

NATIONAL Assessment Centre Services [Ref: 23-102] 2			
Date In: 28/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/INC20001517/13	SAS e-filing		
Veh No: SGW3118X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/01/20 0900	i-Motor Claim Form	MT/1082082-001	
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: WC6830T	INC () / Non-INC ()	
Owner / Driver: (Tel: ()
Policy No: ()	Period: ()
Confirmed by: (Date: ()
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

NA2000942		Invoice Preparation Checklist		Amnt (\$)	Amnt (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		Int Bill	Add Bill
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)			
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)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2 / 3:		7) N1: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		OD:			
		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (N-in 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	28/01/2020 20:50
Date Of Accident	24/01/2020 09:00
Exact Location Of Accident	LAVENDER ST B4 RACE COURSE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGW3118X
Insured/Policyholder	
Name Of Registered Owner	JOURNEY MOTORS
Co Reg No	5XXXX528A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98575910
Vehicle Particulars	
Manufacturer	HONDA
Model	AIRWAVE
Exact Purpose for which vehicle was being used at time of accident	CHAUFFEUR
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5109123823
Cover Note Number	
Driver	
Name of Driver	KHAMSANI BIN SALIM
NRIC No	SXXXX415G
Date Of Birth	20/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	20/03/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87542130
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 626 SENJA RD #01-164
Postcode	670626
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	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	2
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	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200125/2006

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC6830T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	KHAMSANI BIN SALIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGW3118X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

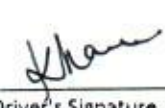
IMPORTANT NOTICE

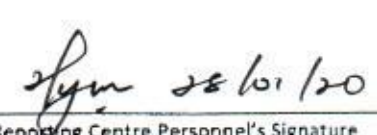
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

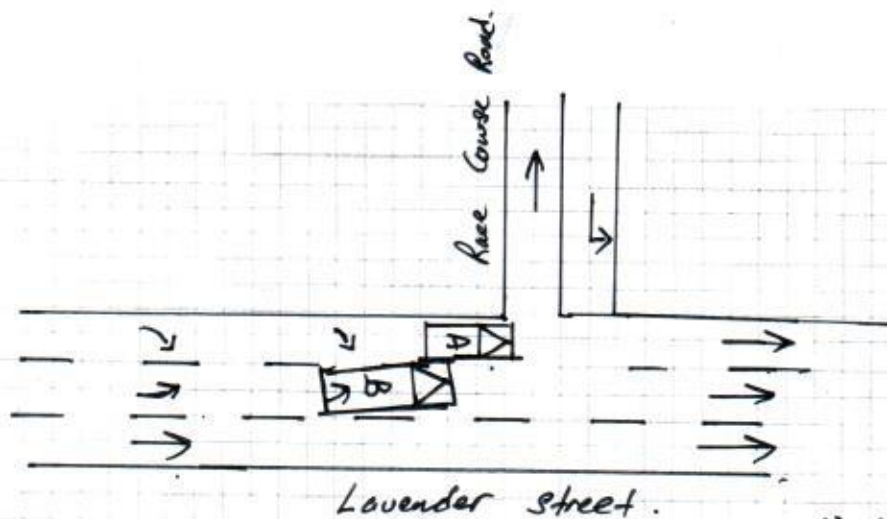
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



(A) SGW 3118X

(B) WC 6230T.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Plz refer to Police Report

No: T/20200125/2006.

DECLARATION

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

2

Policyholder's Signature
Date & Time:

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

28/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20200125/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2020 01:05	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars				
Name of Informant: KHAMSANI BIN SALIM			Address: APT BLK 626 SENJA ROAD #01-164 SINGAPORE 670626	
ID Type / ID No.: NRIC NO / S8038415G			Contact No.: Home/Office: Mobile: 87542130	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 39	Date of Birth: 20/11/1980	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 24/01/2020 09:00	Type of Location: Straight Road
Location: Along Road 1 LAVENDER STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW3118X	Motorcycle				Slightly Damaged	0
WC6830T	truck					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20701125/2016

Police Station Of Origin

(2 of 2)

Rocher N.P.C.

Report No. T/20701125/2016

11 Kampong Kapor Road SINGAPORE

208673

CONTINUATION OF REPORT

Tel No. 1800-2949995

Driver			
Name	KHAMSANI BIN SALIM	ID No.	S8038415G
Related Vehicle	SGW3118X (Motorcycle)	Contact No.	87542130
Hospital/Clinic	MY FAMILY CLINIC (SENJA)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: Nil
Date Treatment	24/01/2020	Date Discharge	24/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details

On the 24.01.2020 at about 09.00am, whilst I was driving my vehicle bearing the registration number SGW3118X along Lavender St when suddenly a cement truck bearing the registration number WC6830T had knocked against the right side of my vehicle when I was about to turn in to Race Course Rd. Due to that, the right side of my vehicle was badly damaged. The driver of WC6830T and I alighted from our vehicle and make a check. I managed to get his particulars and his supervisor contact number. No one was injured and no police or ambulance come to scene. As such, I proceed to the police station to lodge an accident report.



