

NATIONAL Assessment Centre Services. [ver 1 Jan'09] **MNA 118164531.**

Date In: 22/12/18 13:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18022957/4.	SAS e-filing		
Veh No: SJM 3564H.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/12/18 10:50.	I-Motor Claim Form	MT/1024966-001	24/12/18 13:28.
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:

SJK 2300 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%. 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 repalter.

() 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

<p>Claimant's Particulars: NA1808464</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref. 1:</p> <p>Ref. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$50)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (w/c 10 Jan 2009)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>QD:</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	<p>Ant (\$)</p> <p>30.02</p> <p>Add'l (\$)</p> <p>Add'l (\$)</p>
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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	22/12/2018 13:40
Date Of Accident	20/12/2018 10:50
Exact Location Of Accident	PIE TWDS CHANGI 22KM MARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJM3564H
Insured/Policyholder	
Name Of Registered Owner	HARMONY CAR RENTAL
Co Reg No	53381676M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81879626
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA5
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100805842
Cover Note Number	-
Driver	
Name of Driver	HAMSHA JUSTIN MARVIN
NRIC No	S8318443D
Date Of Birth	28/05/1983
Occupation	OUTDOOR
Date Of Driving Pass	18/02/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81879626
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 873 TAMPINES ST 84 #04-107
Postcode	520873
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JGJ6878 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , 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	SKK2300H
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JGJ6878

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)

DETAILS OF INJURED PERSON 1

Name HAMSHA JUSTIN MARVIN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJM3564H

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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

P1E towards Changi

[A] [B] [C]



A - SSM3564H

B - SKK2300H

C - JGJ6878

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report

DECLARATION

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

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.:



SINGAPORE POLICE FORCE



T/20181222/2033

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20181222/2033

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2018 11:48		Vide Report No.: E/20181220/0091		Station Diary No.: 66	
Informant's Particulars					
Name of Informant: HAMSHA JUSTIN MARVIN			Address: APT BLK 873 TAMPINES STREET 84 #04-107 SINGAPORE 520873		
ID Type / ID No.: NRIC NO / S8318443D			Contact No.: Home/Office: Mobile: 81879626		
Nationality: STATELESS			Email:		
Sex: Male	Age: 35	Date of Birth: 28/05/1983	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/12/2018 10:50	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi Airport, 22KM mark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
JGJ6878	Car					3
SJM3564H	Car				Seriously Damaged	0
SKK2300H	Car					0



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20181222/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HAMSHA JUSTIN MARVIN	ID No.	S8318443D
Related Vehicle	SJM3564H (Car)	Contact No.	81879626
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 20/10/2018 at about 1050hrs I was travelling in my vehicle, SJM3564H on the 1st lane of PIE towards Changi Airport. Suddenly, a few cars head of me stop in the lanes and I followed. I do not know why they stop as the traffic was quite smooth throughout. I came to a complete stop and saw through my rear mirror the vehicle behind me, plate number SKK2300H also came to a complete stop.

In less then 2seconds, I felt an impact from the rear and subsequently followed by a second impact. A third vehicle was a Malaysian vehicle, JGJ6878 was not able to stop in time and caused a chained collision. All the drivers came out of our vehicle to checked what had happened. At that point of time no one was injured. I and the second driver did not have any passengers on board our vehicle. The Malaysian vehicle had about 3 or 4 passengers I am not too sure.

My vehicle, SJM3564H, front right bumper had a scratch, rear left and right side dent in, rear left tyre puncture. I did not try opening my boot thus I do not know if it can be opened. My vehicle was subsequently towed away as it could not be driven. I do not have any in-camera in my vehicle.

At the point of accident I felt mild pain in my neck and shoulder blade, I went home to rest after the accident however I when I woke up on the 21/12/2018 in the evening, I felt weak and pain on the right side of my back and neck.

On 22/12/2018, I went to SengKang Hospital as I was still feeling unwell, I was given 3 days medical leave from 22/12/2018 to 24/12/2018.

Driver's particulars for SKK2300H is Mr Alson, HP: 97486595. I have left the contact details of the Malaysian driver at home, he was a male malay driver.



**SINGAPORE
POLICE FORCE**



T/20181222/2033

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20181222/2033

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 ANABELLE TEY SOO LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

22/12/2018 11:48

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8318443D**



Name
HAMSHA JUSTIN MARVIN

Race
INDIAN

Date of birth
28-05-1983

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Signature Number **S8318443D**

Name
HAMSHA JUSTIN MARVIN

Birth Date: **28 May 1983**

Issue Date: **17 Jul 2017**



9304516



NRIC No. **S8318443D**



Nationality
STATELESS

Date of issue
05-08-2013


Address
**APT BLK 873 TAMPINES STREET 84
#04-107
SINGAPORE 520873**

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 18 Feb 2011

NP 428A



Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No.

