

# NATIONAL Assessment Centre Services (wef 1 Jan'06)

|                          |  |                       |         |
|--------------------------|--|-----------------------|---------|
| Date In: # 19/06/2023    | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/HP23006215/d4 | SAS e-filing                             |                       |         |
| Veh No: SMP7812P         | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 17/06/2023 17:30  | 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: SLW 5653U 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |           |      |
|---------------------------------|---|-------------|-----------|------|
| NA2301807                       | Invoice Preparation Checklist                   |             | Am't (\$) | Am't |
| Claimant's Particulars:-        | 1) AR: Accident Reporting (\$30);               |             | 1st Bill  | Add  |
| 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) FT: Follow-Through Survey (Resurvey) \$30    |             |           |      |
| Auditors' Comments:-            | For claiming against INC Only (wef 10 Jan 2005) |             |           |      |
|                                 | 6) TR: Re-inspection \$75                       |             |           |      |
| Cat. 1:                         | 7) N1: Idac DA + SMRT Survey \$160              |             |           |      |
| Cat. 2 / 3:                     | 8) NTUC Additional Services:-                   |             |           |      |
|                                 | Op*   |             |           |      |
|                                 | *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                                   | 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              | 19/06/2023 18:19 (SGT)              |
| Reported by                     | Both Policyholder and Actual Driver |
| Date of Accident                | 17/06/2023 17:30 (SGT)              |
| Exact Location of Accident      | Singapore                           |
| Additional Location Information | ALONG PAYA LEBAR ROAD               |
| Country/State of Loss           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMP7812P |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                         |
|--------------------------|-------------------------|
| Is company?              | No                      |
| Name Of Registered Owner | MOHAMED AZIZ BIN MATSOM |
| NRIC No                  | SXXXX202C               |
| Email Address            | azizsiti555@gmail.com   |
| Mobile Phone No          | (Phone) +65-98346770    |
| Alternative Phone No     | -                       |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Hyundai                   |
| Model  | Avante                    |
| 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   | 1591                      |

#### INSURANCE COMPANY

|                                   |                           |
|-----------------------------------|---------------------------|
| Name of Insurance Company         | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SD22V11927/VPC/R00        |

#### DRIVER

|                |                         |
|----------------|-------------------------|
| Name of Driver | MOHAMED AZIZ BIN MATSOM |
| NRIC No        | SXXXX202C               |
| Date Of Birth  | 28/10/1960              |
| Occupation     | Indoor                  |

|  |                                |
|--|--------------------------------|
| Date Of Driving Pass   | 26/03/1985                     |
| Driving experience   | 38 YEARS AND 3 MONTHS          |
| Gender   | Male                           |
| Mobile Number  | (Phone) +65-98346770           |
| Alt. Phone Number  | -                              |
| Email Address  | azizsiti555@gmail.com          |
| Address  | APT BLK 731 TAMPINES STREET 71 |
| Address complement   | # 11-29                        |
| Postcode   | 520731                         |
| 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   | 5   |
| 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)   | 2   |
| 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   | SITI SURIANI BINTE SAJARI |
| Gender | Female                    |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police?  | Yes                                     |
| Police Station Name                       | Bedok South Neighbourhood Police Centre |
| Police Station Phone No                   | (Phone) +65-18002448999                 |
| Alt. Police Station Phone No              | (Fax) +65-62446558                      |
| Police Station Address                    | 20 Chai Chee Drive Singapore 469045     |
| Was notice of intended Prosecution given? | No                                      |
| If yes, against whom?                     | -                                       |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230617/2111

#### 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 HAD BEEN HANDED OVER TO THE TRAFFIC POLICE OFFICERS. |



#### DETAILS OF OTHER VEHICLE PROPERTY 1

|   |             |
|---|-------------|
| Vehicle Registration Number             | SLW5653U    |
| Vehicle Manufacturer                    | Toyota      |
| Vehicle Model                           | Estima      |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | White       |
| 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)     | -           |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |             |
|---|-------------|
| Vehicle Registration Number             | SKQ5855Y    |
| Vehicle Manufacturer                    | Nissan      |
| Vehicle Model                           | X-trail     |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | Red         |
| 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)     | -           |

