

Date In: 12/12/17 15:26	Job description	Date & Time Completed	Done by
Ref No: MAI INC 17023578/14	SAS e-filing		
Veh No: GY 7263Y	E-mail (write Short-Alt-Long)		
D.O.A: 11/12/17 16:30	i-Motor Claim Form	MT10973454	13/12/17 10:50
OD <input checked="" type="radio"/> Reporting Only	i-Motor W/O (write OD/TP/Alt)		
	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: SHD 9656 H	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Ref: 1/ Ref: 2/3	MAI707696	Invoice Preparation Checklist		Am (\$)	Am (\$)
				Inc Bill	Ass Bill
		1) AR: Accident Reporting (\$30)		32.00	
		2) DA: Damage Assessment (\$100) INC (\$80)			
		3) TF: Towing Fee \$40/\$40			
		4) PT: Follow-Through Survey \$120			
		5) RT: Follow-Through Survey (Resurvey) \$30			
		For claimants against INC Only (wef 10 Jan 2018)			
		6) TR: Re-inspection \$75			
		7) NI: Ideal DA - SMRT Survey \$150			
	8) NIUC Additional Services				
	OD:				
	*NI: Courtesy Car / Tpt Allowable \$5				
	*ND: Repair Coordination \$10				
	*NR: Post Repair Inspection \$25				
	*NS: DV / Collision Excess Coordination \$5				
	IR 011: TP 2nd INC Against DVC \$20				
	9) 2012 Ideal Mobile \$5				
	Invoice done	Fee Charged			
	Invoice done	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 Authorised 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 ability.
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 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 Report	12/12/2017 15:26
Date Of Accident	11/12/2017 16:30
Exact Location Of Accident	PIE TWDS CHANGI BEFORE BEDOK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY7263Y
Insured/Policyholder	
Name Of Registered Owner	STIB TECHNOLOGIES PTE LTD
Co Reg No	200500616C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65455262

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FB511BOJSRDE
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5029876805-09
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD HYKAL BIN KAMSARI
NRIC No	S9135274E
Date Of Birth	27/09/1991
Occupation	INDOOR
Date Of Driving Pass	25/06/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83228185
Fax Number	
Contact Number	
EMail Address	HYKAL_STIB@YAHOO.COM.SG

Address	BLK 111 TAMPINES ST 11 #03-213
Postcode	521111
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9656H
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN ROBERT
NRIC/Passport Number	S1129680G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	


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 Authorised 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. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:




Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A = GY 7263 Y
B = SHD 9656 H

PIE towards Changi Before Bedok Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was raining and the road condition is wet and slippery. I was driving on the second lane. As the vehicle in front of me is slowing down, I applied my brakes. That's when the lorry I was driving (GY 7263 Y) skidded to the right & then left. A taxi (SHD 9656 H) then hit the lorry's left side rear when the lorry skidded towards the third lane. The taxi's front side is damaged. There was no injuries sustained by both parties.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 12 / 17) (DD/MM/YYYY), TIME: (16 : 30) (HH:MM)

LOCATION: PIE twds Changi Before bedok Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GY 7263 Y
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: STIB Technologies Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6545 5262
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Hykal Bin Kamsari (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8322 8185
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 9656 H MODEL: _____
b) DRIVER'S NAME: Tan Robert
c) NRIC/FIN/PASSPORT: S 1129 680 G CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passengers
(Including driver)
(3)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Waiting chop & license

Email = hykal_stib@yahoo.com.sg

fax =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9135274E



Name
MUHAMMAD HYKAL BIN
KAMSARI
محمد هيكال بن كمساري

Race
JAVANESE

Date of birth
27-09-1991

Sex
M

Country of birth
SINGAPORE

1824
13/00/15



39401



NRIC No. S9135274E



Date of issue
05-10-2006

Address
APT BLK 111 TAMPINES STREET 11
#03-213
SINGAPORE 521111

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 9 1 3 5 2 7 4 E**
Name:

