

# NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA/1909/154

Date In: 13/01/2009 13:16	Job description	Date & Time Completed	Done by
Ref No: NA/UP/1901341/Y	SAS e-filing		
Veh No: PBY 6205 P	E-mail (Admin 3hrs, AIC 2hrs)		
DOA: 12/01/2009 07:35	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 87M 5687 A	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:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Action

NA/1905214	INVOICE
Client's Name:	1) AIL: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Eng-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditor's Comments:	For claiming against INC Only (ver 10 Jan 2003)
Tel. No:	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpl Allowance \$5
	*NG: Repairs Co-ordination \$10
	*NT: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TP (Nil): TP (Nil INC) against INC \$20
	9) NI: Idao 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	13/07/2019 13:16
Date Of Accident	12/07/2019 07:35
Exact Location Of Accident	KPE ENTRANCE TOWARDS TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN6205P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAMSANI BIN MOHAMED SALLEH
NRIC No	S7910692E
Email Address	SANIKRATING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81980774
Alternative Phone No	OTHERS-81980774

### Vehicle Particulars

Manufacturer	DUCATI
Model	MULTISTRADA 1200S-1.2
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V13297/VMS/R00
Cover Note Number	

### Driver

Name of Driver	KAMSANI BIN MOHAMED SALLEH
NRIC No	S7910692E
Date Of Birth	02/04/1979
Occupation	INDOOR
Date Of Driving Pass	08/04/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81980774
Fax Number	
Contact Number	OTHERS-81980774
Email Address	SANIKRATING@GMAIL.COM

Address	BLK 272C PUNGGOL WALK #12-581
Postcode	823272
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	SIDE SWIPE
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	3
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

#### 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	SLM5687A
Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WING TONG
NRIC/Passport Number	
Contact Number	96891483
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF9000S
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Vehicle Make/Model/Colour	TOYOTA HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LINUS
NRIC/Passport Number	
Contact Number	96737646
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.
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:

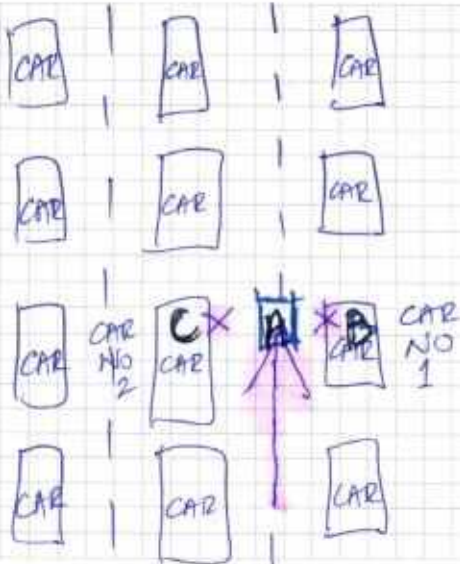
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 120719

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 120719

  
12/07/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN



A) FBN 6205P

B) SUM 5687A

c) 1 SLF 90005

X = H19 CAR SIDE MIRROR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While riding along KPE, before the ERP gantry, my motorbike hit the left side of Toyota Harrier, SLM5687A and again hit the right side of another Toyota Harrier, SLF9000S. Time was around 7.35am. Road was dry and weather was clear.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: 120719

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 120979

Reporting Centre Personnel's Signature  
Name: *Paul Watson*  
NRIC/FIN No.: *12075928*



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7910692E



Name  
KAMSANI BIN MOHAMED  
SALLEH

For LKK/NAC Use Only

Race  
JAVANESE

Date of birth  
02-04-1979

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Member S7910692E

Name  
KAMSANI BIN MOHAMED  
SALLEH

For LKK/NAC Use Only

Birth Date 02 Apr 1979

Issue Date 08 Apr 2003




4384323



NRIC No. S7910692E

For LKK/NAC Use Only

Date of issue  
28-04-2009

APT BLK 272C PUNGGOL WALK #12-581  
SINGAPORE 823272

NRIC No. S7910692E Date: 23/01/2013 No: 7230515

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles <= 200 CC	11 Sep 1996
Class 2A	Motorcycles between 201 CC and 400 CC	27 Apr 1999
Class 2	Motorcycles > 400 CC	08 Apr 2003
Class 3	Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver; and motor tractor vehicles <= 2500 kg	08 Dec 2005

For LKK/NAC Use Only

S7910692E S / No. 9000040968

Licence No. S7910692E



# ACCIDENT STATEMENT

ACCIDENT DATE: 12/07/2019 (DD/MM/YYYY), TIME: 07.35 (HH:MM)

LOCATION: KPE ENTRANCE FROM TPE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN 6205P  
 b) INSURANCE COMPANY: LIBERTY INSURANCE  
 c) POLICY NUMBER: SDIEVI3297/VMS/R00  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: DUCAI MULTISTRADA 1200 ENDURO  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK  
 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: KAMGANI BIN MOHAMED SALLEH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7910692E CONTACT: 81980774  
 c) ADDRESS: BLK 292C PUNGGOL WALK #12-581  
S (823272)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: AS ABRAH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 02/04/1979 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 08/04/103

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Client

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS clear)

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: SLM 5687A (b) MODEL: Toyota Harrier  
 b) DRIVER'S NAME: Wing Tong  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96891483

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLF 9000S (c) MODEL: Toyota Harrier  
 e) DRIVER'S NAME: Linus  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 96737646

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
(0)

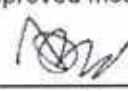
No of passenger  
(including driver)  
(0)

email = sanikrating@gmail.com  
 VIDEO



## 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)

<b>Certificate No</b>	<b>SD18V13297 /VMS /R00</b>										
<b>Form</b>	MY1										
<b>Date Of Issue</b>	20-NOV-2018										
<b>1.Index Mark and Registration No. of Vehicle:</b>	FBN6205P										
<b>2.Chassis number of Vehicle:</b>	ZDMAA03AAHB016643										
<b>3.Name of Policyholder:</b>	KAMSANI BIN MOHAMED SALLEH										
<b>4.Effective date of Commencement of Insurance for the purposes of the Act:</b>	09-NOV-2018 00:00 AM										
<b>5.Date of Expiry of Insurance:</b>	08-NOV-2019 23:59 PM										
<b>6.Persons or Classes of Persons entitled to drive*:</b> The Policyholder only. 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.											
<b>7.Limitations as to use*:</b> Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.											
<b>8.The Policy does not cover:</b> A) Use for hire or reward. B) Use for racing, pace-making, reliability trials or speed-testing. C) Use for the carriage of goods (other than samples) in connection with any trade or business. D) Use for any purpose in connection with the Motor Trade. *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).											
For and on behalf of <b>LIBERTY INSURANCE PTE LTD</b> Approved Insurers  _____ Authorised Signature											
<b>For Information only:</b> <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Flood and Special Perils</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Section I S\$700, Theft (Outside Singapore) S\$2500</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>HONG LEONG FINANCE LTD</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>WEARNES AUTOMOTIVE SERVICES PTE LTD</td> </tr> </table>		COVERAGE :	Comprehensive, Flood and Special Perils	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I S\$700, Theft (Outside Singapore) S\$2500	FINANCE COMPANY:	HONG LEONG FINANCE LTD	PRODUCER NAME:	WEARNES AUTOMOTIVE SERVICES PTE LTD
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