#### DETAILS OF OTHER VEHICLE PROPERTY 3

|   |             |
|---|-------------|
| Vehicle Registration Number             | SMW6495R    |
| Vehicle Manufacturer                    | Mazda       |
| Vehicle Model                           | 3           |
| Vehicle Variant                         | -           |
| Vehicle Colour                          | Gray        |
| 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)     | -           |

#### DETAILS OF OTHER VEHICLE PROPERTY 4

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | SBS6647X           |
| Vehicle Manufacturer        | Mercedes           |
| Vehicle Model               | Citaro             |
| Vehicle Variant             | -                  |
| Vehicle Colour              | White              |
| Vehicle Category            | Commercial vehicle |
| 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 MOHAMED AZIZ BIN MATSOM  
 Gender Male  
 Phone No (Phone) +65-98346770  
 Address APT BLK 731 TAMPINES STREET 71  
 Address Complement # 11-29  
 Post Code 520731  
 Approximate Age Years Old -  
 Injuries Sustained MINOR CONCUSSION-GIVEN 3 DAYS OF MC  
 Injured person in which vehicle? SMP7812P  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? Yes

##### INJURED 2

Name of injured person SITI SURIANI BINTE SAJARI  
 Gender Female  
 Phone No -  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained MINOR CONCUSSION-GIVEN 3 DAYS OF MC  
 Injured person in which vehicle? SMP7812P  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? Yes



## 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:

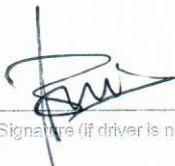
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

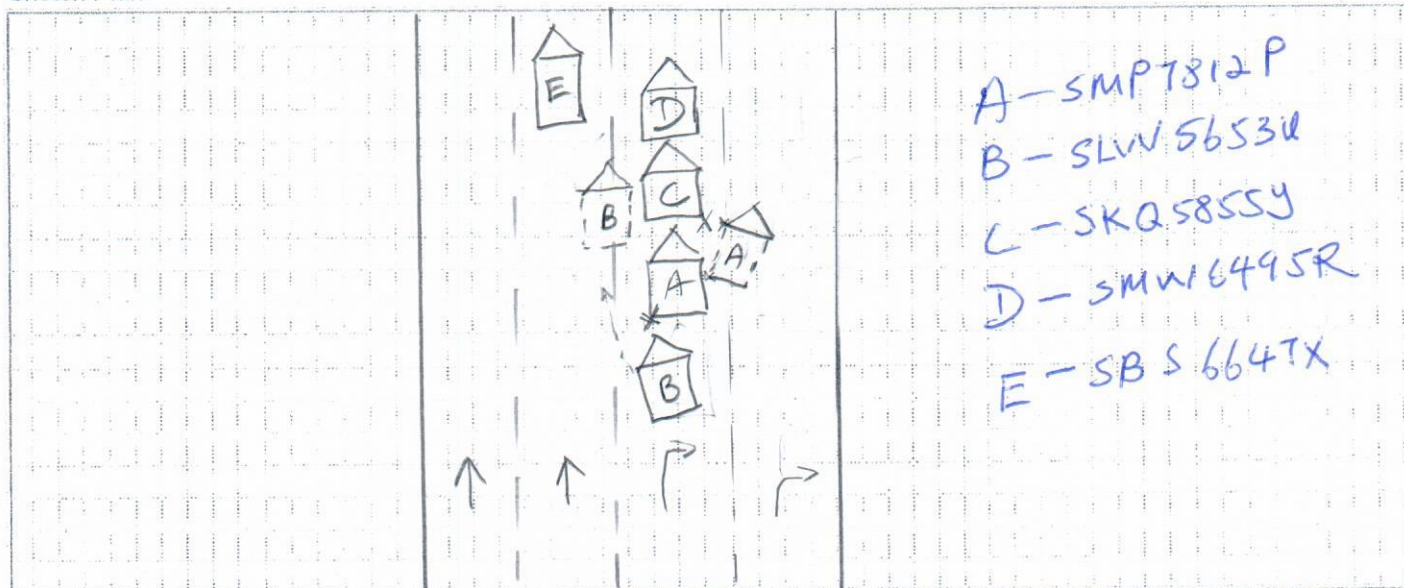
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 19/06/23  
Policyholder's Signature / Date & Time

