

# NATIONAL Assessment Centre Services

(ver 1 Jan 2001)

MA8029077

Date In: 01/03/2018 14:53	Job description	Date & Time Completed	Done by
Ref No: NGA/CI/8003970/4	S&S e-illing		
Veh No: FBJ 4733 R	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 01/09/2018 21:45	E-Motor Claim Form		
OD / TRT Reporting Only	E-Motor W/O (Within 24 hrs, TP 4hrs)		
	E-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars:	Yeli No: PHONSTRAN	INC ( ) / Non-INC ( )
Owner / Driver:	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date:	Time:
Insured/Driver Liability: ( )	%(Note: BSL Status (WO): NI: 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: 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:	NP Rep Line: 5788 0016	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Date	Action

MA801348	Invoice Preparation Checklist	Done by
Human's Particulars:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey \$130	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$35	
	7) NI: NI & DA + SMRT Survey \$140	
	8) NTUC Additional Services	
	9) NI: NI & DA + SMRT Survey \$140	
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## 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	01/03/2018 14:53
Date Of Accident	01/09/2016 21:45
Exact Location Of Accident	HOMETEAMNS AT BUKIT BATOK LOBBY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4733R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KAMALIAH BINTI HASHIM
NRIC No	S9013593G
Email Address	MYRAJFR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97328317
Alternative Phone No	OTHERS-97328317

### Vehicle Particulars

Manufacturer	KTM
Model	200 DUKE-200CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D-16084308MYCE
Cover Note Number	

### Driver

Name of Driver	SITI NAMIRA BINTI MOHD JA'AFAR
NRIC No	S89458121
Date Of Birth	22/12/1989
Occupation	INDOOR
Date Of Driving Pass	20/08/2015
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97328317
Fax Number	
Contact Number	OTHERS-97328317
Email Address	MYRAJFR@GMAIL.COM

Address	BLK 203 YISHUN STREET 21 #11-235
Postcode	760203
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	COLLIDED INTO PEDESTRIAN
Weather Conditions	AFTER RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NADRAH HANIM GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (NO PHOTO TAKEN CAUSE THE SUB RIDER LICENCE WAS REVOKED)

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

1/03/2018

**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.

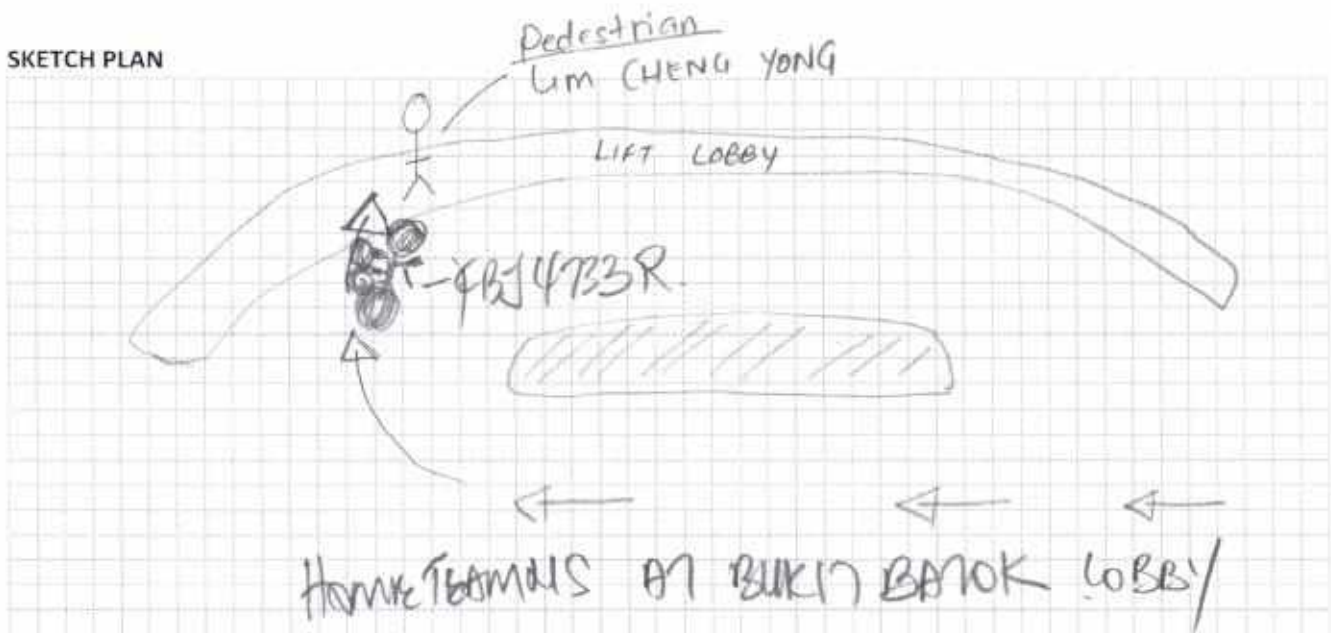
Policyholder's Signature  
Date & Time:

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

I was riding my bike with a pillion (NABRAH HANIM) at HomeTeams Bukit Barok on 1 September 2016 2145hrs. About to make a turn in at the lobby, I lost control and accidentally swerve towards the curb and go up against the curb and without realising a pedestrian (Lim CHENG YONG) was standing on the curb. I fell off from my bike together with the pillion on the left side of the bike. As I got up, the pedestrian was lying on the ground crying in pain.

