

NATIONAL Assessment Centre Services: [Post 1 Jan 05] MMA 11 8115423

Date In: 6/9/18 10:34	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18016260/h4	SAS e-filing		
Veh No: GBH 5600 U	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 4/9/18 16:00	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: SGS 5939B	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

NA1805700	Invoice Preparation Checklist	Ant (\$) Est Bill	Ant (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
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		
	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:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	06/09/2018 10:34
Date Of Accident	04/09/2018 16:00
Exact Location Of Accident	JUNC OF BARTLEY RD & UPPER PAYA LEBAR RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH5600U
Insured/Policyholder	
Name Of Registered Owner	PURE DEW (INTERNATIONAL) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68611850
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29087503 MKC
Cover Note Number	-
Driver	
Name of Driver	ABDUL KHALID BIN MAT NOOR
NRIC No	S6915749A
Date Of Birth	17/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1994
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90375712
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 629 WOODLANDS RING RD #01-244
Postcode	730629
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SGS5939B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

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 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

Please Refer to sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:

[Signature]

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

[Signature]

5816 5739 B

B

After accident:

Upper paya lebar.

After accident car
sped off

A = GBH 5600U

B = SGS 5939 B

Bartley Rd

After



SINGAPORE POLICE FORCE



T/20180905/2136

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180905/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/09/2018 19:23		Vide Report No.:		Station Diary No.: 137	
Informant's Particulars					
Name of Informant: ABDUL KHALID BIN MAT NOOR			Address: APT BLK 629 WOODLANDS RING ROAD #01-244 SINGAPORE 730629		
ID Type / ID No.: NRIC NO / S6915749A			Contact No.: Home/Office: Mobile: 90375712		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 17/05/1969	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/09/2018 16:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 BARTLEY ROAD UPPER PAYA LEBAR ROAD JUNCTION OF BARTLEY ROAD AND UPPER PAYA LEBAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH5600U	Van				Slightly Damaged	1
SGS5939B	Car	MITSUBISHI		Blue		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180905/2136

2 of 3

Report No. T/20180905/2136

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver			
Name	ABDUL KHALID BIN MAT NOOR	ID No.	S6915749A
Related Vehicle	GBH5600U (Van)	Contact No.	90375712
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 04/09/2018 at about 1600hrs, my vehicle was stationary at the junction of Bartley Road and Upper Paya Lebar road on the middle of 3 lanes waiting for the traffic light to turn green. Once the traffic light had turned green, I had proceeded to drive off.

While I was driving off, I felt an impact from the rear, I then realised that the vehicle SGS5939B which was on the extreme left lane had cut across the middle and right lane to turn right into Upper Paya Lebar road had collided into rear passenger side of my vehicle. However, the vehicle SGS5939B did not stop and instead sped off to Upper Paya Lebar road. No one was injured during the accident, my vehicle had suffered some scratches on the rear passenger side bumper near to the rear wheel. I have in-car CCTV however it is only front facing.



SINGAPORE POLICE FORCE



T/20180905/2136

3 of 3

Report No. T/20180905/2136


Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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: J / Sgt 1 LIM CHUN LEONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/09/2018 19:23
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case: SN 130

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Abdul Khalid Bin Mat Noor

Licence Number **S6915**

Name
ABDUL KHALID BIN MAT NOOR

Birth Date **17 May 1969**
Issue Date **27 Aug 2010**

Barcode: 001887366K

REPUBLIC OF SINGAPORE

CITY CARD NO. **S6915749A**

Portrait photo of Abdul Khalid Bin Mat Noor

Name
ABDUL KHALID BIN MAT NOOR
عبدالخاليد بن متنور

Race
MALAY

Date of birth **17-05-1969** Sex **M**

Country of birth
SINGAPORE

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	26 May 1995
Class 2A	Motorcycles between 201 cc and 400 cc	26 May 1996
Class 2	Motorcycles > 400 cc	02 Apr 1996
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	12 Sep 1994

NP 428A

Licence No: S6915749A

Barcode

NRIC No **S6915749A**

Fingerprint

Date of issue
01-06-2005

APT BLK 629 WOODLANDS RING ROAD #01-244
SINGAPORE 730629

NRIC No: **S6915749A** Date: **10/02/2012** No: **7013333**

...

Certificate of Insurance

Excess = \$CD4.00

- for Chief Executive Officer