

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA118105657**

Date In: <b>15/8/18-16:29</b>	Job description	Date & Time Completed	Done by
Ref No: <b>HA2A28014890/24</b>	SAS e-filing		
Veh No: <b>FL8167R</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : <b>15/8/18-21:20</b>	i-Motor Claim Form		
OD : <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: <b>JH386974</b>	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% P: 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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Est. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Est. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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 \$0		
	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 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 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	15/08/2018 16:29
Date Of Accident	12/08/2018 21:20
Exact Location Of Accident	PASIR RIS DR 4 BEFORE SPC
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL8167R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAMSANI BIN ABDUL RAHMAN
NRIC No	S1648829A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90023484
Alternative Phone No	OFFICE-90023484

#### Vehicle Particulars

Manufacturer	HONDA
Model	NV400CR
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00063944/07
Cover Note Number	

#### Driver

Name of Driver	KAMSANI BIN ABDUL RAHMAN
NRIC No	S1648829A
Date Of Birth	01/07/1964
Occupation	INDOOR
Date Of Driving Pass	19/03/1988
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90023484
Fax Number	
Contact Number	OFFICE-90023484
EMail Address	NOEMAIL

Address	BLK 225 PASIR RIS STREET 21 #07-62
Postcode	510225
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180813/2194.

#### 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 Witness 1

Name	MUHAMMAD KHAIRUL SAYYAT BIN MOHAMAD SUEAIB
Phone Number	81838290
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8697G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	OSMAN BIN MOHAMED SALLEH
NRIC/Passport Number	S0682826D
Contact Number	92990334

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1



## 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.



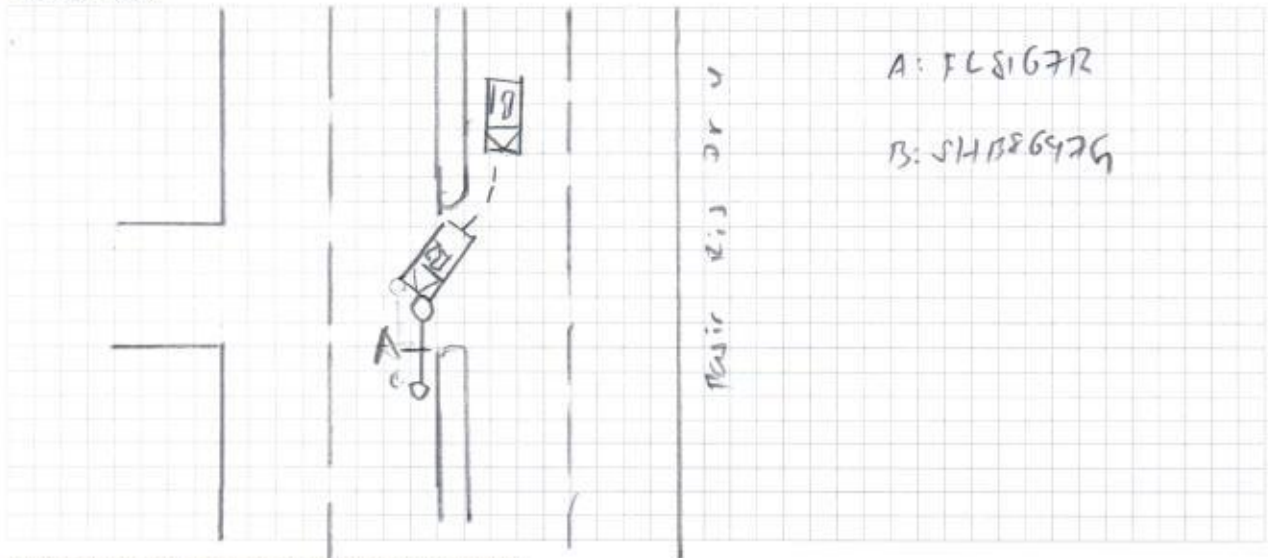
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180813/2194.

## 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: (12 / 8 / 18) (DD/MM/YYYY), TIME: (21 : 20) (HH:MM)

LOCATION: Pasir Ris Dr 4 Lorong OPC

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FL8167R  
 b) INSURANCE COMPANY: DAS  
 c) POLICY NUMBER: MC/0063944/07  
 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: 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: Kamuran Bin Abdul Rahman (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 51648629A CONTACT: 92023484  
 c) ADDRESS: B1c 225 Pasir Ris Street 21 #02-62 (T10225)

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

## DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/7/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SH 88697H MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Ahman Bin Mohamed Salleh  
 c) NRIC/FIN/PASSPORT: 50082826D CONTACT: 92970334

