

NATIONAL Assessment Centre Services

Date In: 22/01/2018 17:06	Job description	Date & Time Completed	Done by
Ref No: NA/EQI18001303/K4	SAS e-filing		
Veh No: FBK 3311B	E-mail (within 8hrs, AIC 2hrs)		
DOA: 21/01/2018 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 Assgn Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLM 4548A	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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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:-		
	OD*		
	*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 \$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 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 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	22/01/2018 17:06
Date Of Accident	21/01/2018 18:00
Exact Location Of Accident	539 EAST COAST RD INFRNT OF THE SOUND CONDOMINIUM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3311B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RUZDAN FAIZ BIN RUZLAN
NRIC No	S9242513D
Email Address	RUZDAN@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-90251930
Alternative Phone No	OTHERS-90251930

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R3 ABS
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMMPHQ17-000335
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RUZDAN FAIZ BIN RUZLAN
NRIC No	S9242513D
Date Of Birth	19/11/1992
Occupation	INDOOR
Date Of Driving Pass	10/01/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90251930
Fax Number	
Contact Number	OTHERS-90251930
Email Address	RUZDAN@OUTLOOK.COM

Address	BLK 862A TAMPINES ST 83 #03-426
Postcode	521862
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180122/2124

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 Witness 1

Name	CHONG XIANG YUNG
Phone Number	81263050
Email Address	

Details of Witness 2

Name	MOHAMMAD SHAWIFI
Phone Number	87529656
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM4548A
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category PRIVATE CAR

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 MUHAMMAD RUZDAN FAIZ BIN RUZLAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBK3311B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

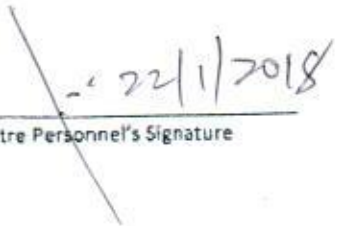
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

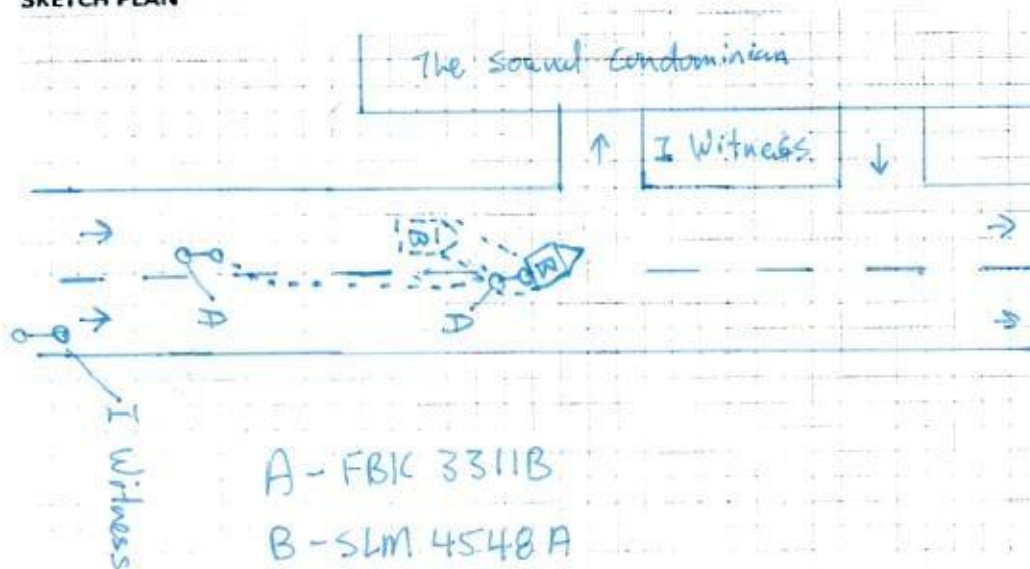
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

As per police report no. T/20180122/2124

DECLARATION

I/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:

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

... 22/1/2018



SINGAPORE POLICE FORCE



T/20180122/2124

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180122/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2018 15:19	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: MOHAMMAD RUZDAN FAIZ BIN RUZLAN			Address: APT BLK 862A TAMPINES STREET 83 #03-426 SINGAPORE 521862		
ID Type / ID No.: NRIC NO / S9242513D			Contact No.: Home/Office: Mobile: 90251930		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 19/11/1992	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: PART-TIMER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST ROAD 539 EAST COAST ROAD INFRNT OF THE SOUND CONDOMINIUM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3311B	Motorcycle	YAMAHA	YZF-R3 ABS	Blue	Seriously Damaged	0
SLM4548A	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3311B	EQ INSURANCE COMPANY LTD.	DMMPHQ17-000335	29/05/2017	05/07/2018



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180122/2124

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD RUZDAN FAIZ BIN RUZLAN	ID No.	S9242513D
Related Vehicle	FBK3311B (Motorcycle)	Contact No.	90251930
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	21/01/2018	Date Discharge	21/01/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	AZIZ BABAR	ID No.	S7287628H
Related Vehicle	SLM4548A (Car)	Contact No.	NIL
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 21/01/2018 at about 6.00pm, I was riding my motorcycle (FBK3311B) along East Coast Road heading towards Bedok travelling at about 50km/h. At that point of time, I was on the left lane of the 2 lane road. I was keeping a distance about 3 cars length behind a Silver colour vehicle (SLM4548A).

