

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 06/06/2023	Job description	Date & Time Completed	Done by
Ref No: NA FCI 23005800/64	SAS e-filing		
Veh No: XE 3755A	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/06/2023	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: Ceiling 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

NA2301663	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		
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		
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat. 2/3:	8) NTUC Additional Services:-		
	OT*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	9) N12: Idac Mobile \$50		
	TP (N11) : TP (Non INC) against INC \$20		
	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 Actual 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	06/06/2023 18:22 (SGT)
Reported by	Actual Driver
Date of Accident	03/06/2023 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FS3 DIESEL KIOSK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number XE3755A

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHANGI AIRPORT GROUP (SINGAPORE) PTE LTD
Company Reg No	2XXXXX817N
Email Address	salihin.cag@gmail.com
Mobile Phone No	(Phone) +65-64245676
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	P360CB6X4HHZ
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	12742

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100815MFVS/5

DRIVER

Name of Driver	AHMAD SALIHIN BIN SAHAD
NRIC No	SXXXX287D
Date Of Birth	15/08/1981
Occupation	Outdoor

Date Of Driving Pass	30/06/2008
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-96586747
Alt. Phone Number	-
Email Address	salihin.cag@gmail.com
Address	APT BLK 765 PASIR RIS STREET 71
Address complement	# 15-108
Postcode	510765
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 Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	CEILING
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-



Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

WITNESS DETAILS

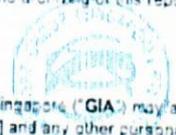
WITNESS 1

Name RUSDI RUZAINI BIN JUNADI
Phone (Phone) +65-97667014
Email -

SKETCH PLAN

IMPORTANT NOTICE

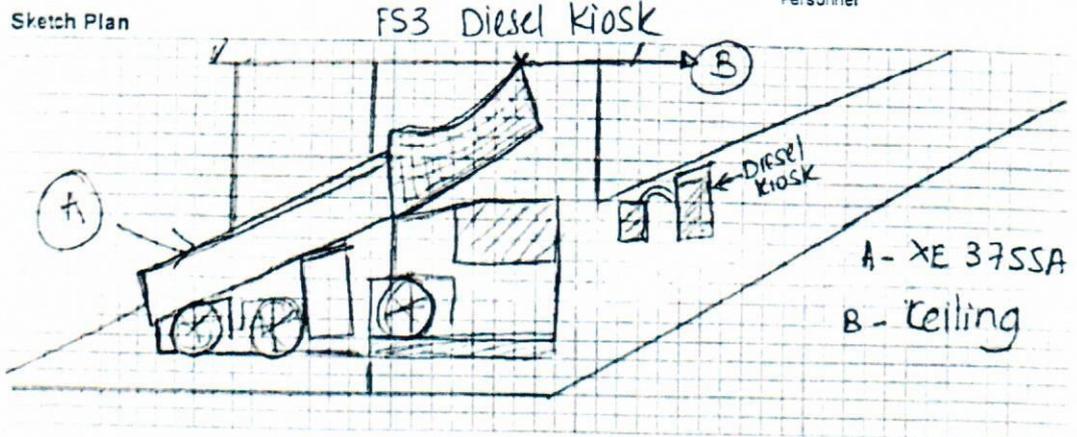
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**
3. Information provided must be **as truthful and accurate as possible**. Any willful misrepresentation or withholding of material 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) the insurer(s), workshop and the General Insurance Association of Singapore ("GIA") may be 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

[Signature] 6/6/23
 Driver's Signature (If driver is not the policyholder) Date & Time

[Signature] 06/06/2023
 Witnessed by Reporting Centre Personnel



Describe the Circumstance of the Accident

Please Refer to the attached
statement

Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



6/6/23





06/06/2023

ON THE ABOVE STATED DATE AND TIME, I WAS AT FS3 DIESEL KIOSK TO REFILL DIESEL FOR MY VEHICLE. UPON COMPLETION OF THE REFUELLING, I WAS SLOWLY REVERSING TO EXIT THE KIOSK. WHILE DOING SO, SUDDENLY THE FOAM TUBE AT THE CEILING STUCKED TO THE NETTING OF MY VEHICLE AND THE FOAM TUBE HAS SNAPPED OFF FROM THE CEILING. THE CEILING WAS SLIGHTLY DAMAGED DUE TO THIS.

