

NATIONAL Assessment Centre Services. (ver 1 Jan 00)

19 MAY 17 16:295

Date In: 07/12/2017 15:03	Job description	Date & Time Completed	Done by:
Ref No: NBA/FWD/17023289/4	SAS e-Milling		
Veh No: FBH 4026J	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 29/11/2017 00:40	E-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (within 60 hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: GZ 3629Y	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%)	(Note: BSL 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: Customers Information strictly Confidential & Strictly NO refer of repeller.

() 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 Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date/Time	Actions

NANO7618 Human's Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Comments: L.I.: 2/3	Invoice Preparation Checklist		Amount (\$)	Amount (\$)
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$50)		
	3) TP: Towing Fee	\$10/\$15		
	4) FT: Follow-Through Survey	\$120		
	5) RT: Follow-Through Survey (Recovery)	\$50		
	Excluding against INC Only (ver 10 Jan 2005)			
	6) TR: Re-inspection	\$35		
	7) NI: (da) DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
Q11:				
*N3: Courtesy Car / Tpl Allowance		\$5		
*N6: Repair Coordination		\$10		
*N7: Post Repair Inspection		\$35		
*N8: DV / Collect Excess Coordination		\$5		
TP (NI): TP (Non INC) against INC		\$20		
9) N12: Idle Mobile		\$0		
Invoice dated		Fee Charged		
Invoice Paid		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 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	07/12/2017 14:31
Date Of Accident	29/11/2017 06:40
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4026J
Insured/Policyholder	
Name Of Registered Owner	HASRUL BIN SUHIRI
NRIC No	S8934466B
Email Address	AISAHSUPAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97847053
Alternative Phone No	OTHERS-91878659

Vehicle Particulars

Manufacturer	GILERA
Model	RUNNER ST200-198CC
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNNMC2017-00000259
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FARID FAIZAL BIN ISMAIL
NRIC No	S8018207D
Date Of Birth	29/06/1980
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2002
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97847053
Fax Number	
Contact Number	OTHERS-91878659
Email Address	AISAHSUPAR@GMAIL.COM

Address	BLK 316 WOODLANDS STREET 31 #04-118
Postcode	730316
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171205/2128 (TYPE OF COLLISION IS HEAD TO SIDE)

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	GZ3629Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	YOGESH KUMAR
NRIC/Passport Number	G8270094W
Contact Number	90578867
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 MOHAMMAD FARID FAIZAL BIN ISMAIL
Approximate Age
Injuries Sustain SERIOUS INJURIES
Injured person in which vehicle? FBH4026J
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name WAGINO
Approximate Age
Injuries Sustain SERIOUS INJURIES
Injured person in which vehicle? FBH4026J
Were seat belts worn?
Was injured conveyed to hospital by ambulance? YES
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: 07/12/17

Driver's Signature

(If driver is not the policyholder)

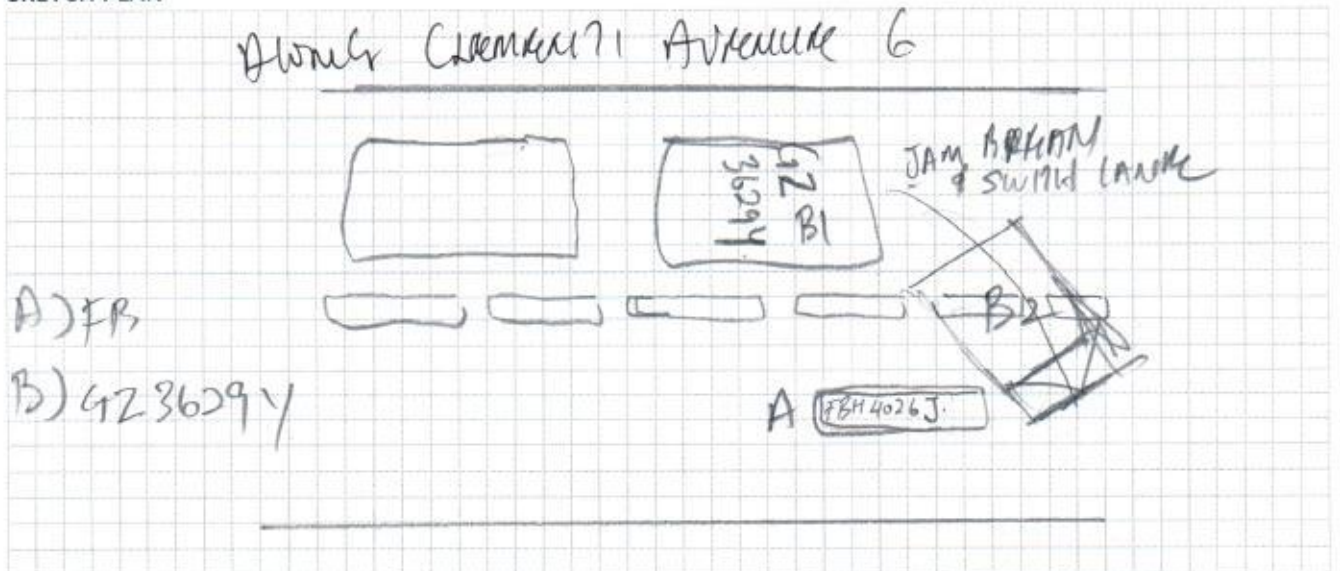
Date & Time: 07/12/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
1/20/17/205/2/28

