

# NATIONAL Assessment Centre Services.

(waf 1 Jan 2005)

NAIA 119/20803

Date In: 10/09/2009 17:25	Job description	Date & Time Completed	Done by
Ref No: NBA/FCI/90/6079/4	SAS e-filing		
Veh No: YN 6234P	E-mail (within 2hrs, AIC 2hrs)		
DOA: 10/09/2009 14:58	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/Whan		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SHD 14057	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: ( )

Reminders: Instructions of Action:

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Assigned	Completed

NA 906	1) AR: Accident Reporting (\$30)	
Claimant: _____	2) DA: Damage Assessment (\$100) INC (\$10)	
Driver/Owner:	3) TP: Towing Fee \$40/45	
Contact No:	4) PT: Follow-Through Survey \$120	
Damaged Portion:	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (waf 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (Nil) / TP (Nil INC) against INC \$20	
	9) N12: Idao Mobile \$0	
	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	10/09/2019 17:35
Date Of Accident	10/09/2019 14:55
Exact Location Of Accident	ALONG PRINCE PHILLIP AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5234P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POWERGAS LIMITED
Co Reg No	199504471E
Email Address	IZZAR@SPGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-92331611
Alternative Phone No	OFFICE-92331611

### Vehicle Particulars

Manufacturer	ISUZU
Model	NJR85AUE6W-3.0 D (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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-19093089MFCV/35
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HAFIZ BIN ROSLIN
NRIC No	S9033030F
Date Of Birth	30/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	20/09/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92331611
Fax Number	
Contact Number	OTHERS-92331611
Email Address	MUHDHAFIZR@SPGROUP.COM.SG

Address	BLK 586 WOODLANDS DRIVE 16 #07-106
Postcode	730586
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 - HEAD TO REAR
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?	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)	3
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE
Passenger 2	NAME: : CONTRACTOR 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

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	SHD1405T
Vehicle Make/Model/Colour	I30
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH THIAM LYE
NRIC/Passport Number	S0811726H
Contact Number	87979482
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.

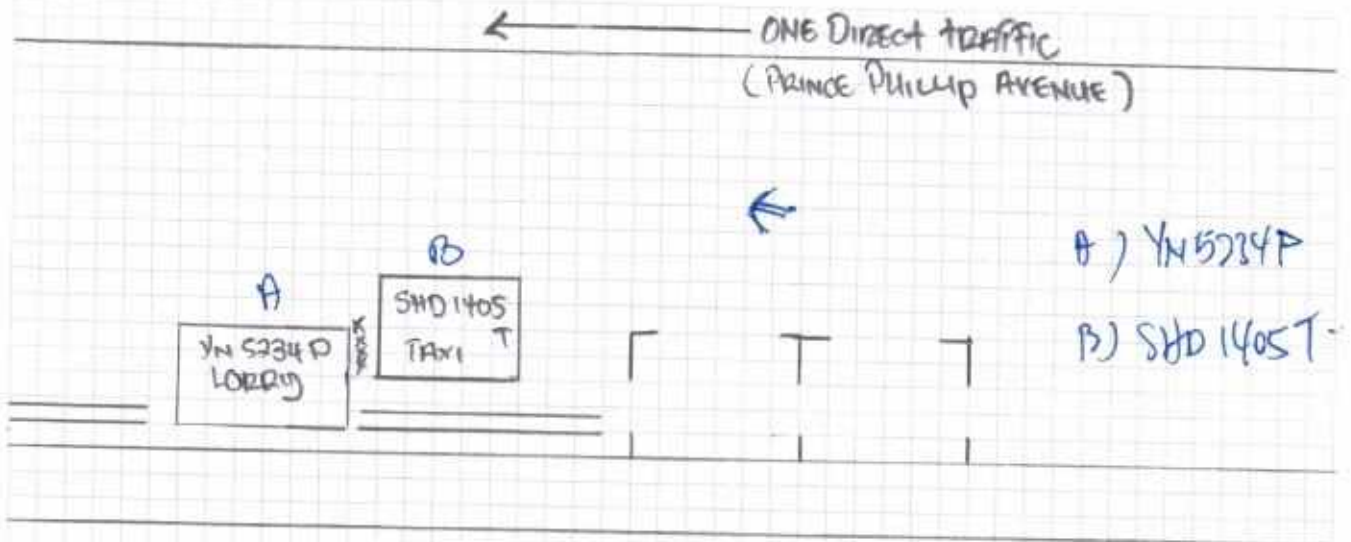
SP PowerGrid  
Tiong Bahru District Office  
950 Tiong Bahru Road  
Singapore 158793