Two passerby came by at the scene to help the pedestrian and called the ambulance immediately.

IO, CRYSTAL LOH, WAS IN-CHARGE of the case. She took down all particulars and statement in regards to the said scene. The pedestrian suffer a severe tibial fracture. Both pillion and rider was not injured during the accident happened.

## 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.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 01/09/2016 (DD/MM/YYYY), TIME: 21:45 (HH:MM)

LOCATION: HomeTeamNS B7 BUKIT COBBY

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PBJ4733R  
 b) INSURANCE COMPANY: FIRST CAPITAL  
 c) POLICY NUMBER: D-16084308 MVCE  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / (THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: KTM 200 DUKE  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / (MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / (MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: 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: KAMALIAH BINTI HASHIM (MALE / (FEMALE)  
 b) NRIC/FIN/PASSPORT: S9013593 G CONTACT: 9732 8317  
 c) ADDRESS: 324 BUKIT BATAK STREET 33  
#03-47 S(610324)

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

## DRIVER

- a) NAME: SITI NAMIRA BINTI MOHD JAFAR (MALE / (FEMALE)  
 b) NRIC/FIN/PASSPORT: S87458121 CONTACT: 87500048  
 c) ADDRESS: 203 YISHUN ST 21  
#11-235 S(760303)

\* d) DATE OF BIRTH: 22/12/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / (OUTDOOR)

i) DATE OF DRIVING PASS

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

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: LAM PASARION MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: LIM CHENG LIONG CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

NABRAH HANIM (f)

No of passengers  
 (including driver)  
(2)

No of passengers  
 (including driver)  
( )

No of passengers  
 (including driver)  
( )

email = myrajfr@gmail.com

fax =

V1000

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8945812I



Name

SITI NAMIRA BINTI MOHD  
JA'AFAR

Race

MALAY

Date of birth

22-12-1989

Sex

F

Country of birth

SINGAPORE



4817022

NRIC No. S8945812I



Date of issue

07-12-2012

APT BLK 203 YISHUN STREET 21 #11-235  
SINGAPORE 760203

NRIC No. S8945812I

Date: 21/10/2018

## Status of Driving Licence

### QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. : S89458121  
Status of Qualified Driving Licence : Invalid  
Class of Qualified Driving Licence :  
Expiry Date : Valid for life unless revoked, suspended or disqualified  
Disqualification Date : 10/04/2017 To : 09/10/2018

### PROVISIONAL DRIVING LICENCE

Provisional Driving Licence No. : S89458121  
Status of Provisional Driving Licence : Expired ([Click here](#) for explanation)  
Class of Provisional Driving Licence : 2B  
Expiry Date : 06/10/2015  
20/08/2015

The above information is accurate as at 01/03/2018 12:01 AM.



**First Capital Insurance Limited**

A FAIRFAX Company

Company Reg. No. 195000108C  
GST Reg. No.: M2-0001678-9**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
 Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
 Road Transport Act, 1987 (Malaysia)  
 Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy. : MOTOR CYCLE INSURANCE  
 Type of Cover. : Third Party Fire and Theft  
 Certificate No. : D-16084308HYCE  
 Vehicle Registration No. : FBJ4733R  
 Name of Insured : KAMALIAH BINTI HASHIM  
 Period Of Insurance : 10.06.2016 To 09.06.2017  
 Insured Estimated Value : Market Value At Time Of Loss  
 Excess :  
 SGD350.00 SECTION I  
 Financial Institution : YEW HENG CREDIT ENTERPRISE PTE LTD  
 Authorised Driver\*  
 KAMALIAH BINTI HASHIM AND SITI NAMIRA BINTI MOHD JA'AFAR

Persons or classes of persons entitled to drive:-

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 so 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.

Limitations as to use\*

Use for social domestic and pleasure purposes and by the Insured in person in connection with his business or profession.

The Policy does not cover :-

- (i) Use for hire or reward
- (ii) Use for racing, pacemaking, reliability trial or speed-testing.
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (iv) 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)

KARENS/A0181

Issued at Singapore On 31.05.2016



Authorised Signature