

NATIONAL Assessment Centre Services

(ver 1.1/2009)

11/18/25176

Date In: 11/18/25176	Job Description	Date & Time Completed	Done by
Ref No: NBS/LIP/80/893714	SAS e-illing		
Veh No: EBH 1960 G	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 12/10/2008	E-Motor Claim Form		
OD: TP / Reporting Only	E-Motor W/O (within 2hrs, A/C 2hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Whsp		

Preferred Whsp / INC Assign Whsp / QW:	Tel:	Fax:
TP Particulars:	Yell No: 666 4976 Y	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% (Note: Bst Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Rem:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: UNF 678810016	Date/Time Completed:	Done by:
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time: _____

Action: _____

Human Resources	Invoice / Deduction Checklist		Amount	Actual
	1) AR: Accident Reporting (\$20)			
	2) DA: Damage Assessment (\$100)	INC (\$30)		
	3) TP: Towing Fee	\$20/\$40		
	4) FT: Follow-Through Survey	\$120		
	5) PT: Follow-Through Survey (Recovery)	\$20		
	Eg: claiming against INC Only (w/ 10 Jan 2009)			
	6) TR: Re-inspection	\$25		
	7) NI: Inc DA + SMRT Survey	\$180		
	8) NTUC Additional Services			
C. Checked by (Ungr-In-Charge):	Q11:			
	IN: Courtesy Car / Tpl Allowance	\$1		
	IN: Repair Coordination	\$10		
	IN: Post Repair Inspection	\$25		
	IN: DY / Collect Unacc Coordination	\$1		
Work Part: Comments	TE (Nil): TP (Non-INC) against INC	\$20		
	PT (Nil): Idex Mobile	\$0		
	Invoice total		Pts 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 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 Report	18/10/2018 10:40
Date Of Accident	12/10/2018 11:45
Exact Location Of Accident	ALEXANDRA ROAD (INFRONT IKEA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1960G
Insured/Policyholder	
Name Of Registered Owner	ALEX FULFILMENT SERVICES PTE. LTD.
Co Reg No	-
Email Address	SANICIK21@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87542690
Alternative Phone No	OFFICE-62253225

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-123CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SI18V04080/VMC/R03
Cover Note Number	

Driver

Name of Driver	MOHAMMAD SANI BIN MASHUD
NRIC No	S7920810H
Date Of Birth	21/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	04/07/2002
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-91403225
Fax Number	
Contact Number	OFFICE-62253225
Email Address	SANICIK21@GMAIL.COM

Address	BLK 909 JURONG WEST STREET 91 #08-427
Postcode	640939
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 - MAJOR/MINOR RD
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?	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)	1

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 SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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	GBG4976Y
Vehicle Make/Model/Colour	SSANGYONG (PICKUP)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHAO DEHONG
NRIC/Passport Number	S7165087A
Contact Number	81250388/83181198
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

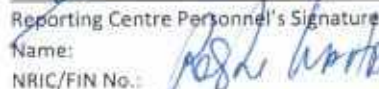
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

alex world
by Alliance 21

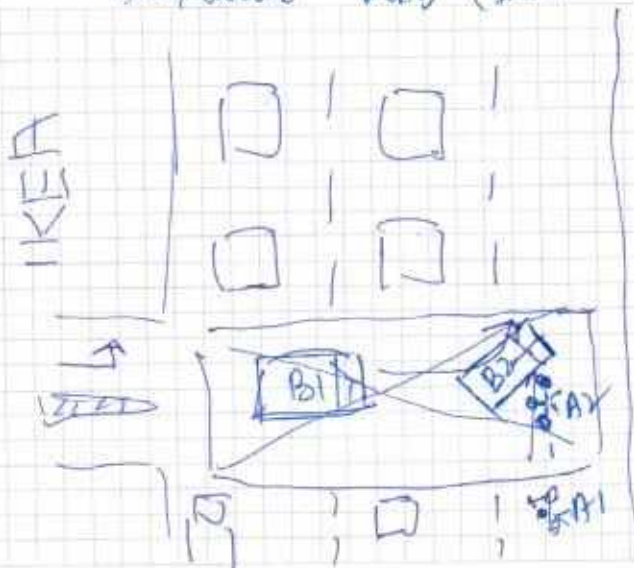
Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 18.10.2018 10:30 AM


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

ALEXANDER ROAD (IN FRONT OF IKEA)



A) FBH 1960 G
B) GBLG 4976 Y

I WAS RIDING ALONG ALEXANDRA RD ON RIGHT LANE. LEFT AND CENTER LANE WAS JAMMED. AS I WAS RIDING NEARBY IKEA OUT OF SUDDEN A WHITE PICKUP CAME OUT FROM IKEA EXIT TURNING TO THE RIGHT LANE. AND HIT MY MOTORCYCLE.

