

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 12/11/2018 14:19	Job description	Date & Time Completed	Done by
Ref No: NA/FCI 18020434/K4	SAS e-filing		
Veh No: GBD 7420E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/11/2018 12:05	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: SKW 8932G	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

NA1807361	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Date 1:	6) TR: Re-inspection \$75		
Date 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	

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	12/11/2018 14:19
Date Of Accident	08/11/2018 12:05
Exact Location Of Accident	ECP EXIT TWDS BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD7420E
Insured/Policyholder	
Name Of Registered Owner	SP POWERASSETS LIMITED
Co Reg No	-
Email Address	HAZLIQ@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-90034071
Alternative Phone No	OFFICE-90034071

Vehicle Particulars

Manufacturer	NISSAN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-18090031MFCV/59
Cover Note Number	

Driver

Name of Driver	HAZLIQ BIN ABDUL WAHID
NRIC No	S8801897D
Date Of Birth	27/01/1988
Occupation	OUTDOOR
Date Of Driving Pass	30/01/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90034071
Fax Number	
Contact Number	OTHERS-90034071
Email Address	HAZLIQ@OUTLOOK.COM

Address	BLK 898 TAMPINES STREET 81 #03-786
Postcode	520898
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	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)	2
Passenger 1	
	NAME: : NIL
	GENDER: : MALE

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

PLS REFER TO THE 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	SKW8932G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XIONG JUNHUI
NRIC/Passport Number	
Contact Number	91284181
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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
- complying with requirements under any regulations, laws or court orders.

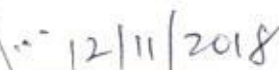
SP PowerAssets Ltd
2 Kallang Sector
Singapore 349277
Co. Registration No.: 200302108D



Policyholder's Signature
Date & Time:



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

 12/11/2018

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

SKETCH PLAN

A - GBD 7470 E
B - SKN 8932 G

FROM
ECP CITY



A

B

B

Golden stop

Bedok South Ave 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Attached

SP PowerAssets Ltd
2 Kallang Sector

Singapore 349277

Co. Registration No.: 200302108D

X

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.:

12/11/2018

STATEMENT

This statement is given by *Witness/Injured

Name Hazliq NRIC Number _____
Designation Technician Division/Branch/Section _____
Date Recorded 08.11.18 Time Recorded _____

S8801897D
EMTR
1430 HRS

Statement :

After I sent meters to Tampines, I proceeded to my next job at 462 East Coast Rd (PV Job). On 08.11.18 at about 12.06 pm, from ECP exit towards Bedok South Ave 1, I was travelling straight ahead when this car # No: SKW 8932 G coming at from the filter lane without stopping. I horned and slowed down and his car suddenly stopped at the junction box. I applied emergency brake but unable to avoid contact with his car. Please refer to the video. Exchanged particulars with him later. No injuries to both parties. Technician Sidelit was with me.

This statement has been read to me in (English/ Malay / Chinese / others) by (name of interpreter)
NRIC No. _____ and I agree that it correctly records what I have said.

Signature of employee giving the statement : _____

Name and signature of Interpreter (if applicable) : _____

Recording Officer :

Name _____
Designation _____
NRIC No _____
Signature/Date _____

This statement is to be typed or written clearly and signed on duplicate. The original is to be filed in the employee's personal file/accident record. A duplicate is to be given to him/her.

* Delete if inapplicable.

STATEMENT

This statement is given by *Witness/Injured

Name Hazliq NRIC Number _____
 Designation Technician Division/Branch/Section _____
 Date Recorded 08.11.18 Time Recorded _____

S8801897D
EMTR
1430HRS

Statement :

I reported the accident to my officer PTO KOH at about 12:19pm. My van no: GBD 7420 E left hand side front bumper was loosen due to the impact. There was no body dented. For the car, there was scratch mark at the right side rear bumper. Supervisor will decide later whether to report to IDAC. That is all.

(Signature)

This statement has been read to me in (English/ Malay / Chinese /others) by (name of interpreter) and I agree that it correctly records what I have said.

Signature of employee giving the statement : _____

Name and signature of Interpreter (if applicable) : _____

Recording Officer :

Name _____
 Designation _____
 NRIC No _____
 Signature/Date _____

This statement is to be typed or written clearly and signed on duplicate. The original is to be filed in the employee's personal file/accident record. A duplicate is to be given to him/her.

* Delete if inapplicable.

Reported on 8/11/2018
@ 1800HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 8/11/2018 (DD/MM/YYYY). TIME: 12:05 (HH:MM)

LOCATION: ECP ^{EXT} towards Bedok South Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBD 7420E
b) INSURANCE COMPANY: _____
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: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90034071
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: SKW 8932G MODEL: _____
b) DRIVER'S NAME: XIONG JUNHUI
c) NRIC/FIN/PASSPORT: _____ CONTACT: 91284181

9. THIRD PARTY VEHICLE

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

69169159

Mr Kho

email = hazlig@outlook.com

fax = hazlig@outlook.com

VIDEO =

Waiting for Company Chop?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8801897D



Name

HAZLIQ BIN ABDUL WAHID

Race

MALAY

Date of birth

27-01-1988

Sex

M

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8801897D

Name

HAZLIQ BIN ABDUL WAHID

Birth Date: 27 Jan 1988

Issue Date: 15 Feb 2007



5229528



NRIC No. S8801897D



Date of issue

17-10-2013

APT BLK 898 TAMPINES STREET 81 #03-788
SINGAPORE 520898

NRIC No: S8801897D

Date: 10/01/2015

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

PASS DATE

- (Class 20 Motorcycles <= 200 CC
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg
Class 4 Heavy motor cars and motor tractors > 2500 kg

15 Feb 2007

30 Jun 2012

30 Jun 2012

S8801897D

S / No. 9000155355

NP 426A



CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy. : COMMERCIAL VEHICLE - FLEET
Type of Cover. : Third Party
Certificate No. : D-18090031MFCV/59
Vehicle No / Chassis No : GBD7420E / VSKYBAM20Z0092624
Name of Insured : SP POWERASSETS LIMITED
Period Of Insurance : 01.04.2018 To 31.03.2019
Insured Estimated Value : 0.00

Excess :

SGD3,500.00 ON ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW
23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person who is driving on the insured's 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.

Limitations as to use*

- (1) Use in connection with the insured's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the insured's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover:-

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


* 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.

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)

MS First Capital Insurance Limited
(Approved Insurers)

JENNY/B0009/MZ300C

Issued at Singapore on 29.03.2018



Authorised Signature