

NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SN092876000B

Date In: 26/07/2023 16:02	Job description	Date & Time Completed	Done by
Ref No: N/A/LIP230075894	SAS e-filing		
Veh No: SLF 3054B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 09/07/2023 22:30	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: SKR 858R	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury : _____

Date/Time	Actions

X/A2802231	Invoice Preparation Checklist		Amf (\$)	Amf
	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		
		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:-		
Auditors' Comments:-	9) N12: Idac Mobile			
Cat. 1:	Invoice dated	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 First Submission	26/07/2023 16:02 (SGT)
Reported by	Actual Driver
Date of Accident	09/07/2023 22:30 (SGT)
Exact Location of Accident	Johor Bahru, Johor, Malaysia
Additional Location Information	J B CUSTOM TOWARDS SINGAPORE
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF3054B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ABDUL MANAF BIN ABDUL BAKAR
NRIC No	SXXXX319G
Email Address	MAHMUDABEEVI@YAHOO.COM
Mobile Phone No	(Phone) +65-93859407
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1794

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V10605/VPC/R03

DRIVER

Name of Driver	MUHAMMAD FAISAL BIN ABDUL MANAF
NRIC No	SXXXX938G
Date Of Birth	06/11/1997
Occupation	Indoor

Date Of Driving Pass	03/09/2019
Driving experience	3 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94556170
Alt. Phone Number	-
Email Address	m.faisalbam@gmail.com
Address	BLK 103 BUKIT PURMEI ROAD #03-52
Address complement	-
Postcode	090103
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

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 SKETCH PLAN

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	SJK858R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	GAN WEN FUNG
NRIC No	SXXXX526B
Contact Number	(Phone) +65-82823824
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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

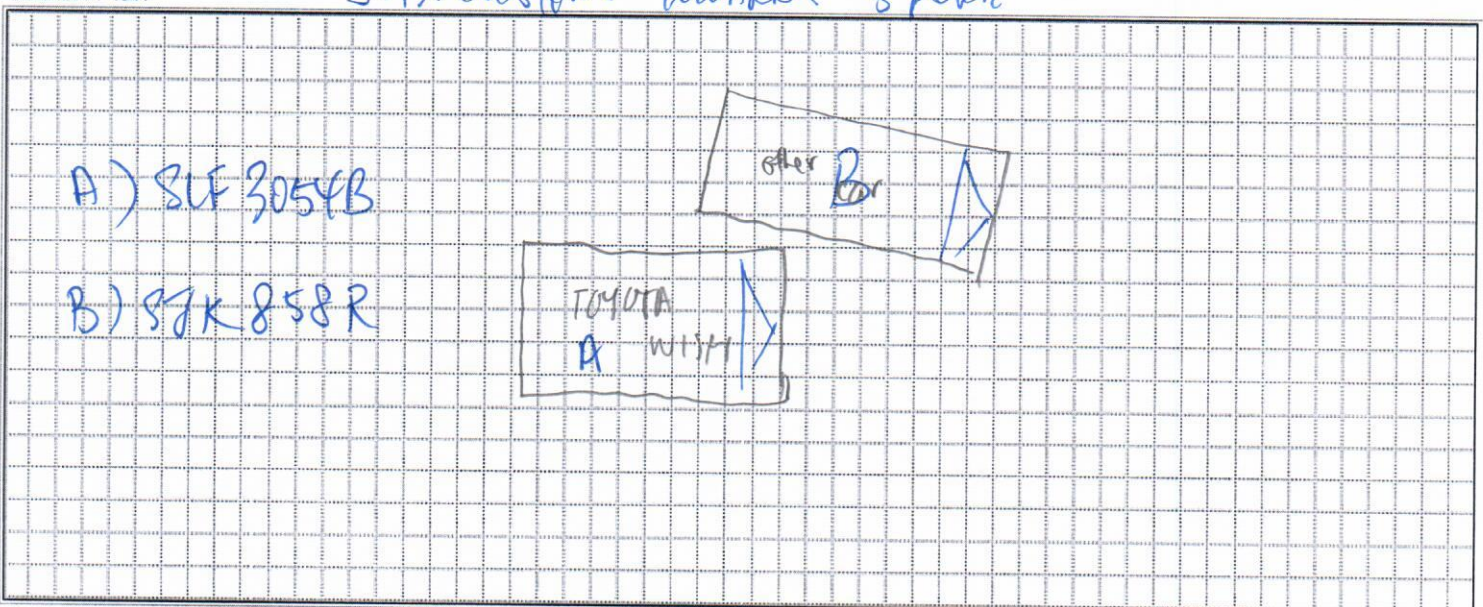
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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