 19/06/23  
Driver's Signature (if driver is not the policyholder) / Date & Time

 19/6/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan




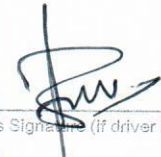
Describe Circumstance of the Accident

Refer to the police Report T/20230617/  
2111

Declaration

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

 19/06/23  
Policyholder's Signature / Date & Time

 19/06/23  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

 19/6/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)





Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

**REPORT OF A TRAFFIC ACCIDENT**

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>17/06/2023 23:28 | Vide Report No.:<br>G/20230617/0143 | Station Diary No.:<br>53 |
|--|-------------------------------------|--------------------------|

**Informant's Particulars**

|   |            |                              |   |  |  |
|---|------------|------------------------------|---|--|--|
| Name of Informant:<br>MOHAMED AZIZ BIN MATSOM |            |                              | Address:<br>APT BLK 731 TAMPINES STREET 71 #11-129 SINGAPORE 520731 |  |  |
| ID Type / ID No.:<br>NRIC NO / S1435202C      |            |                              | Contact No.:<br>Home/Office: Mobile: 98346770                       |  |  |
| Nationality:<br>SINGAPORE CITIZEN             |            |                              | Email:  |  |  |
| Sex:<br>Male                                  | Age:<br>62 | Date of Birth:<br>28/10/1960 | Type of Informant:<br>Driver  |  |  |
| Race:<br>Malay                                |            |                              | Language:<br>English  |  |  |
| Occupation:<br>WAREHOUSE ASSISTANT            |            |                              | Driving Licence Information:<br>Class: 2B,3 Date of Expiry:         |  |  |

**General Information of the Accident**

|  |                              |   |   |   |
|--|------------------------------|---|---|---|
| General Information of the Accident                          |                              |   |   |   |
| Type of Accident:  | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>17/06/2023 17:30 | Type of Location:<br>X-Junction         |
| Location:<br><br>PAYA LEBAR ROAD                             |                              |   |   |   |
| Weather:<br>Clear  |                              | Road Surface:<br>Dry                        |   |   |
| Traffic Flow:<br>Dual Carriage Way                           |                              | Traffic Control:<br>Traffic Light - Working |   | Traffic Volume:<br>Moderate             |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                              |   |   | Anyone conveyed by<br>ambulance:<br>Yes |

**Details of Vehicle Involved**

| Vehicle No. | Type                  | Make             | Model   | Color | Condition            | No of Passenger |
|-------------|-----------------------|------------------|---------|-------|----------------------|-----------------|
| SBS6647X    | Bus/Coach/Mi<br>nibus | MERCEDES<br>BENZ | CITARO  | White | Slightly<br>Damaged  | 0               |
| SKQ5855Y    | Car                   | NISSAN           | X-TRAIL | Red   | Seriously<br>Damaged | 3               |
| SLW5653U    | Car                   | TOYOTA           | ESTIMA  | White | Seriously<br>Damaged | 5               |
| SMP7812P    | Car                   | HYUNDAI          | AVANTE  | Blue  | Seriously<br>Damaged | 1               |
| SMW6495R    | Car                   | MAZDA            | 3       | Grey  | Slightly<br>Damaged  | 1               |





