

# NATIONAL Assessment Centre Services

Date In: 06/12/2017 10:44	Job description	Date & Time Completed	Done by
Ref No: NBA/GAI17023122/K4	SAS e-filing		
Veh No: FBM 34875	E-mail (within 8hrs, AIC 2hrs)		
DOA: 30/11/2017 18:00	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBF 8402R	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

NA1707564	<b>Invoice Preparation Checklist</b>	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: 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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			



## 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 ability.
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 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	06/12/2017 10:44
Date Of Accident	30/11/2017 18:00
Exact Location Of Accident	WOODLANDS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3487S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZURAIMIZWAR BIN GHANI
NRIC No	S8720072H
Email Address	ZURAIMI_4@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87991850
Alternative Phone No	OTHERS-87991850

### Vehicle Particulars

Manufacturer	YAMAHA
Model	XABRE TFX150
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2017TR01566

### Driver

Name of Driver	ZURAIMIZWAR BIN GHANI
NRIC No	S8720072H
Date Of Birth	04/07/1987
Occupation	INDOOR
Date Of Driving Pass	15/08/2017
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87991850
Fax Number	
Contact Number	OTHERS-87991850
Email Address	ZURAIMI_4@HOTMAIL.COM

Address	BLK 633 JURONG WEST ST 65 #01-302
Postcode	640633
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
Was any body injured in the Accident?	YES
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171202/7007

#### 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	GBF8402R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SEAN XIAO WEI JIMMY
NRIC/Passport Number	S8428700H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name

ZURAIMIZWAR BIN GHANI

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

FBM3487S

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

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

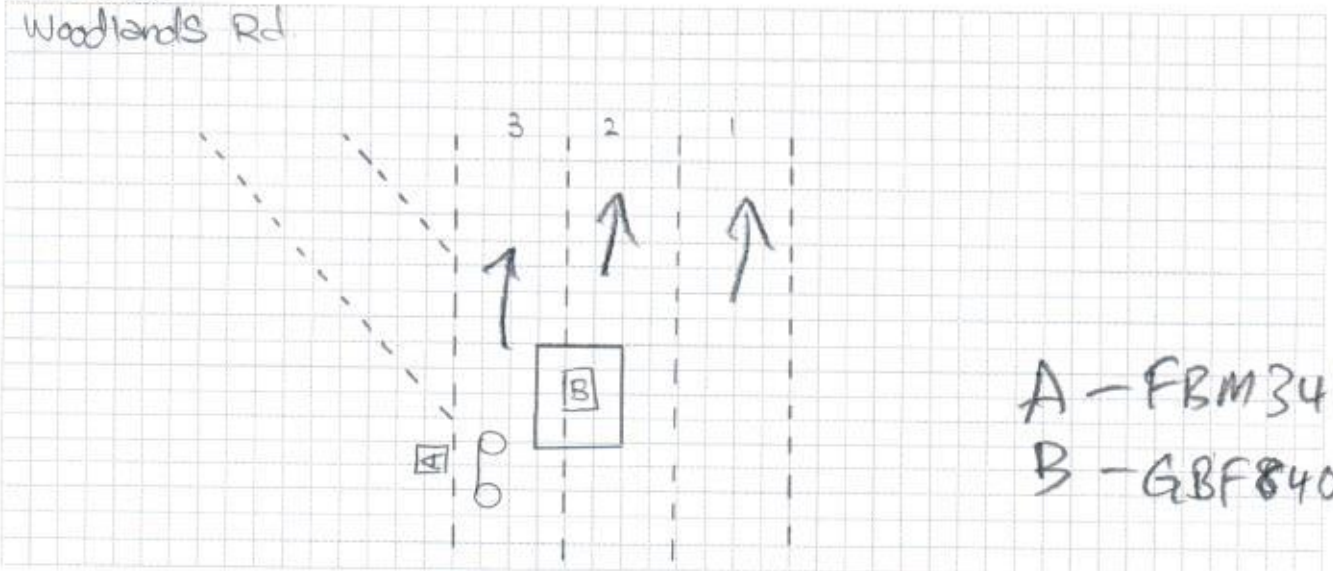
Date & Time: 5/11/17  
1745

  
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 30<sup>th</sup> November 17 at about 6pm, I was riding along Woodlands Road lamp post 6981. As I was riding on the third lane, there was a lorry in front of me. I filtered left overtaking the vehicle. The road was clear ahead of me so I continued but as I was riding, a van GBF 8402 R decided to turn into my lane from the second lane. As I was in his blindspot with no time to react, we collided. I suffered a few abrasions and bruises but were still conscious.