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

ON 10-09-2019 at ABOUT 1455 HRS TAXI SHD 1405 T HIT MY REAR RIGHT TAILGATE WHILE MY VEHICLE YN 5234 P WAS PARKING STATIONARILY WITH HAZARD ON.

## DECLARATION

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

SP PowerGrid  
Tiong Bahru District Office  
950 Tiong Bahru Road  
Singapore 158793

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 10/09/19 1630HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

10/09/2019  
Rashid Wazir



# ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 09 / 2019) (DD/MM/YYYY), TIME: (14 : 55) (HH:MM)

LOCATION: PRINCE PHILIP AVENUE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: XN 5234 P  
 b) INSURANCE COMPANY: MS FIRST CAPITAL  
 c) POLICY NUMBER: D-19093089 MRCV 35  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: ISUZU NJR SAU 6W-3.0M  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: COMPANY VEHICLE  
 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: SP GROUP SP POWERSD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 19950471E CONTACT:  
 c) ADDRESS: 950 TONG BAHU ROAD (S 158793)

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

## DRIVER

- a) NAME: MUHAMMAD Hafiz Bin Resim (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 9033030 F CONTACT: 9233 1611  
 c) ADDRESS: 586 WOODLANDS DRIVE 16 #07-106 730586

\* d) DATE OF BIRTH: (30 / 08 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26 Sep 2018

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: SHD 1405 T MODEL: i30  
 b) DRIVER'S NAME: KOH THIAM LYE  
 c) NRIC/FIN/PASSPORT: S 0811726 H CONTACT: +65 8797 9482

## 9. THIRD PARTY VEHICLE

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

Email = muhammad@spgroup.com.sg

VIDEO 12242@spgroup.com.sg

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9033030F



Name

MUHAMMAD HAFIZ BIN  
ROSLIN

Race

BOYANESE

Date of birth

30-08-1990

Sex

M

Country of birth

SINGAPORE



S9033030F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9033030F

Name

MUHAMMAD HAFIZ BIN  
ROSLIN

Birth Date 30 Aug 1990

Issue Date 30 Dec 2009



NRIC No. S9033030F



Date of issue

05-09-2005

Address

APT BLK 586 WOODLANDS DRIVE 16  
#07-106  
SINGAPORE 730586

APPROVED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

		VALID DATE
Class 2B	Motorcycles < 200 CC	30 Dec 2009
Class 2A	Motorcycles between 201 CC and 400 CC	22 Aug 2011
Class 2	Motorcycles > 400 CC	12 Dec 2013
Class 3	Motor cars < 2000 kg with < 3 passengers, exclusive of the driver; and motor tractors < 2500 kg	24 Feb 2014
Class 4	Heavy motor cars and motor tractors > 2500 kg	10 Sep 2018

S9033030F S / No. 9000284248

Licence No: S9033030F

P 428A



ERRM

**MS FirstCapital**

MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9  
6 Raffles Quay #21-00 Singapore 048590  
Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877  
Tel: (65) 6507 3848 Fax: (65) 6507 3849  
www.msfirstcapital.com.sg

**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-19093089MFCV/35  
Vehicle No / Chassis No : YN5234P / NJR857036648  
Name of Insured : POWERGAS LIMITED  
Period Of Insurance : 01.04.2019 To 31.03.2020  
Insured Estimated Value : 0.00

**Excess :**

SGD3,500.00 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.

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)

JORDINE/B0009/MZ300C

Issued at Singapore on 26.03.2019

Authorised Signature