

NATIONAL Assessment Centre Services. (011) 27001111  
Date In: 26/02/2012 11:58 AM Page 27001111

19A48027001

Date In: 26/07/2018 11:48	Job description	Date & Time Completed	Done by
Ref No: MBA/GA/48003569/4	SAS e-liling		
Vel No: FBM 60527	E-inoll (within 3hrs, 6102hrs)		
D.O.A: 25/02/2018 14:18	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor SY/O (W/IN 30 DAYS, 1st 1st 1st)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VVHsp		

Preferred Wksp / INQ Assign Wksp / QW: (

TP Particulars: Yell No: SLQ 6105K INC( ) / Non-INC( )  
 Owner / Driver: ( )  
 Policy No: ( ) Tel: ( )  
 Period: ( ) Cover Type: ( )  
 Confirmed by: ( ) Date: ( ) Time: ( )  
 Insured/Driver Liability: ( ) % (Note: BSL Starts (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 repair.

( ) Total Loss Case - to e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Removals - VONRODline 6788 GOI 6Y

1) APPLY FOR TRAVEL ALLOWANCE

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

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

### Injury:

[illegible]

NA100/282

NAIR01282		Invoice Preparation Charge		Date		Invoice No.	
Human's Remains		1) AR: Accident Reporting (330)	\$15				
river/Owner:		2) DA: Damage Assessment (3100)	INC (230)				
Control No:		3) TP: Towing Fee	\$400.00				
Damaged Portion:		4) PT: Follow-Through Survey	\$120				
		5) PT: Follow-Through Survey (Resurvey)	\$30				
		For all items apply INC Only (see 10 Jan 2000)					
		6) TR: Re-laboration	\$15				
		7) NI: 140 DA + SMRT Survey	\$160				
		8) NTUC: Additional Services					
C. Checked by (Engi-In-Charge):		9) NI: Courtesy Car / Tpl Allowance	\$5				
		10) NI: Replic Coordination	\$10				
		11) NI: Post Reply Inspection	\$15				
		12) NI: DV / Collect Waste / Coordination	\$5				
		TP (NI) / TP (Non INC) / Total INC	\$20				
		7) NI: 140 DA + SMRT	\$160				
L 2/3:		Invoice dated		Not Charged			
		Invoice No.		Not 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	26/02/2018 11:48
Date Of Accident	25/02/2018 14:15
Exact Location Of Accident	PIE TOWARDS CHANGI,BT BATOK EAST AVE 3 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6052T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL HAKIM BIN ABDUL HALIM
NRIC No	S9190318J
Email Address	KIMLEJENDOL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92979308
Alternative Phone No	OTHERS-92979308

### Vehicle Particulars

Manufacturer	YAMAHA
Model	XABRE-150CC 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	MT2017TR02091

### Driver

Name of Driver	ABDUL HAKIM BIN ABDUL HALIM
NRIC No	S9190318J
Date Of Birth	02/12/1991
Occupation	INDOOR
Date Of Driving Pass	02/12/1991
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92979308
Fax Number	
Contact Number	OTHERS-92979308
Email Address	KIMLEJENDOL@GMAIL.COM

Address	BLK 490 JURONG WEST AVENUE1 #12-01
Postcode	640490
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	2
Was any body injured in the Accident?	NO
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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SLQ6105K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMES SAY KHENG FAH
NRIC/Passport Number	S0122006C
Contact Number	82999989
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	



## 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: 26/02/2018

Driver's Signature

(If driver is not the policyholder)

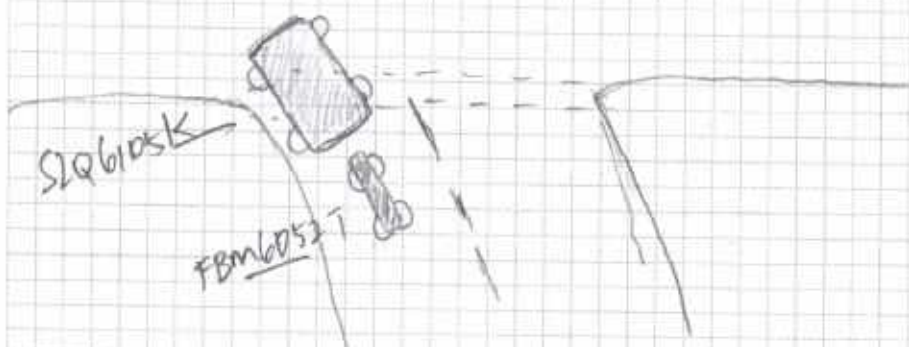
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN P112 TOWARDS, CHANGE 1 B1 BAYOK FLAT 3 F117