A – XE 3755A

B - CEILING

D.O.A: 03/06/2023

PLACE OF ACCIDENT: FS3 DIESEL KIOSK

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 03/06/2023	TIME OF ACCIDENT: 16:00 HRS
VEHICLE NO: XE 3755A	TRANSMISSION: AUTO / MANUAL
MAKE & MODEL: Scania / P360CB6X4HZ	LOCATION: F53 Diesel kiosk
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: <u>OD / THIRD PARTY / REPORTING ONLY</u>
INSURANCE COMPANY: MS First Capital	POLICY NO: D-23100815MFVS/5
TYPE OF COVERAGE: Fleet COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE: (SALOON / <u>COUPE/MPV/VAN/LORRY/MOTORCYCLE</u>)
NAME OF OWNER : Changi Airport Group (Singapore) Pte Ltd	NRIC: 200910817N
ADDRESS:	CONTACT NO: 6424 5676
EMAIL ADDRESS: salihin.cag@gmail.com	VIDEO RECORDING: YES / <u>NO</u>
NAME OF DRIVER: AS ABOVE / IF NO : Ahmad Salihin Bin Sahad	NRIC: <u>S8125287D</u> CONTACT NO: <u>9658 6747</u>
DRIVER OWNER RELATIONSHIP: <u>Employee</u>	PASSENGER: <u>0</u> MALE () FEMALE ()
DATE OF BIRTH: 15 / 08 / 1981	DRIVING PASSING DATE: 30/06 / 2008
OCCUPATION: <u>INDOOR / OUTDOOR</u>	ADDRESS: Apt Blk 765 pasir ris street 71 # 15-108 - S 510765
ANY INJURIES: <u>NO</u> , IF YES : _____	POLICE REPORT: <u>NO</u> / IF YES WHERE ? _____
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO: <u>Ceiling</u>	VEHICLE C REG NO: _____
DRIVER NAME: _____	DRIVER NAME: _____
NRIC: _____	NRIC: _____
CONTACT: _____	CONTACT: _____
VEHICLE D REG NO: _____	ANY WITNESS? <u>NO</u> , IF YES:
DRIVER NAME: _____	NAME: <u>Rusdi Ruzaini Bin Junadi</u>
NRIC: _____	CONTACT: <u>9766 7014</u>
CONTACT: _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM: _____	WERE SEAT BELTS WORN?: <u>YES</u> / NO WERE INJURY CONVEYED BY AMBULANCE: YES / <u>NO</u>

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. : FLEET - HEAVY COMMERCIAL VEHICLE
Type of Cover. : Comprehensive
Certificate No. : D-23100815MFVS/5
Vehicle No / Chassis No : XE3755A / YS2P6X400G5444933
Name of Insured : CHANGI AIRPORT GROUP (SINGAPORE) PTE LTD
Period Of Insurance : 01.04.2023 To 31.03.2024
Insured Estimated Value : Market Value At Time Of Loss

Excess :

SGD1,500.00 SECTION I (APPLICABLE TO RISK NO. 1 TO 4, 7 & 18)
SGD2,500.00 SECTION I (APPLICABLE TO RISK NO. 5, 6, 8 TO 17, 20 TO 27,
32 TO 34 & 36 TO 40)
SGD7,500.00 SECTION I (APPLICABLE TO RISK NO. 19, 28 TO 31, 35 & 41 TO 48)
SGD8,500.00 SECTION I (APPLICABLE TO RISK NO. 49 TO 52)
ADDITIONAL SGD3,500.00 SECTION I & II SEPARATELY IS IMPOSED ON THOSE DRIVERS
WHO ARE BELOW 23 YEARS OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING
EXPERIENCE
ALL EXCESS AMOUNTS ARE SUBJECT TO GST

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

Any person provided he is in the Insured's employ and is driving on their 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*

Use for Fire Brigade Purposes.

Whilst the Motor Vehicle is being so used the carriage of passengers is permitted.

The Policy does not cover:-

- (1) Use for racing, pace-making, reliability trial or speed-testing.
- (2) Use for the carriage of passengers for hire or reward.
- (3) Use whilst drawing a trailer except the towing (other than for reward) 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)

STELLAL/B0046/MZ805

Issued at Singapore on 24.03.2023



Authorised Signature