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

alex world
by Alliance 21

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18.10.2018 10.45AM

Reporting Centre Personnel's Signature _____

Name: _____
NRIC/FIN No.: _____

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 10 / 2018 (DD/MM/YYYY), TIME: 11 : 45 (HH:MM)

LOCATION: ALEXANDRA RD (IKEA)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 1960 F
 b) INSURANCE COMPANY: LIBERTY INSURANCE
 c) POLICY NUMBER: S118V04080 / VMC / R03
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA YBR
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) WORKING
 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: ALEX FULFILMENT SERVICES PTE. LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 30 BOON LAY WAY #01-02 CONTACT: 62253225
 c) ADDRESS: 30 BOON LAY WAY #01-02

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMMAD SANI BIN MASHUD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5720810 H CONTACT: 87542690 / 91402225
 c) ADDRESS: BLK 939 JURONG WEST ST 91 #08-427 SC640 939

*d) DATE OF BIRTH: 21 / 07 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) 04/07/2002

f) DATE OF DRIVING PASS: 04/07/2002

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: Q8G 4976 Y MODEL: SSANGYONG (PICKUP)
 b) DRIVER'S NAME: ZHAO DEHONG
 c) NRIC/FIN/PASSPORT: 57165087 A CONTACT: 81250388 / 83181198

9. THIRD PARTY VEHICLE

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

EMAIL = sonicik21@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7920810H



Name

MOHAMMAD SANI BIN MASHUD

محمد سني بن مشاود

Race

BOYANESE

Date of birth

21-07-1979

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7920810H

Name

MOHAMMAD SANI BIN MASHUD

Birth Date: 21 Jul 1979

Issue Date: 09 Jan 2017



6003765



NRIC No. S7920810H



Date of issue

01-08-2018

Address

APT BLK 939 JURONG WEST STREET 91
#08-427
SINGAPORE 640939

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles > 400 cc

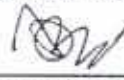
04 Jul 2002
02 Nov 2004
16 Jun 2009



NP 428A

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 No	SI18V04080 /VMC /R03
Form	MY100
Date Of Issue	18-SEP-2018
1.Index Mark and Registration No. of Vehicle:	FBH1960G
2.Chassis number of Vehicle:	LBPKE1784D0014294
3.Name of Policyholder:	ALEX FULFILMENT SERVICES PTE. LTD.
4.Effective date of Commencement of Insurance for the purposes of the Act:	02-MAY-2018 00:00 AM
5.Date of Expiry of Insurance:	02-APR-2019 23:59 PM
6.Persons or Classes of Persons entitled to drive*: Any person provided he is in the Policyholder's employ and is driving on their order or with their 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.	
7.Limitations as to use*: A) Use only for the Policyholder's business or profession. B) Use for social, domestic and pleasure purposes by any person provided he is in the Policyholder's employ and is driving on their order or with their permission.	
8.The Policy does not cover: A) Use for the carriage of passengers for hire or reward. B) Use for racing, pace-making, reliability trials or speed-testing.	
<small>*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 (Malaysia) are not to be included under these headings.</small>	
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).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only: COVERAGE : Third Party Only SUM INSURED: EXCESS: FINANCE COMPANY: PRODUCER NAME: G & C GENERAL INSURANCE AGENCY	

SCKH/SCKH/18-SEP-18

S3_CI_T1_T3_TEMPLATE2-VER1 18-SEP-18

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MN9118135176 Vehicle Registration No: FBH 1960 G
Name (as shown in NRIC) : MOHAMMAD SAUL BIN MOSEKUN NRIC/FIN/Passport No : S79208104
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : 62253225 Mobile No. : 87547690
Email Address : _____
Date of Accident : 12/10/2018 Time of Accident : 11:45
Place of Accident : ALYANORA ROAD INFRONT IKEA
Insurance Company : LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

LABAL SKRIPSI PLOA

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafael Wong
NRIC/FIN No.:
Date: 18/10/2018