Describe Circumstance of the Accident

On 9 July 2023, at about 2230hrs I was queuing along to filter into a lane at Johor Bahru Customs to get back into Singapore. ~~late~~ I was driving forward along with the car behind and I noticed a black toyota with P-plate on my left also driving into the same lane. I noticed the black toyota not giving way as such I braked and gave way to the black toyota on my left. My car was stationary and out of a sudden I heard a knock sound on my left side of my car while the other car ~~contin~~ continued driving and suddenly stopped. I noticed there was a dent and few scratches on the left side of the ~~fr~~ front bumper. I took down the vehicle plate number SJK8SSR and exchange contact with the driver. The black toyota seemed to turn right too much that his rear right bumper hit the left front bumper of my car.

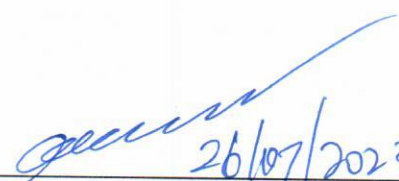
Declaration

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

Policyholder's Signature / Date & Time

 26/07/23 1547

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

 26/07/2023

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 09/06/2023 09/07/2023	TIME OF ACCIDENT : 10:30PM
VEHICLE NO : SLF3054B	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : TOYOTA WISH	LOCATION : JOHOR BAHRU
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : LIBERTY INSURANCE	POLICY NO :
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : ABDUL MANAF BIN ABUL KADER	NRIC : 516143196
ADDRESS : 103 BUKIT PURMEI ROAD #03-52 5090103	CONTACT NO : 93859407
EMAIL ADDRESS : m.faisalbam@gmail.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : MUHAMMAD FAISAL BIN ABDUL MANAF	NRIC : <u>597399386</u> CONTACT NO : <u>94556170</u>
DRIVER OWNER RELATIONSHIP : <u>FATHER</u>	PASSENGER : MALE (<input checked="" type="checkbox"/>) FEMALE (<input type="checkbox"/>)
DATE OF BIRTH : 06 / 11 / 1997	DRIVING PASSING DATE : 03 / 09 / 2019
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : 103 BUKIT PURMEI ROAD #03-52 5090103
ANY INJURIES : <u>NO</u> IF YES :	POLICE REPORT : <u>NO</u> IF YES WHERE ?
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SLK 858R</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>GAN WEN FUNG</u>	DRIVER NAME : _____
NRIC : <u>5858 3526B</u>	NRIC : _____
CONTACT : <u>8282 3824</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / 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

Name of Policyholder:

ABDUL MANAF BIN ABDUL KADER (NOT DRIVING)

Certificate No.:

SL22V10605/VPC / R03

Date of Issue:

08 Aug 2022

Effective Date of Commencement:

22 Aug 2022 00:00

Date of Expiry:

21 Aug 2023 23:59

Registration No.:

SLF3054B

Chassis No.:

JTDGG20WXB004710

Type of Certificate:

MX2

Persons or Classes of Persons entitled to drive*:

MALMUDA BEEVI BINTE SAID

And any person other than the Policyholder's 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.

(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: S\$700, Additional Excess for Young & Inexperienced Drivers: S\$3000, Windscreen Excess: S\$100
Name of Finance Company	
Name of Producer	INSHCAPE AUTOMOTIVE SERVICES PTE LTD (A1855)