**SINGAPORE  
POLICE FORCE**



T/20230617/2111

Police Station Of Origin:  
Bedok South NPP

20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

2 of 3

Report No. T/20230617/2111

**CONTINUATION OF REPORT**

| <b>Details of Person Involved</b> |                           |  |                                    |
|-----------------------------------|---------------------------|--|------------------------------------|
| Any Pedestrian Involved: No       |                           |  |                                    |
| No. of Pedestrians Injured: NIL   |                           | Use of Pedestrian Crossing: NA         |                                    |
| <b>Driver</b>                     |                           |  |                                    |
| Name                              | MOHAMED AZIZ BIN MATSOM   | ID No.                                 | S1435202C                          |
| Related Vehicle                   | SMP7812P (Car)            | Contact No.                            | 98346770                           |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL   | Class of Driving Licence & Expiry Date | Class: 2B,3<br>Date of Expiry: NIL |
| Date Treatment                    | 17/06/2023                | Date Discharge                         | 17/06/2023                         |
| No. of Days granted Medical Leave | 03                        | Degree of Injury                       | Slight                             |
| <b>Passenger</b>                  |                           |  |                                    |
| Name                              | SITI SURIANI BINTE SAJARI | ID No.                                 | S6807062G                          |
| Related Vehicle                   | SMP7812P (Car)            | Contact No.                            | 98211745                           |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL   | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL  |
| Date Treatment                    | 17/06/2023                | Date Discharge                         | 17/06/2023                         |
| No. of Days granted Medical Leave | 03                        | Degree of Injury                       | Slight                             |

**Brief Details.**

On 17/06/2023 at around 1730 hrs, I was driving home from Sims Avenue, along Paya Lebar Road. I saw the traffic light turned red, thus, I stopped and everything was okay.

Suddenly, I saw a car traveling at speed without any sign of slowing down from the rear mirror. Thus, I tried to switch to the lane on my right but there was a vehicle that was stopped there.

This was when I felt a sudden impact from my vehicle's rear, I then alighted from the car with my wife to see what happened. That is when I realised that I was hit by a vehicle, SLW5653U (Toyota Estima). I checked on them and they were generally okay except that the 2 aunty in the vehicle was feeling quite painful.

Thus, I called for police assistance and the ambulance came to the accident site as well. In total, 6 people were conveyed to Changi General Hospital. I wish to state that the in-car camera SD card had been handed over to the traffic police officers that were at the accident site.



**SINGAPORE  
POLICE FORCE**



T/20230617/2111

Police Station Of Origin:  
Bedok South NPP  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

3 of 3

Report No. T/20230617/2111

**CONTINUATION OF REPORT**

Signature of Officer Recording The Report:  
G /  
SGT 3 NG GIM LONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SGT 3 MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Signature Of Informant:

Date/Time:  
17/06/2023 23:28

Classification Of Case:

