

NATIONAL Assessment Centre Services

Date In: 20/12/2021	Job description	Date & Time Completed	Done by
Ref No: NA / III 21012906/r3	SAS e-filing		
Veh No: GBF 2277 A	E-mail (within 3hrs. AP: 2hrs)		
D.O.A: 19/12/2021 08:00	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: JQX 6379	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%; 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

NA210 4734	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	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		
	5) i-T : Follow-Through Survey (Resurvey) \$30		
	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:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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 Submission	20/12/2021 18:13 (SGT)
Date of Accident	19/12/2021 08:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BANGKIT ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2277A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	STARHUB CABLE VISION LTD
Company Reg No	1XXXXX398C
Email Address	kamsin@starhub.com
Mobile Phone No	(Phone) +65-92707758
Alternative Phone No	+65-92707758

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1461

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D19MFL0000082_02
Cover Note Number	-

DRIVER

Name of Driver	KAMSIN BIN MUDRICA
NRIC No	SXXXX405D

Date Of Birth	08/08/1968
Occupation	Outdoor
Date Of Driving Pass	10/07/1992
Driving experience	29 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92707758
Alt. Phone Number	-
Email Address	motor@km.com.sg
Address	BLK 921 TAMPINES STREET 91
Address complement	#08-191
Postcode	520921
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

FOREIGN VEHICLE 1

Vehicle Registration Number	JQX6379
Vehicle Category	Motorcycle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20211220/2042

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	JQX6379
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	LIM KING HUI
Contact Number	(Phone) +65-81252761
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 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.
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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

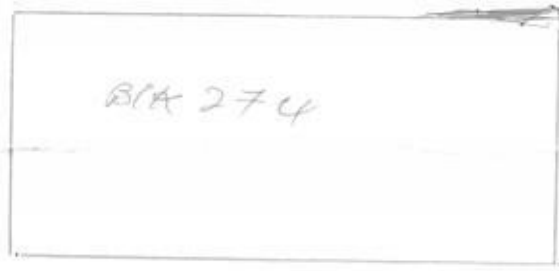
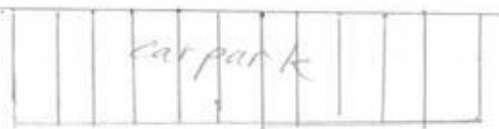
As per attached.

B/A 272
Bangkit Rd

A = GBF 2277A
B = JQX 6379

40 Rd line Indication
Weather clear
8am

motorcycle = JQX6379



Describe Circumstances of the Accident

Refer to the police report: T/2021/220/2042.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

20/12/2021

R 20/12/21

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20211220/2042

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 4

Report No. T/20211220/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2021 13:52		Vide Report No.:		Station Diary No.: 41	
Informant's Particulars					
Name of Informant: KAMSIN BIN MUDRICA			Address: APT BLK 921 TAMPINES STREET 91 #08-191 SINGAPORE 520921		
ID Type / ID No.: NRIC NO / S6831405D			Contact No.: Home/Office: Mobile: 92707758		
Nationality: SINGAPORE CITIZEN			Email: kamsin@starhub.com		
Sex: Male	Age: 53	Date of Birth: 08/08/1968	Type of Informant: Driver		
Race: Indonesian		Language: English		Institution / School Name:	
Occupation: Engineer		Driving Licence Information: Class: 2B,3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/12/2021 08:00	Type of Location: service road
Location: BANGKIT ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF2277A	Van	NISSAN		Grey	Slightly Damaged	0
JQX6379	Motorcycle			Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBF2277A	INDIA INTERNATIONAL INSURANCE PTE LTD	D19MFL0000082_02	01/01/2021	31/12/2021



SINGAPORE POLICE FORCE



T/20211220/2042

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20211220/2042

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KAMSIN BIN MUDRICA	ID No.	S6831405D
Related Vehicle	GBF2277A (Van)	Contact No.	92707758
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	LIM KING HUI	ID No.	NIL
Related Vehicle	JQX6379 (Motorcycle)	Contact No.	81252761
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/12/2021 at about 0800am, I was alone, driving my company van reg no: GBF2277A at service road at near Blk 274 Bangkit Road.

