

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA119020404

Date In: 13/1/19-17/23	Job description	Date & Time Completed	Done by
Ref No: MNA119020404	SAS e-filing		
Veh No: 40F6794	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 4/1/19-11/20	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 40F6794	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

NA1902030	Invoice Preparation Checklist	Am (\$) Inc Bill	Am (\$) 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)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 30		
	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 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	13/02/2019 17:23
Date Of Accident	04/02/2019 11:00
Exact Location Of Accident	SHREWSBURY RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF8703Y
Insured/Policyholder	
Name Of Registered Owner	KEFLI SERVICES
Co Reg No	53295632W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92733113
Alternative Phone No	OFFICE-92733113
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE DX 3.0 MANUAL
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	A29076726MKC
Cover Note Number	
Driver	
Name of Driver	FAZAL KEFLI BIN ABDUL SATTAR
NRIC No	S7206637E
Date Of Birth	24/02/1972
Occupation	INDOOR
Date Of Driving Pass	01/01/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92733113
Fax Number	
Contact Number	OFFICE-92733113
Email Address	NOEMAIL

Address	BLK 399 YISHUN AVENUE 6 #02-1170
Postcode	760399
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT- T/20190204/2161.

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	SGF6719G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KARAMJIT SINGH S/O AMAR SINGH
NRIC/Passport Number	S1583247I
Contact Number	90023119
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.
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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.

KEFL SERVICES
(ROCK)
9273 3113



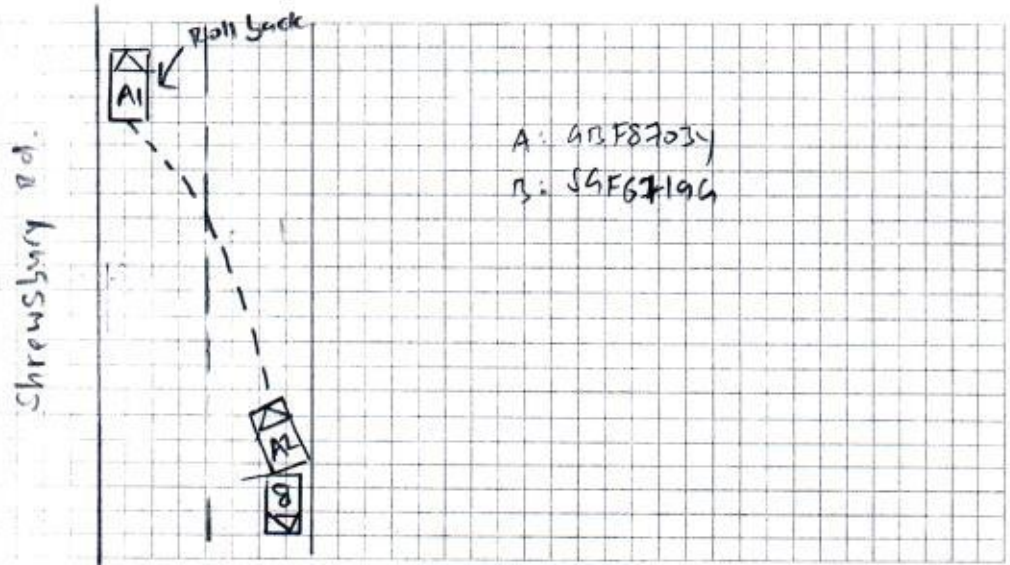
Policyholder's Signature
Date & Time:

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 - 1/20190264/2161.

DECLARATION

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

LPL SERVICES
(ROCK)
9273 3113

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: (4 / 2 / 19) (DD/MM/YYYY), TIME: (11 : 00) (HH:MM)

LOCATION: Shrewsbury rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 60F8703Y
b) INSURANCE COMPANY: MILC
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: 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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 92233113
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Fazal Iqbal Bin Abdul Jattar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S706637E CONTACT: 92233113
c) ADDRESS: Blk 499 Vishnu Avenue 6 # 02-1172 (76099)

* d) DATE OF BIRTH: (24 / 2 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 11 / 1992

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: SGF67196 MODEL: _____
b) DRIVER'S NAME: Karamjit Singh s/o Amar Singh
c) NRIC/FIN/PASSPORT: S1582472 CONTACT: 90023119

9. THIRD PARTY VEHICLE

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

Email =

fax =

video =



**SINGAPORE
POLICE FORCE**



T/20190204/2161

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190204/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2019 20:45	Vide Report No.:	Station Diary No.: 172
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Informant's Particulars

Name of Informant: FAZAL KEFLI BIN ABDUL SATTAR			Address: APT BLK 399 YISHUN AVENUE 6 #02-1170 SINGAPORE 760399		
ID Type / ID No.: NRIC NO / S7206637E			Contact No.: Home/Office: Mobile: 92733113		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 24/02/1972	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/02/2019 11:00	Type of Location: Straight Road
Location: Along Road 1 SHREWSBURY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Both vehicles stationary			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF8703Y	Van					0
SGF6719G	Car					0



**SINGAPORE
POLICE FORCE**



T/20190204/2161

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20190204/2161

CONTINUATION OF REPORT

Brief Details.