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

Email = Kamuranahman@hotmail.com

fax = —

VIDEO =



# SINGAPORE POLICE FORCE



T/20180813/2194

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

1 of 3

Report No: T/20180813/2194

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/08/2018 21:58	Vide Report No.:	Station Diary No.: 122
--	------------------	---------------------------

**Informant's Particulars**

Name of Informant: KAMSANI BIN ABDUL RAHMAN			Address: APT BLK 225 PASIR RIS STREET 21 #07-62 SINGAPORE 510225		
ID Type / ID No.: NRIC NO / S1648829A			Contact No.: Home/Office: Mobile: 90023484		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 01/07/1964	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: Social worker (general)			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2018 21:20	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 4				
BEFORE SPC				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FL8167R	Motorcycle	HONDA	NV400CR	Blue	Seriously Damaged	0
SHB8697G	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FL8167R	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00063944/07	15/12/2011	28/07/2019





**SINGAPORE  
POLICE FORCE**



T/20180813/2194

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20180813/2194

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	KAMSANI BIN ABDUL RAHMAN	ID No.	S1648829A
Related Vehicle	FL8167R (Motorcycle)	Contact No.	90023484
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	OSMAN BIN MOHAMED SALLEH	ID No.	S0682826D
Related Vehicle	SHB8697G (Car)	Contact No.	92990334
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 13/8/18 at about 9.20pm, I was riding along Pasir Ris Dr 4 on the right lane of a 2 lane road intending to turn right into the cluster of Blk 225 Pasir Ris St 21 when a Taxi from the opposite direction suddenly turned right into the SPC. As the taxi made an abrupt turn, I could not brake on time and as such collided onto his vehicle.

My motorcycle suffered damages such as my front head light broke, front wheel dented, mudguard dented, the handlebar misalignment and the radiator broke. I have made arrangements for my vehicle to be towed away.

I have a witness who saw everything, his particulars as follows:  
FBL1734Y. Muhammad Khairul Sayyat Bin Mohamad Saaib. NRIC: S9633471J. HP:81838290

I am lodging this report for insurance claiming purposes.



**SINGAPORE  
POLICE FORCE**



T/20180813/2194

Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457

Tel No: 1800-5852999

3 of 3

Report No. T/20180813/2194

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/08/2018 21:58

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:


Authentication Stamp

NP168





REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1648829A



Name  
**KAMSANI BIN ABDUL RAHMAN**

Race  
**JAVANESE**

Date of Birth  
**01-07-1964**

Sex  
**M**

Country of Birth  
**SINGAPORE**


REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1648829A**

Name  
**KAMSANI BIN ABDOUL RAHMAN**

Birth Date **01 Jul 1964**

Issue Date **16 Dec 2002**



1000027297D

IDENTITY CARD NO. S1648829A



Blood Group  
**O+**

Date of issue  
**06-03-1996**

Address  
**APT BLK 225 PASIR RIS STREET 21  
#07-62  
SINGAPORE 510225**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

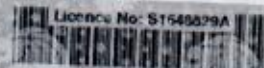
Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	19 Mar 1988
Class 2A	Motorcycles between 201 CC and 400 CC	19 Mar 1988
Class 2	Motorcycles > 400 CC	21 Jul 2009
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver) and motor tractor/vehicles <= 2500 kg	07 Oct 1983
Class 4	Heavy motor cars and motor tractors > 2500 kg	07 Aug 1985

S1648829A

S/No. 9000113783

NP 422A

License No: S1648829A



## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

<b>Certificate No.</b>	: MC/00063944/07
<b>Type of Coverage</b>	: Third-Party Fire and Theft Cover
<b>1) Vehicle Registration No.</b>	: FL8167R
<b>Chassis No.</b>	: NC261303831
<b>2) Name of Policy Holder</b>	: KAMSANI BIN ABDUL RAHMAN
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	: 29/07/2018
<b>4) Date of Expiry of Insurance</b>	: 28/07/2019
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(a) The Insured	
(b) Any named driver who is driving on the Insured's order or with his permission.	
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.	
<b>6) Limitations as to use*</b>	
Use only for social, domestic and pleasure purposes and for the Insured's business. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
<b>Sum Insured</b>	: Market Value
<b>Policy Excess</b>	: S\$ 600.00
<b>Main driver</b>	: KAMSANI BIN ABDUL RAHMAN
<b>Important Note:</b> The policy only cover the main driver and the following named driver:	
<b>Ref</b>	<b>Named Driver</b>
1	IDRIS BIN ABDUL RAHMAN
<b>Date of Birth</b>	30/04/1956
<b>Finance Company / Hire Purchase</b>	: N.A

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 the Road Transport Act, 1987 (Malaysia).

Issued on: 27/07/2018

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
Chief Underwriting Officer