Subsequently, I then observed the said vehicle had turned on the left signal indicator, as such I assumed that he was going to turn left into the condominium (The Sound) ahead. Along the way, the driver of the said vehicle appeared to have misjudged the turn. Due to that, the driver had abruptly swerved his vehicle to the right before making the left turn into the condominium.

At the same time, as I was changing to the right lane, I could not avoid the said vehicle and had hit on to rear as the vehicle had encroached on to my lane before making the said left turn. Following the impact, I fell together with my motorcycle. I then make a check on my motorcycle and noticed it had suffered major damages on the front area. My motorcycle was eventually towed as it was unable to ride.

I then met up with both witnesses who assisted me through the accident and also the driver of the said vehicle to exchange particulars. After which, I then proceeded to Central 24-HR Clinic (Bedok) for further medical assessment as I felt pain on my rear neck. I was then dispensed with medications and given a total of 2-days medical leave.



**SINGAPORE
POLICE FORCE**



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Report No. T/20180122/2124

Police Station Of Origin:

Kampong Ubi NPP

9 Eunos Crescent #01-2687 SINGAPORE

400009

Tel No: 1800-7479999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180122/2124

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Report No. T/20180122/2124

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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 /

Sgt 3 SYAFIQ RIDHWAN BIN HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SST GOH GEOK LYE

Contact No: 5975148



Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

22/01/2018 15:19

Classification Of Case:

Vehicle No.	FBK 3311B	Model / Make	Yamaha YZF-R3 ABS
Date of Accident	21/1/18		
Time of Accident	18.00	HRS	
Location of Accident	539 East Coast Road Infront of The sound Condominium		
Exact purpose use during accident	Private Use		
Name of Owner	Mohammad Ruzdan Faiz Bin Ruzlan		
Telephone No.	H/P : 9025 1930	Home :	Office :
NRIC	S9242513D		
Address	Blk 862A Tampines St 83 #03-426 S(521862)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	EQ		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	JMMPHQ17-000335		
Name of Driver	As Above If No,		
NRIC	Any Passengers : Nil		
Date of birth			
Occupation	Outdoor	/	Indoor
Driving License Pass Date	18 Oct 2012		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Mohammad Ruzdan Faiz Bin Ruzlan		
Name And Contact No.			
Police Report	No,	If Yes, Where? Kampong Ubi NPP	
Vehicle B No.	SLM 4548A	Any Passengers :	1
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. Witness Name	Chong Xiang Yang	Any Passengers :	8126 3050
Witness Name	Mohammed shawifi	Witness Contact :	8752 9656
Accident Portion	Hit On The Front, Full on The Left.		
Camera Recorder	Yes / No		
Email Address	Ruzdan @ outlook.com		
PARTICULAR WORKSHOP	Motor SI Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jacky		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales @ nsi.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9242513D



Name

MOHAMMAD RUZDAN FAIZ BIN
RUZLAN

Race

JAVANESE

Date of birth

19-11-1992

Country of birth

SINGAPORE

Sex

M

S9242513D

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9242513D

Name

MOHAMMAD RUZDAN FAIZ BIN
RUZLAN

Birth Date: 19 Nov 1992

Issue Date: 25 Aug 2015



002465903F

SG
50



4135735

NRIC No. S9242513D



Date of issue

26-11-2007

APT BLK 862A TAMPINES STREET 83 #03-426
SINGAPORE 521862

NRIC No: S9242513D

Date: 28/04/2011

No: 6738461

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	10 Jan 2013
Class 2A	Motorcycles between 201 cc and 400 cc	25 Aug 2015
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	18 Oct 2012

NP 428A



Licence No: S9242513D

EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
tel 65 6223 9433 | fax 65 6224 3903 | www.eqinsurance.com.sg
reg no. 1978-00490-N

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORCYCLE-PTE USE
Comprehensive****Certificate No.: DMMPHQ17-000335**

Form: MY1
Excess:
Named Driver SGD500.00

1. Index Mark and Registration Number of Vehicles
FBK3311B

2. Name of Policyholder
MUHAMMAD RUZDAN FAIZ BIN RUZLAN

3. Effective Date of the Commencement of Insurance for the purpose of the Act
29/05/2017

4. Date of Expiry of Insurance
05/07/2018

5. Person or Classes of Persons entitled to drive*
Restricted to Named Drivers Only
1) The Policyholder / Insured
2) Person's whose Name is specified in the Policy.

*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 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. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

6. Limitations as to use*
LIMITATIONS AS TO USE

Use only for social domestic and pleasure purposes and in connection with the Policyholder's business or profession

THE POLICY DOES NOT COVER

- (1) Use for hire or reward
- (2) Use for racing pace-making reliability trial or speed-testing
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business
- (4) Use for any purpose in connection with the Motor Trade

*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.

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) or and Amendment, Act or Acts passed in substitution thereof.

Authorised Signatory
EQ Insurance Company Limited

UNWNBF/HO/A000315/Symple Insurance Age



A Member of Citystate