SINGAPORE
POLICE FORCE



T/20200125/2006

Police Station Of Origin:
Rochor N.P.C.
11 Kampong Kapar Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20200125/2006

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:

A /

Staff Sgt NORHAYATI BINTE ABDUL SAMAD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/01/2020 01:05

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



Vehicle No.	SGW 3118 X.	Model / Make	Yonda Airwave.
Date of Accident	24/01/2020.		
Time of Accident	0900 HRS		
Location of Accident	Lavender Street before Race Course Road.		
Exact purpose use during accident	Chauffeur.		
Name of Owner	Journey Motors.		
Telephone No.	H/P: 9857 5910	Home:	Office:
NRIC	53390528A.		
Address	BLK 603 Hougang Ave 4 #04-227 (S) 530603.		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	NTUC.		
Type of Coverage	Comprehensive <u>Third Party</u> Third Party / Fire / Theft		
Policy No.	5109123823 - 000003.		
Name of Driver	As Above If No, Khamsani Ben Salim.		
NRIC	S 80384156.	Any Passengers:	N.A.
Date of birth	20/11/1980.		
Occupation	<u>Outdoor</u> / Indoor		
Driving License Pass Date	20/03/2017.		
Gender	<u>Male</u> / Female		
Contact No.	H/P: 87542130.	Home:	Office:
Address	BLK 626 Sengkang Road #01-164 (S) 670626.		
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee, If no, state <u>Spouse</u> .		
Weather condition	<u>Clear</u> Raining Other		
Road Surface	<u>Dry</u> Wet Other		
Any Injuries	No, <u>If Yes, Who?</u>		
Name And Contact No.	Khamsani Ben Salim		
Name And Contact No.			
Police Report	No, <u>If Yes, Where?</u> <u>Rockor N.P.C.</u>		
Vehicle B No.	WC 68307.	Any Passengers:	N.A.
Name of Driver		Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	N.A.
Accident Portion	Right side.		
Camera Recorder	<u>Yes</u> / No		
Email Address	khamsanisalim@gmail.com.		
PARTICULAR WORKSHOP	N-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ping.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

My Desktop
Notice of Loss

Policy Query

Policy No.

5109123823

Date of Accident

24/01/2020 12:46

Vehicle No.(For Motor)

SGW3118X

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5109123823	5109123823-000003	JOURNEY MOTORS	53390528A	GFM	Third Party	SGW3118X	SGW3118X	25/04/2019	24/04/2020

Continue

Claim Handling

Accident MT/1082082

Policy No.	5109123073	Vehicle No.	SGW3118X	GST Registr
Certificate No.	5109123023-0000003			
Policyholder Name	JOURNEY MOTORS			Policyholder f
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	98575910	Contact No.(Office)	0	Contact No.(I
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

Accident Details				
Report Date	29/01/2020 17:39	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	24/01/2020	Time of Accident hh:mm	09:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	LAVENDER ST. BY RACE COURSE RD			

Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	0.00	
OD Standard Excess	0.00	TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covi
Additional Excess	0.00			
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00	

Benefits				
GST Registered Information				
GST Registered	No	GST Registration Date		
GST Registration No.		GST Status Verified		YTD
Modification History				

Policyholder Mailing Address				
Address 1	BLK 607 #04-227	Address 2	HOUGANG AVENUE 4	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-227	Related Policy Number	5113894595	

OI Driver Info				
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	KHAMSANI BIN SALIM	Driver NRIC	SXXXX415G	Driver DOB
Register Date of Driver License	20/03/2017	Driver Age	39	Driving Exper
Contact No.(Mobile)	87542130	Contact No.(Office)	0	Contact No.(I
Address 1	BLK 626	Address 2	SENJA ROAD	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#01-104			
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insure

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

Modification History

Claim 001 OD-MX New

Claim Type *

OD-MX

Insured Name

Contact No.(Mobile)

Contact No. (Home)

Email Address

Of Vehicle Number

Claim Description

SGW3118X / WC6830T ON 24 Jan 2020

Preferred Workshop

Insured Liability

Not at Fault

Collect No. Finalisation

Yes

Preferred Repair Option

Preferred Workshop, Name unknown

GIA report

Received

Date Registered

29/01/2020 17:45

Claim Close Date

Report Taken By

ROSLINDA

Workshop Repairer

Print AK letter

Save

Submit

Attachment

Accident No.

MT10R20R2

Claim No.

001

Last Doc. Received

Yes

No

Upload Date

29/01/2020 00:00

Path

Category

Confid

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen

Clear

Please Select

NO

Choose File

No file chosen













Clear

Please Select

NO

Message Read

Attachment List

Attachment	Uploaded By/Date	Category		Urgency	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:45	NRIC/ Driving License	Y	Normal	NRIC/ Dr
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:45	SAS		Normal	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:45	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:44	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:44	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:44	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:44	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:44	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:44	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:43	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:43	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:43	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:43	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:43	Photos		Normal	P
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 17:43	Photos		Normal	P

Video List

Uploaded By/Date	Folder Date	File Name	

Display in New Window

Scan and uploading