## DECLARATION

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

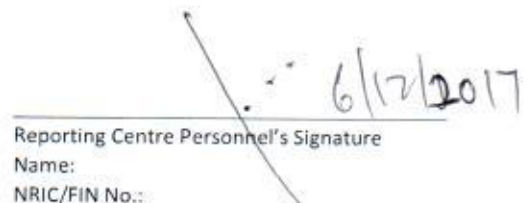


Policyholder's Signature  
Date & Time: 5/11/17  
1745

GUARMC SketchPlanForm\_V3



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

 6/12/2017

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





# SINGAPORE POLICE FORCE



T/20171202/7007

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20171202/7007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/12/2017 14:19		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ZURAIMIZWAR BIN GHANI			Address: APT BLK 633 JURONG WEST STREET 65 #01-302 SINGAPORE 640633		
ID Type / ID No.: NRIC NO / S8720072H			Contact No.: Home/Office: Mobile: 87991850		
Nationality: SINGAPORE CITIZEN			Email: zuraimi_4@hotmail.com		
Sex: Male	Age: 30	Date of Birth: 04/07/1987	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Procurement/Purchasing manager			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2017 18:00	Type of Location: Straight Road
Location:  WOODLANDS ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBM3487S	Motorcycle	YAMAHA	XABRE TFX150	Red		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM3487S	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01566	03/10/2017	02/10/2018



**SINGAPORE  
POLICE FORCE**



T/20171202/7007

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20171202/7007

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ZURAIMIZWAR BIN GHANI	ID No.	S8720072H
Related Vehicle	FBM3487S (Motorcycle)	Contact No.	87991850
Hospital/Clinic	PIONEER MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	01/12/2017	Date Discharge	01/12/2017
No. of Days granted Medical Leave	01	Degree of Injury	Slight

**Brief Details.**

On 30th November 17 at about 6pm, i was riding along Woodlands Road lamp post 69s1. As i was riding on the third lane, there was a lorry infront of me. I filtered left overtaking the vehicle. The road was clear ahead of me so i continued but as i was riding, a van GBF8402R decided to turned into my lane from the second lane. As i was in his blindspot with no time to react, we collided. I suffered a few abrasions and bruises but were still conscious.





**SINGAPORE  
POLICE FORCE**



T/20171202/7007

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20171202/7007

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YEO KIA HUAT  
Contact No.: 65476325

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
02/12/2017 14:19

Classification Of Case:

Bukit Merah

Reported on 5/12/2017

ACCIDENT STATEMENT

@ 1740hrs

ACCIDENT DATE: (30 / 11 / 2017) (DD/MM/YYYY), TIME: (06 : 00) (HH:MM)

LOCATION: Woodlands Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 3487 S  
b) INSURANCE COMPANY: Great American Insurance  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: Zuraimi Nur Bin Ghani (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8720072H CONTACT: 87991850  
c) ADDRESS: Blk 633 Jurong West St 65 #01-302  
S'pore 640683

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

DRIVER

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

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: \_\_\_\_\_

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: GBF8402R MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Sean Xiqo Wei Jimmy  
c) NRIC/FIN/PASSPORT: S8428700H CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )


\* No of passenger  
(Including driver)  
( )

Email = Zuraimi\_4@hotmail.com

fax = Zuraimi\_4@hotmail.com  
V1 060



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8720072H**





Name  
**ZURAIMIZWAR BIN GHANI**

زورائيميزوار بن كني

Race  
**MALAY**

Date of birth **04-07-1987** Sex **M**

Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number **S8720072H**  
Name  
**ZURAIMIZWAR BIN GHANI**

Birth Date **04 Jul 1987**  
Issue Date **27 Feb 2012**



002046061H

3717506



NRIC No. **S8720072H**



Date of issue  
**05-05-2005**

APT BLK 633 JURONG WEST STREET 65 #01-302  
SINGAPORE 640633

NRIC No: **S8720072H** Date: **12/08/2014**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Class 2 Motorcycles <= 200 CC Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	15 Aug 2017 27 Feb 2012

S / No. 9000269829

NP 428A

NP 428A



License No: S8720072H



**GREAT AMERICAN INSURANCE COMPANY**  
UBN: T16FC00295 GST REG. NO.: M903700817  
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER  
SINGAPORE 039190  
TEL: +65 6804 8000  
FAX: +65 6235 2818

**MOTOR COVER NOTE: MT2017TR01566**

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby **HELD COVERED** under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: ZURAIMIZWAR BIN GHANI
Insured NRIC/Passport No/ Roc	: S8720072H
Named Rider	: N.A
Policy Coverage	: THIRD PARTY, FIRE & THEFT
Make And Description Of Vehicle	: YAMAHA / XABRE TFX150
Vehicle Registration No.	: FBM3487S
Year Of Manufacture	: 2017
Engine No.	: G3G8E0031727
Chassis No.	: MH3RG3710HK024804
Engine Capacity	: 150
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (\$\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 03/10/2017 TO: 02/10/2018
Excess (\$\$)	: Section I \$300
Optional Benefits	: N.A
Authorised Workshop	: DE XING MOTOR PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company  
Authorised Signatory

Date of Issue : 03/10/2017

Intermediary : TENA RISK SOLUTIONS PTE LTD  
MTR/COVERNOTE/V01/15