NP168



|  |   |
|--|---|
| VEHICLE NO: <b>SMP 7812P</b>   | MAKE & MODEL: <b>Hyundai Avante</b> <input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL                            |
| DATE OF ACCIDENT   | <b>17 / 06 / 2023</b> *C.C. <b>1.6</b>  |
| TIME OF ACCIDENT   | <b>17:30</b> AM / PM  |
| LOCATION OF ACCIDENT   | <b>along Paya Lebar Road</b>  |
| EXACT PURPOSE USED AT TIME OF ACCIDENT   | EMPLOYMENT / <input checked="" type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE                                      |
| NAME OF OWNER  | <b>Mohamed Aziz Bin Matson</b> x Email: <b>azizsiti555@gmail.com</b>  |
| TELP NO  | <b>9834 6770</b> Mobile: Office: Home:  |
| NRIC   | <b>S1435202C</b>  |
| CLAIM TYPE   | OD / <input checked="" type="radio"/> <b>THIRD PARTY</b> / <input type="radio"/> REPORTING ONLY                                     |
| FLEET POLICY:  | YES / <input checked="" type="radio"/> NO   |
| INSURANCE CO.  | <b>Liberty</b>  |
| TYPE OF COVERAGE   | <input checked="" type="radio"/> Comprehensive / <input type="radio"/> Third Party / <input type="radio"/> Third Party Fire & Theft |
| POLICY NO.   | <b>SD22V11927</b>   |
| NAME OF DRIVER   | <input checked="" type="radio"/> AS ABOVE / <input type="radio"/> IF NO:  |
| NRIC   |   |
| DATE OF BIRTH  | <b>28 / 10 / 1960</b>   |
| ANY PASSENGER  | <input checked="" type="radio"/> YES / <input type="radio"/> NO:  |
| NAME OF PASSENGER  | <b>Siti</b>   |
| GENDER OF PASSENGER  | MALE / <input checked="" type="radio"/> FEMALE  |
| OCCUPATION   | Outdoor / <input checked="" type="radio"/> Indoor   |
| DATE OF DRIVING PASS   | <b>26 / 03 / 1985</b>   |
| GENDER   | <input checked="" type="radio"/> Male / <input type="radio"/> Female  |
| CONTACT NO.  | Mobile: Office: Home:   |
| EMAIL:   |   |
| ADDRESS  | <b>Blk 731 Tampines st 71 #11-129 552-0731</b>  |
| DOES DRIVER OWN OTHER VEHICLES?  | <input checked="" type="radio"/> NO / If yes, Reg No. INSURER:  |
| RELATIONSHIP   | Employee / <input type="radio"/> If No:   |
| WEATHER CONDITION  | <input checked="" type="radio"/> Clear / <input type="radio"/> Raining / <input type="radio"/> Other:                               |
| ROAD SURFACE   | <input checked="" type="radio"/> Dry / <input type="radio"/> Wet / <input type="radio"/> Other:                                     |
| ANY INJURIES   | No / If yes, Who? <b>AZIZ, Siti</b>   |
| CONTACT NO.  |   |
| POLICE REPORT  | No / If yes, Where? <b>Bedok South NPP</b>  |
| NOTICE OF INTENDED PROSECUTION GIVEN?  | <input checked="" type="radio"/> NO / IF YES, WHO?  |
| VEHICLE B NO.  | <b>SLW5653U</b> Any Passenger: <b>4</b>   |
| NAME   |   |
| CONTACT NO.  |   |
| VEHICLE C NO.  | <b>SKQ5855Y</b> Any Passenger: <b>2</b>   |
| VEHICLE D NO.  | <b>SMW 6445R</b> Any Passenger: <b>NO</b>   |
| VEHICLE E NO.  | <b>SBS 664TX</b> Any Passenger: <b>yes</b>  |
| VEHICLE F NO.  | Any Passenger:  |
| ANY WITNESS  |   |
| WITNESS CONTACT NO.  |   |
| WAS THERE ANY VIDEO CAPTURE?   | YES / <input checked="" type="radio"/> NO   |
| WAS THERE ANY AUDIO RECORDED?  | YES / <input checked="" type="radio"/> NO   |
| SCENE ACCIDENT PHOTOS TAKEN?   | YES / <input checked="" type="radio"/> NO   |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / <input checked="" type="radio"/> NO   |

**azizsiti.555@gmail.com**



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><br>MOHAMED AZIZ BIN MATSOM |   | <b>Certificate No.:</b><br>SD22V11927/ VPC / R00 |
| <b>Date of Issue:</b><br>29 Aug 2022                    | <b>Effective Date of Commencement:</b><br>16 Oct 2022 00:00 | <b>Date of Expiry:</b><br>15 Oct 2023 23:59      |
| <b>Registration No.:</b><br>SMP7812P                    | <b>Chassis No.:</b><br>KMHD841CMKU938614                    | <b>Type of Certificate:</b><br>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, NCD Protection   |
| Sum Insured:             | MARKET VALUE AT THE TIME OF LOSS  |
| Excess:                  | Section I -Named Drivers S\$500, Section I -Unnamed Drivers S\$1000, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100 |
| Name of Finance Company: | MAYBANK SINGAPORE LTD   |
| Name of Producer:        | KOMOCO TRADING PTE LTD (A1975-8888)   |