On the 04/02/2019 at about 1100hrs, I parked my GBF8703Y along Shrewsbury Road and I switched off my vehicle. I am unable to remember if I had engaged my hand brake. I then collected my goods at the back of my vehicle before I commenced my deliveries.

After I finished my deliveries and when I returned to my vehicle, I discovered that my vehicle had rolled backwards of about 20m to 25m and the back of my vehicle collided with the back of vehicle SGF6719G. I also saw a male subject taking photos of both vehicles and after I stepped forward to the male subject and identified myself as the vehicle owner of GBF8703Y, the male subject identified himself as the owner of vehicle SGF6719G.

I observed that no one was injured. Ambulance and traffic police was not at scene. We exchanged particulars before we left the place.

The vehicle owner of SGF6719G is Karamjit Singh S/O Amar Singh. S1583247I, Blk 135 Rivervale Street #06-732, 90023119.

I have a vehicle camera installed on the front and back of my vehicle. However I am not sure if there is any footage inside the vehicle and I have not checked the footage yet. That is all.



**SINGAPORE
POLICE FORCE**



T/20190204/2161

3 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20190204/2161

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:

L /

Sgt 2 KEITH GARRET ILETO LIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

04/02/2019 20:45

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE POLICE FORCE



F/20170818/2179

1 of 2

POLICE REPORT (NP322)

Report No. F/20170818/2179

Police Station Of Origin
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Date/Time Report Made 18/08/2017 22:01		Vide Report No.		Station Diary No. 165	
Name Of Informant FAZAL KEFLI BIN ABDUL SATTAR		Address APT BLK 399 YISHUN AVENUE 6 #02-1170 SINGAPORE 760399			
ID Type / ID No. NRIC NO / S7206637E		Contact No. Home/Office Mobile 92733113			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation SELF EMPLOYED		Sex Male	Age 45	Date of Birth 24/02/1972	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 18/08/2017 16:00		Location Of Incident 101 THOMSON ROAD UNITED SQUARE SINGAPORE 307591			

Brief details.

On 18.08.2017 at about 1600hrs, I discovered the lost of the item mentioned below at the vicinity of United Square. I does not remember the date and time I lost the items.

Property Information

Signature Of Officer Recording The Report: F / SI YEO HWEE BENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2017 22:01
Officer In-Charge Of Case: F / Yishun North N.P.C / SSI 2 SUDESH KUMAR NAIR Contact No.: 68529999	Classification Of Case:
Authentication Stamp 	FUPO hotline number: 68429645



**SINGAPORE
POLICE FORCE**



F/20170818/2179

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. F/20170818/2179

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAP ORE NRIC			1	Singapor e Dollars 0.00	one singapore NRIC
2	Licence	Lost	Qualified Driving Licence			1	Singapor e Dollars 0.00	one singapore driving licence

Signature Of Officer Recording The Report:

F / SI YEO HWEE BENG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Yishun North N.P.C /
SSI 2 SUDESH KUMAR NAIR
Contact No.: 68529999

Authentication Stamp

Signature Of Informant:

Date/Time:
18/08/2017 22:01

Classification Of Case:

FUPO hotline number: 68429645

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7206637E**



Name

**FAZAL KEFLI BIN ABDUL
SATTAR**

Race

INDIAN

Date of birth

24-02-1972

Sex

M

Country/Place of birth
SINGAPORE



5832441



NPIC No. **S7206637E**



Date of issue

08-11-2017

Address

**APT BLK 399 YISHUN AVENUE 6
#02-1170
SINGAPORE 760399**



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.2.360
Goods Carrying Vehicle - Sch 1

COMMERCIAL VEHICLE
Comprehensive

Certificate No. A 29076726 MKC

Excess: SGD600

1. Index Mark and Registration Number of Vehicle
GBF8703Y

2. Name of Policyholder
Kefli Services

3. Effective Date of the Commencement of Insurance for the purposes of the Act
28/03/2018

4. Date of Expiry of Insurance
27/03/2019

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use*

Use in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing pace-making 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.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

for Chief Executive Officer