Date of Accident

Vehicle No.(For Motor)

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100805842		HARMONY CAR RENTAL	53381676M	GFT	drivo CLASSIC	SJM3564H	SJM3564H	18/05/2018	

Policy Information

Policy No.	5100805842	Policyholder Name	HARMONY CAR RENTAL	Policyholder NRIC	53381676M
Certificate No.					
Address	100 JALAN SULTAN #04-47 SULTAN PLAZA SINGAPORE 199001				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	18/05/2018	Effective Date	18/05/2018 00:00	Expiry Date	17/05/2019 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	0
Additional Excess	0	OS Premium	958.78		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	ASSURE (SINGAPORE) PTE. LTD	Agent Tel.	68038751	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	100 JALAN SULTAN	Address 2	#04-47 SULTAN PLAZA	Address 3	SINGAPORE 199001
Address 4		Address Type	Singapore address	Post Code	199001
Unit No.	04-47	Related Policy Number	5100805842		

Insured Object: SJM3564H

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	18/05/2018 00:00	Basic Information Endorsement	000001286819733	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJM3564H 18-05-2018 \$1,754.80 In view of this amendment, an additional premium of \$1,754.80 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.



NATIONAL ASSESSMENT CENTRE SERVICES
(LKK GROUP)
51 Ubi Ave 1, #01-25, Paya Ubi Industrial Park,
Singapore 408933, TEL: 6841 0055 FAX: 6841 6315



Vehicle Movement Form

Vehicle Check-In

Vehicle No: SJM 3564 H. Date In: _____ Time In: _____ with Keys: Yes / No

For Office use

Attended by: _____

Workshop Collection of Vehicle

Workshop: 25 Kela' Bakat Ad 4405-86

Collection Date: 22/12/18 Time: 1220 with Keys: Yes / No

Tow Truck No: YH291M Tow Man: Saravanan NRIC: 584278684

Signature: [Signature] 97321124

For office use

Attended by: _____

Approved by: _____

Workshop Return of Vehicle

Workshop: _____

Returned Date: _____ Time: _____ with Key: Yes / No

* Tow In / Drive In

Tow Man / Workshop Representative: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Owner Collection of Vehicle

Collection Date: _____ Time: _____ with Key: Yes / No

Owner: _____ NRIC: _____

Signature: _____

For office use

Attended by: _____

Approved by: _____

Reported on 20/12/2018
@ 1550hrs.

ACCIDENT STATEMENT

ACCIDENT DATE: (20/12/2018) (DD/MM/YYYY), TIME: (11:40) (HH:MM)

LOCATION: PIE towards Changi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 3564H
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) TP or OD?

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90688288
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 81879626
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) HIRE
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) NECK & BACK PAIN

7. a) REPORTED TO POLICE (YES / NO) ?
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKK 2300H MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: JGJ 6878 MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* Private Hire

Vehicle Tow In to idea
* Belongs taken away by
Driver on
20/12/2018
@ 1615hrs

Email = JUSTINTAMP@GMAIL.COM

fax = JustinTamp@gmail.com

VIDEO =

Waiting for Company Chop?
& Police Report?



TRAFFIC INVESTIGATION BRANCH
TRAFFIC POLICE
10 UBI AVENUE 3
SINGAPORE 408865
Fax: 65474749

CASE CARD

REPORT NO.: #E551J #E91

Traffic Accident along PTE (Ampiv+) 22 km.

Involving vehicles: To Lodge N0168

on at about am/pm.

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on 20-DEC-2018 at about am/pm to see the Investigation Officer to assist in the investigation to the traffic accident.

2. Please bring along your:

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name: IO FEROZ

Contact: 65476206

Guidance Note

This Guidance Note is intended to assist you with your policy details and the accident reporting procedures.

If you require further assistance, please call our Command Centre (24-hour hotline) at **6789 5000**.

Ref: OF/2016-2020/ **8600**

Policy Number 20ND9840		Vehicle Number STM35641	
Cover Type Prestige <input type="checkbox"/> Drivo Premium <input type="checkbox"/> Comprehensive Prestige Third Party Fire & Theft <input checked="" type="checkbox"/> Drivo Classic <input type="checkbox"/> Third Party Fire & Theft Prestige Third Party <input type="checkbox"/> Comprehensive (PWP) <input type="checkbox"/> Third Party			
No Claim Discount (NCD) %		Excess (Subject to Prevailing GST)	
		Standard Excess \$ 0000	
NCD Protector Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (1 accident within the period of insurance)		Unnamed Excess \$	
		Additional Excess \$	
		Third Party Excess \$ 1000	
Transport Allowance Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (SGD50 a day up to 7 days from the first day of repair for first 2 claims within the period of insurance)			
Excess Waiver Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (To waive the Standard Excess of \$600 only for first 2 claims within the period of insurance)			

Accident Report to be made at any of our Income Accident Reporting Centres within 24 hours of the accident

Items to note:

- ✓ Driver of Vehicle must make report personally.
- ✓ Bring Vehicle & Vehicle Key to Reporting Centre.
- ✓ Bring Driver's NRIC, Driving Licence, Insurance Cert.

Bring a Copy of Policyholder's NRIC (Front & Back).

Bring Company's Stamp.