DECLARATION

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

Policyholder's Signature
Date & Time: 07/12/17

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/12/17

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



SINGAPORE POLICE FORCE



T/20171205/2128

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20171205/2128

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2017 17:56	Vide Report No.: D/20171129/0035	Station Diary No.: 44
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Informant's Particulars

Name of Informant: MOHAMMAD FARID FAIZAL BIN ISMAIL			Address: APT BLK 316 WOODLANDS STREET 31 #04-118 SINGAPORE 730316		
ID Type / ID No.: NRIC NO / S8018207D			Contact No.: Home/Office: Mobile: 91878659		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 29/06/1980	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/11/2017 06:40	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI AVENUE 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4026J	Motorcycle					1

Details of Person Involved

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



Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

Report No. T/20171205/2128

CONTINUATION OF REPORT

Rider				
Name	MOHAMMAD FARID FAIZAL BIN ISMAIL		ID No.	S8018207D
Related Vehicle	FBH4026J (Motorcycle)		Contact No.	91878659
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/11/2017		Date Discharge	30/11/2017
No. of Days granted Medical Leave	14		Degree of Injury	Serious
Pillion				
Name	WAGINO		ID No.	NIL
Related Vehicle	FBH4026J (Motorcycle)		Contact No.	91073224
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/11/2017		Date Discharge	01/12/2017
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious

Brief Details.

On the 29/11/2017 at about 0640hrs, I was travelling on the right lane of a two lane road along Clementi Ave 6 and was going straight to AYE. All of a sudden, a lorry at the left lane swerved to my lane abruptly and I could not brake in time, hence I collided against the side of the lorry. After which, I lose conscious and I did not know what happened afterwards. I only felt someone tapping my face and after a few minutes, I heard the siren of ambulance and I was then conveyed to NUH together with my pillion. I suffered abrasions on my face, fracture on the bone below my right eyeball and a misaligned nose bridge. As for my pillion, I only know that he had a fractured right pinky finger. I was discharged on the 30/11/2017 and given 14 days hospitalization leave, whereas my pillion was discharged on the 01/12/2017 but I am unsure how many days MC was he given. I was then instructed by TP IO Esmond to lodge an accident report. (vide D/20171129/0035 under TP IO Esmond) I am not sure how is the damage of my motorcycle, however I had gotten my motorcycle workshop to tow back my motorcycle from TP HQ. I do not have the particulars or vehicle number of the other party.



**SINGAPORE
POLICE FORCE**



T/20171205/2128

3 of 3

Report No. T/20171205/2128

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

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:

J /

Sgt 3 GERALDINE TAN HUI JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/12/2017 17:56

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 11 / 2017 (DD/MM/YYYY), TIME: 06 : 40 (HH:MM)

LOCATION: Along Road 1, Clementi Ave 6

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 4026J
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PMMC 2017-00000259
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Proton GENESIS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Travel to work
 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: Hasrul Bin Suhiri (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8934466B CONTACT: 97847053
 c) ADDRESS: 513 Jelapang Road #04-217
S(670513)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohammad Farid Faizal Bin Ismail (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8018207D CONTACT: 91878659
 c) ADDRESS: 316 Woodlands street 31, #04-118
S(730316)

* d) DATE OF BIRTH: 29 / 06 / 1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 02/01/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

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: Woodlands West NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GZ36 GZ3629Y MODEL: _____
 b) DRIVER'S NAME: YOGESH KUMAR
 c) NRIC/FIN/PASSPORT: G8270094W CONTACT: 90878867

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(2)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = aisahsupar@gmail.com

fax = -

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8018207D



Name

MOHAMMAD FARID FAIZAL
BIN ISMAIL

Race

MALAY

Date of birth

29-06-1980

Country of birth

SINGAPORE

Sex

M



S8018207D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8018207D

Name

MOHAMMAD FARID FAIZAL
BIN ISMAIL

Birth Date: 29 Jun 1980

Issue Date: 02 Jan 2003



4659981

NRIC No. S8018207D



Date of issue

06-12-2010

Address

APT BLK 316 WOODLANDS STREET 31
#04-118
SINGAPORE 730316

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles <= 200 CC
Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

VALID DATE

03 Jan 2002
27 Jul 2006

S8018207D

S / No. 9000050362



NP 478A



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.

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

POLICY NUMBER: PNMC2017-00000259

Plan Name: Third Party

Motorcycle plate number: FBH4026J

Your name (As the policyholder): HASRUL BIN SUHIRI

Coverage start date: 03/06/2017

Coverage end date: 02/06/2018

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 01/06/2017

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details
in this Certificate of Insurance need to be changed.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAY 17/16/295 Vehicle Registration No: FBH 4026 J
Name (as shown in NRIC): MOHAMMAD FAIZAL BIN ISMAIL NRIC/FIN/Passport No: SD0182070

☒ Vehicle Driver ☐ Vehicle Owner (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No.: 918 77053

Email Address : _____

Date of Accident : 29/11/2017 Time of Accident : 06:40

Place of Accident : Along Clementi Avenue 6

Insurance Company: FWD S'pore

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insure INJURED PERSONAL.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROSA, W. H. AB
NRIC/FIN No: _____
Date: 07/11/2017