As I was making a right turn, suddenly a motorcycle approached from my opposite and hit onto my van, right side door and side mirror.

I stopped my van and alighted from my van to make a check on the motorcycle rider.

The motorcycle rider was conscious and did not fall to the ground.

The motorcycle rider told me that it was my fault however I told him that he was riding towards my direction.

He told me to what as he called his friend. Subsequently the friend came and negotiate with me asking whether I wish to pursue or settle the matter privately.

The motorcycle rider told that his right arm pain however no visible injuries, I told him to proceed to the hospital if he wish to.

Before leaving, I took photos the motorcycle and my van damages. We exchange particulars.

About an hour later, I decided to settle the matter privately by calling him a few times however he kept telling me that he was busy.

As such, on 20/12/2021, I informed my company (Starhub) about the matter and was advised to proceed to the company workshop. At the workshop, I was informed by the IDAC to lodge a traffic accident report. Damages to my van, right side mirror break and right door scratches.

The motorcycle damages, as claimed by him that can't start, brake pedal dented.

I also wish to state that there was no road line indication at the said location.



**SINGAPORE
POLICE FORCE**



T/20211220/2042

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Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20211220/2042

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20211220/2042

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20211220/2042

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 /
SI ZULKANAIEN BIN ENDRA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Signature Of Informant:

Date/Time:
20/12/2021 13:52

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (19/12/21) (DD/MM/YYYY), TIME: (08:00) (HH:MM)

LOCATION: Bangkit Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBF 2277A
 b) INSURANCE COMPANY: India International Insurance
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Nissan NV 200 (M) (1461cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 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: Starhub Cable Vision Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 199103398C CONTACT: 9270 7758
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Kamsin Bin Mudica (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6831405D CONTACT: 9270 7758
 c) ADDRESS: B1K 921 Tampines Street 91 #08-191 (S) 520921

* d) DATE OF BIRTH: (08/08/1968) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10/7/1992

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: JQX 6379 MODEL: motorcycle → foreign vehicle
 b) DRIVER'S NAME: Lim King Hui
 c) NRIC/FIN/PASSPORT: CONTACT: 8125 2761

9. THIRD PARTY VEHICLE

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

Email = kamsin@starhub.com / motor@km.com.sg

Fax =

Video = NO

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

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)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MFL0000082_02		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: GBF2277A	
Chassis No	: VSKYBAM20Z0127117	
2. Name of Policyholder	: STARHUB CABLE VISION LTD	
3. Effective date of Insurance	: 01 Jan 2021	
4. Expiry date of Insurance	: 31 Dec 2021	
5. Persons or Classes of Persons entitled to drive*	<p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>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</p>	
6. Limitations as to use*	<p>(1) Use in connection with the Policyholder's business.</p> <p>(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.</p> <p>(3) Use for social, domestic and pleasure purposes.</p> <p>The Policy does not cover</p> <p>(1) Use for hire or reward or for racing, pace-making, reliability trial, or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>*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.</p>	
Excess Section I	: SGD	500.00
Excess Section II	: SGD	500.00
Windscreen Excess	: SGD	100.00
Hire Purchase Company	: N.A	
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 1 YEAR DRIVING EXPERIENCE, EXCESS OF S\$1000/- ON SECTION I & S\$1500/- ON SECTION II WILL BE APPLICABLE.</p>		
<p>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).</p>		
Agent/Broker	: B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD	
Date of Issue	: 07/12/2020 16:13:32	
M.Z. 300C - GOODS CARRYING(Company's use)		
	<p><i>For India International Insurance Pte Ltd</i></p> <div style="text-align: center;">  <hr style="width: 100px; margin: 0 auto;"/> <p>Authorised Signatory</p> </div>	