Bring Police Report; Driver is to lodge Police Report as soon as possible or within 24 hours of the accident if the accident involves:

- Damage to government property
- Foreign vehicle
- Injury cases where anyone involved in the accident was conveyed to hospital or has obtained MC for 3 days or more
- Pedestrian / Cyclist
- Hit-and-run
- Fatality

- ✓ Your NCD will be affected if you fail to report the accident within the stipulated time.
- ✓ Submit video recording from your in-car camera if available.

Authorised Driver/Person's Name		For video recording up to 10MB, you may ➢ email to motorvideo@income.com.sg. For video recording more than 10MB, you may ➢ submit the storage device (non-returnable) at our Income branches or Accident Reporting Centres where you file your accident report.
NRIC/ID no.	Relationship to Policyholder	
Contact no.	Signature	

For Official Use

Issued by	Staff Code	Date (dd/mm/yyyy)	Time
		20/12/2019	11:30

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No. :	SJM3564H
Vehicle Type :	Z11 - Private Hire (Chauffeur) Station Wagon/Jeep/Land Rover
Vehicle Attachment 1 :	With Sun Roof
Vehicle Scheme :	Normal
Vehicle Make :	MAZDA
Vehicle Model :	MAZDA5
Chassis No. :	JM6CR10F290308599
Propellant :	Petrol
Engine No. :	LF10631243
Engine Capacity :	1999 cc
Maximum Power Output :	107.0 kW (143 bhp)
Maximum Laden Weight :	2150 kg
Unladen Weight :	1527 kg
Year Of Manufacture :	2008
Original Registration Date :	30 Dec 2008
Lifespan Expiry Date :	-
COE Category :	B - Car (1601cc & above)
Quota Premium :	\$8,301.00
COE Expiry Date :	29 Dec 2018
Road Tax Expiry Date :	29 Dec 2018
PARF Eligibility Expiry Date :	29 Dec 2018
Inspection Due Date :	29 Dec 2019
Intended Transfer Date :	20 Dec 2018
CO2 Emission :	-
CO Emission :	-
HC Emission :	-
NOx Emission :	-
PM Emission :	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee :	25.00	-	25.00
Total Amount Payable :			25.00

You may print this page for reference.

OK


Print



ORIGINAL

MEDICAL CERTIFICATE

EMD201843702

Name HAMSHA JUSTIN MARVIN		NRIC No. S8318443D	
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>22-Dec-2018</u> to <u>24-Dec-2018</u> inclusive.			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave		<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____		Delivered on : _____	
Discharged on : _____		Operated on : _____	
<input type="checkbox"/> Maternity Leave,		<input type="checkbox"/> Sterilization Leave,	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments : _____			
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>			
No medical leave is necessary.			
Not valid without official hospital stamp	Ward No. SKH Emergency Department	Signature, Name (In BLOCK LETTERS) and Designation/MCR No.  LI SHANG MIN MARK, 13071J	
	Date 22-Dec-2018		

Claim Handling

The premium on this policy has not been collected.

Accident MT/1024966

Policy No.	5100805842	Vehicle No.	SJM3564H	GST Registration No.	
Certificate No.					
Policyholder Name	HARMONY CAR RENTAL			Policyholder NRIC	533811
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	81879626	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes

Accident Details

Report Date	24/12/2018 13:21	Accident Report Within 24 hrs	Yes	Accident Type	Chain C
Date of Accident	20/12/2018	Time of Accident hh:mm	10:50	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	PIE TWDS CHANGI 22KM MARK				

Excess

Own damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	No
Modification History			

Policyholder Mailing Address

Address 1	100 JALAN SULTAN	Address 2	#04-47 SULTAN PLAZA	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	19900
Unit No.	04-47	Related Policy Number	5100805842		

O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	HAMSHA JUSTIN MARVIN	Driver NRIC	S8318443D	Driver DOB	28/05/
Register Date of Driver License	18/02/2011	Driver Age	35	Driving Experience	7
Contact No.(Mobile)	81879626	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 873 #04-107	Address 2	TAMPINES STREET 84	Address 3	TAMPIN
Address 4	SINGAPORE 520873	Address Type	Singapore address	Post Code	52087
Unit No.	04-107				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	HARMONY CAR RENTAL
Contact No.(Mobile)		Contact No.(Home)	NIL
Email Address		O1 Vehicle Number	SJM3564H
Claim Description	SJM3564H / SKK2300H ON 20 Dec 2018		
Preferred Workshop	Yes	Insured Liability	Not at Fault
Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/12/2018 13:25	Claim Close Date	
Report Taken By	LIEW SHAN HUI		
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No. Claim No.

MT/1024966

001

Last Doc. Received

24/12/2018 13:28

Yes

No

Upload Date

Category *

Confidential

Urgency *

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Choose File

No file chosen

Message Read

Clear

Please Select

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:28	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:28	SAS	Normal	SAS 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:27	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:27	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:27	Photos	Normal	Photos 2018-12-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:25	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:25	Photos	Normal	Photos 2018-12-24
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:25	Photos	Normal	Photos 2018-12-24
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 24 Dec 2018 13:25	Photos	Normal	Photos 2018-12-24

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div>Display in New Window</div>	<div>Scan and uploading</div>