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In filter lane, car half way out and stopped abruptly. I apply my brakes to stop. Unfortunately hit the back of the car.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time: 26/02/2018

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

*[Signature]* 26/02/2018  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:

## NOTICE OF REPORTING

This is to confirm that Abdul Hakim Bin Abdul Halim, S9190318J, has reported to the Police a non-injury traffic accident which occurred on 25/02/2018 at about 1415hrs along PIE towards Changi at the Bt Batok East Ave 3 exit. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more than 3 days of Medical Leave
- iv) Government property damaged
- v) Hit and Run Accident

Involving the following vehicles:

V1) FBM6052T (driven by Abdul Hakim Bin Abdul Halim, S9190318J, Hp: 92979308)

V2) SLQ6105K (driven by James Say Kheng Fah, S0122006C, Hp: 82999989)

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SC/Sgt Jiatao

Date: 25/02/2018

Time: 1830hrs

S/D Ref: 91

Police Post/Unit: Bukit Batok NPC

BUKIT BATOK NPC  
40.21 BUKIT BATOK EAST AVENUE  
SINGAPORE 670440  
TEL: 66638992

*Jiatao*

*S9190318J*



# ACCIDENT STATEMENT

ACCIDENT DATE: 26/02/2018 (DD/MM/YYYY), TIME: 14:15 (HH:MM)

LOCATION: PIE towards CHANGI, BURIT BATOK EAST AVE 3 EXIT

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 6052 T  
 b) INSURANCE COMPANY: GREAT AMERICAN INSURANCE  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA YABRE TFX150  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL  
 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: ABDUL HAKIM BIN ABDUL HALIM (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 591903185 CONTACT: 92979306  
 c) ADDRESS: 490 JURONG WEST AVE 1 #12-01 SINGAPORE  
640490

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

# No of passenger  
 (Including driver)  
(1)

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

\* d) DATE OF BIRTH: 02/12/1991 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 11 JUN 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

- b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. c) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: BURIT BATOK

## 8. THIRD PARTY VEHICLE

# No of passenger  
 (Including driver)  
(2)

- a) VEHICLE NUMBER: SLR 6105 K MODEL: TOYOTA  
 b) DRIVER'S NAME: JAMES SAY KHENG FAH  
 c) NRIC/FIN/PASSPORT: S0122006C CONTACT: 82999989

## 9. THIRD PARTY VEHICLE

# No of passenger  
 (Including driver)  
( )

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

Email: kimkjendol@gmail.com

fax: \_\_\_\_\_

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9190318J



Name

ABDUL HAKIM BIN ABDUL  
HALIM

عبدالحكيم بن عبدالحاليم

Race

MALAY

Date of birth

02-12-1991

Country of birth

INDONESIA

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9190318J

Holder

ABDUL HAKIM BIN ABDUL  
HALIM

Birth Date 02 Dec 1991

Issue Date 15 Jul 2013



3869728

NRIC No. S9190318J



Date of issue  
04-12-2006

Address

APT BLK 490 JURONG WEST AVENUE 1  
#12-01  
SINGAPORE 640490

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

EFFECTIVE DATE

Class 2B  
Class 2

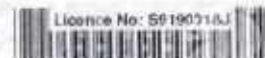
MOTORCYCLES NOT EXCEEDING 200 CC.  
MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF  
WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS.

11 Jan 2013  
15 Jul 2013

S / No. 9000227036

S9190318J

NP 429A



Licence No: S9190318J



**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T  
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER  
SINGAPORE 039190  
TEL: +65 6804 6000  
FAX: +65 6235 2616

**MOTOR COVER NOTE: MT2017TR02091**

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	: ABDUL HAKIM BIN ABDUL HALIM
Insured NRIC/Passport No/ Roc	: S9190318J
Named Rider	: N.A.
Policy Coverage	: THIRD PARTY, FIRE & THEFT
Make And Description Of Vehicle	: YAMAHA / XABRE TFX150
Vehicle Registration No.	: FBM6052T
Year Of Manufacture	: 2017
Engine No.	: G3G8E0035267
Chassis No.	: MH3RG3710HK026141
Engine Capacity	: 150
Hire Purchase	: DE XING MOTOR PTE LTD
Value (\$\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 26/12/2017 TO: 25/12/2018
Excess (\$\$)	: Section I \$300.00
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 : 26/12/2017

Intermediary : TENA RISK SOLUTIONS PTE LTD

MTR/COVERNOTE/V01/15