**MUHAMMAD HYKAL BIN
KAMSARI**

Birth Date: **27 Sep 1991**
Issue Date: **25 Jun 2011**



001976507J

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive 25 Jun 2011
of the driver; and other motor vehicles =< 2500kg

NP 428A

Licence No: S9135274E



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 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5029876805-09

Cover : Third Party, Fire & Theft

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : GY7263Y |
| Chassis Number | : FB511BA47527 |
| 2. Name of Policyholder | : STIB TECHNOLOGIES PTE LTD |
| 3. Effective Date of Insurance | : 16 Jul 2017 |
| 4. Expiry Date of Insurance | : 15 Jul 2018 |
| 5. 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/her 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. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. | |
| (b) Use for the carriage of passengers or goods in connection with the Policyholder's business. | |

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: AUTOWELL CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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 (Malaysia)

Agency : DIRECT SALES (00000607872)
Date of Issue : 30 Jun 2017 15:00 hrs
Reprint : 30 Jun 2017 15:00 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Claim Handling

Accident MT/0973454

Policy No.	5029876805-09	Vehicle No.	GY7263Y	GST Registration No.	
Policyholder Name	STIB TECHNOLOGIES PTE LTD	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	
Product Code	COMMERCIAL VEHICLE INSURANCE	Contact No.(Office)		Loading	
Contact No.(Mobile)	65455262	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No				

Accident Details		Accident Details		Accident Details	
Report Date	13/12/2017 10:38	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe - Side
Date of Accident	11/12/2017	Time of Accident hh:mm	16:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWOS CHANGE BEFORE BEDOK EXIT				

Benefits		Benefits		Benefits	
Coverage		Sum Insured	999999999.99		
Airside					

Excess		Excess		Excess	
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

GST Registered Information		GST Registered Information		GST Registered Information	
GST Registered	Yes	GST Registration Date	01/01/2015		
GST Registration No.	200500616C	GST Status Verified	No		
Modification History					

Policyholder Mailing Address		Policyholder Mailing Address		Policyholder Mailing Address	
Address 1	111 NORTH BRIDGE ROAD	Address 2	#27-01/02 PENINSULA PLAZA	Address 3	
Address 4		Address Type	Singapore address	Post Code	
Unit No.		Related Policy Number	5029876805-09		

OI Driver Info		OI Driver Info		OI Driver Info	
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	
Unnamed driver Name	MUHAMMAD HYKAL BIN KAMSAI	Driver NRIC	S9135274E	Driving Experience	
Register Date of Driver License	25/06/2011	Driver Age	26	Contact No.(Home)	
Contact No.(Mobile)	83228185	Contact No.(Office)		Address 3	
Address 1	BLK 111 #03-213	Address 2	TAMPINES STREET 11	Post Code	
Address 4		Address Type	Singapore address		
Unit No.	03-213	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				

Declaration		Declaration		Declaration	
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	STIB TECHNOLOGIES PTE LTD	Insured NRIC	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		O1 Vehicle Number	GY7263Y	TP Vehicle Number	
Claim Description	GY7263Y / SHD9656H ON 11 Dec 2017				
Preferred Workshop Contact No.	0	Insured Liability *	Partially at Fault	GIA report	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	
Date Registered	13/12/2017 10:46	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					
<div>Save Submit</div>					

Attachment

Accident No. MT/0973454
 Last Doc. Received ☒ Yes ☐ No

Claim No. 001
 Upload Date 13/12/2017 10:50

Path *	Category *	Confidential	Urgency
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal
Browse... Clear	Please Select	NO	Normal

[Media Upload](#)

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	De
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:50	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:50	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:50	NRIC/ Driving License	Normal	NRIC/ Driving
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:50	SAS	Normal	SAS ;
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:50	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:49	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:47	Photos	Normal	Photos
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Dec 2017 10:47	Photos	Normal	Photos

Video List

Uploaded By/Date	Folder Date	File Name	Source

[Display in New Window](#)
[Scan and uploading](#)