

Date In: 7/2/18 11:54	Job description	Date & Time Completed	Done by
Ref No: MA/GAZ 180042441/4	SAS e-filing		
Veh No: FBM 4146 U	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 17/1/18 20:40	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 2hrs)		
	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: SLF 7186 C 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 (C)	Am (D)
Driver/Owner:	1) A.R: Accident Reporting (\$30)	20.00	
Contact No:	2) DA: Damage Assessment (\$100)	INC (380)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey)	\$90	
	For claiming against INC Only (Ref 10 Jan 2017)		
	6) TR: Re-inspection	\$75	
	7) N1: Idac DA - SMRT Survey	\$140	
	8) NTUC Additional Services:-		
	QC:		
	*N6: Courtesy Car / Tpt Allowance	\$4	
	*N6: Repair Coordination	\$12	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$4	
	TP (N11): TP N1-AIN-E against INC	\$10	
	9) N12: Idac Module	\$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	07/02/2018 11:54
Date Of Accident	17/01/2018 20:40
Exact Location Of Accident	CLEMENTI RD TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4146U
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Insured/Policyholder

Name Of Registered Owner	MOHAMMAD NOR FARIZWAN BIN RISWAN
NRIC No	S9419737F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86584963
Alternative Phone No	OFFICE-86584963

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	-
Cover Note Number	MT2017TR01701

Driver

Name of Driver	MOHAMMAD NOR FARIZWAN BIN RISWAN
NRIC No	S9419737F
Date Of Birth	04/06/1994
Occupation	OUTDOOR
Date Of Driving Pass	23/10/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86584963
Fax Number	
Contact Number	OFFICE-86584963
E-Mail Address	NOEMAIL

Address	BLK 635B SENJA RD #03-259
Postcode	672635
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 - U-TURN
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?	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
Passenger 1	NAME: : NUR ARYANTI BINTE BORHANUDIN
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SLF7186C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO PHENG PAK
NRIC/Passport Number	S1590999D
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD NOR FARIZWAN BIN RISWAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBM4146U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NUR ARYANTI BINTE BORHANUDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBM4146U
Were seat belts worn?	
Was this 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.



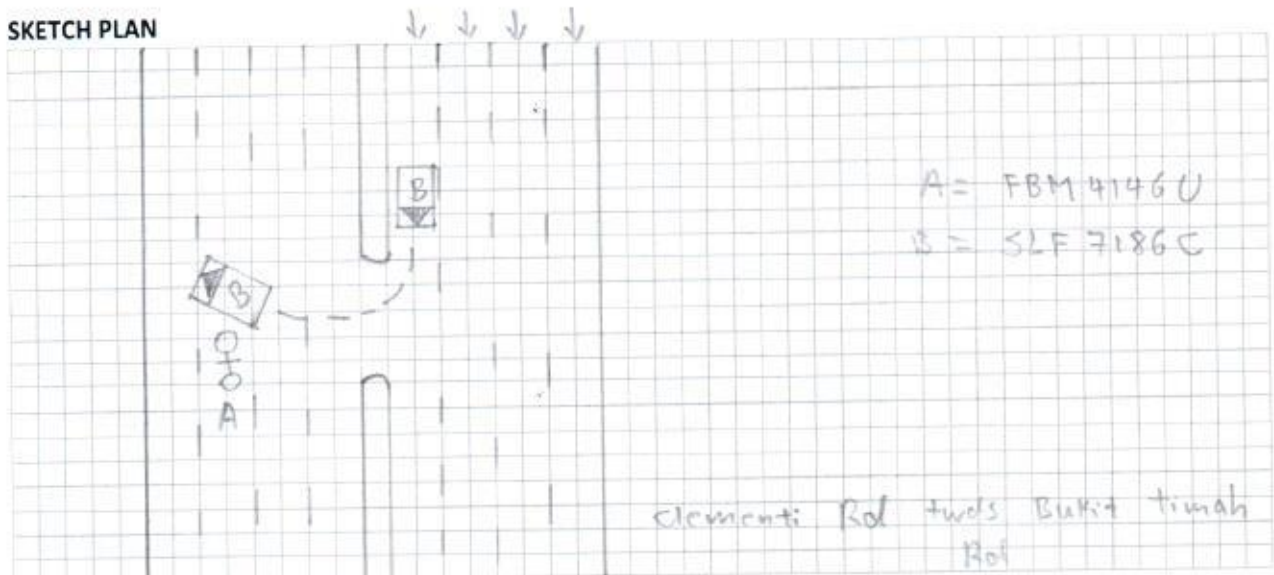
Policyholder's Signature
Date & Time:

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

Please Refer to Police Report

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.:



**SINGAPORE
POLICE FORCE**



T/20180118/2104

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

1 of 4

Report No. T/20180118/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 16:10	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: MOHAMMAD NOR FARIZWAN BIN RISWAN			Address: APT BLK 635B SENJA ROAD #03-259 SINGAPORE 672635		
ID Type / ID No.: NRIC NO / S9419737F			Contact No.: Home/Office: Mobile: 86584963		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 04/06/1994	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: SEGWAY INSTRUCTOR			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/01/2018 20:40	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI ROAD BUKIT TIMAH ROAD Along Clementi Road towards Bukit Timah Road before Ngee Ann Polytechnic Bus Stop				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4146U	Motorcycle	YAMAHA	FZN150	Black	Slightly Damaged	1
SLF7186C	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM4146U	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01701	26/10/2017	25/10/2018



Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20180118/2104

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	Nur Aryanti Binte Borhanudin	ID No.	S9441969G
Related Vehicle	FBM4146U (Motorcycle)	Contact No.	97214714
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Rider			
Name	MOHAMMAD NOR FARIZWAN BIN RISWAN	ID No.	S9419737F
Related Vehicle	FBM4146U (Motorcycle)	Contact No.	86584963
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	17/01/2018	Date Discharge	17/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Teo Pheng Pak	ID No.	S1590999D
Related Vehicle	SLF7186C (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 17/01/2018 at about 2040hrs, I was travelling on my motorcycle, FBM4146U together with my girlfriend namely: Aryanti as pillion. I was travelling at in the middle lane of 3 along Clementi Road towards Bukit Timah Rd, just after the junction of Maju Dr, I intend to change lane to the left most lane. I checked my left blind spot, while checking, my girlfriend tapped my leg and said a vehicle, SLF7186C had just made a Turn into our lane. When I turned back, the vehicle was already very near me thus I self- skid to avoid impacting to the rear of the vehicle.

After the accident, I asked the driver to call for police assistance and we shifted our vehicle to the side of



**SINGAPORE
POLICE FORCE**



T/20180118/2104

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788999

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Report No. T/20180118/2104

CONTINUATION OF REPORT

the road. We exchanged particulars and subsequently both my girlfriend and I was conveyed to NUH via Ambulance. I was given 3 days MC and my girlfriend is currently warded for further observation.



**SINGAPORE
POLICE FORCE**



T/20180118/2104

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

4 of 4

Report No. T/20180118/2104

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:

D /

Sgt 2 LEE HAO ZHENG ALVIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No: 65476358

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

18/01/2018 16:10

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9419737F



Name

MOHAMMAD NOR FARIZWAN BIN
RISWAN

محمد نور فاريزوان بن ريسان

Race

JAVANESE

Date of birth

04-06-1994

Country/Place of birth

SINGAPORE

Sex

M

S9419737F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9419737F

Name

MOHAMMAD NOR FARIZWAN BIN
RISWAN

Birth Date: 04 Jun 1994

Issue Date: 23 Oct 2017



002736368H

5181708



NRIC No. S9419737F



Date of issue

25-05-2013

APT BLK 635B SENJA ROAD #03-259
SINGAPORE 672635

NRIC No: S9419737F

Date: 19/09/2017

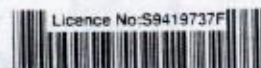
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc

23 Oct 2017

NP 428A



Licence No-S9419737F



GREAT AMERICAN INSURANCE COMPANY
UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6304 6000
FAX: +65 6235 2616

MOTOR COVER NOTE: MT2017TR01701

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	: MOHAMMAD NOR FARIZWAN BIN RISWAN
Insured NRIC/Passport No/ Roc	: S9419737F
Named Rider	: N.A
Policy Coverage	: THIRD PARTY, FIRE & THEFT
Make And Description Of Vehicle	: YAMAHA / FZN150
Vehicle Registration No.	: FBM4146U
Year Of Manufacture	: 2016
Engine No.	: G3E3E0044387
Chassis No.	: ME1RG1615G2002254
Engine Capacity	: 149
Hire Purchase	: DE XING MOTOR PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 26/10/2017 TO: 25/10/2018
Excess (S\$)	: Section I \$300
Optional Benefits	: N.A.
Authorised Workshop	: DE XING MOTOR PTE LTD

This Bike is Still Under
Hire Purchase with
DE XING MOTOR PTE LTD
No addition or renewal
is allowed

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 : 26/10/2017

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