab	5	\$3.70	\$18.50
Famotin 40mg Tab	5	\$0.70	\$3.50
Consultation	1	\$40.00	\$40.00
Sub-Total:			\$72.00
GST 7%:			\$5.04
Adjustment:			(\$0.04)
Total:			\$77.00

Notes: DIAGNOSIS

Credit Card	\$47.00	31 Dec 2022
PayNow	\$30.00	31 Dec 2022

Outstanding Balance: \$0.00



## ACCIDENT STATEMENT

ACCIDENT DATE: (30 / 12 / 2022) (DD/MM/YYYY), TIME: (18 : 45) (HH:MM)

LOCATION: MAUNBATTEN ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLS 6983 G  
b) INSURANCE COMPANY: LIBERTY  
c) POLICY NUMBER: SI22Y12714 / YPE / R00  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: NISSAN X-TRAIL AUTO / MANUAL  
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: MOHAMED FAIZAL S/O ABDUL SALAM MALE / FEMALE  
b) NRIC/FIN/PASSPORT: S8734694C CONTACT: 8186 2929  
c) ADDRESS: BLK 6 PEACH GARDEN # 14-06  
S437606

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (04 / 11 / 1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28/02/2008

### 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) SHOULDER & NECK PAIN

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS 5481 M MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: TENG KOK ENG (DINH HUORONG)  
c) NRIC/FIN/PASSPORT: S7349413C CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = m.faizal1187@gmail.com

Fax = \_\_\_\_\_

VIDEO = NO

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

<b>Name of Policyholder:</b> MOHAMED FAIZAL S/O ABDUL SALAM		<b>Certificate No.:</b> SI22V12714/ VPE / R00
<b>Date of Issue:</b> 19 Sep 2022	<b>Effective Date of Commencement:</b> 30 Sep 2022 00:00	<b>Date of Expiry:</b> 29 Sep 2023 23:59
<b>Registration No.:</b> SLS6983G	<b>Chassis No.:</b> JN1JANT32Z0010342	<b>Type of Certificate:</b> 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):	Comprehensive, Unlimited Windscreen
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I S\$500, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	DBS BANK LTD
Name of Producer:	DICKSON INSURANCE AGENCY PTE. LTD. (A1661-8888)