

NATIONAL Assessment Centre Services

(Ref 1/1000)

MAH8029

Date In: 01/03/2018

15:33

Ref No: NBA/GA1800399/Y

Veh No: FBM 6562K

D.O.A: 28/02/2018 07:25

OD (TP) Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (within 2hrs, A/C 2hrs)

E-Motor Claim Form

E-Motor W/O (within 2hrs, TP 2hrs)

E-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax/Hand to Owner/VHSP

Preferred Wksp / INC Assign Wksp / OWI

Tel:

Fax:

TP Particulars:

Veh No:

SGG 9138K

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 0016

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:

NA1801347

Human Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Work for Comments:

L. 1:

L. 2/3:

Invoice Breakdown Checklist

1) AR: Accident Reporting (\$20)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee (\$10/\$4)

4) ET: Follow-Through Survey \$150

5) PT: Follow-Through Survey (Recovery) \$20

6) TR: Re-inspection \$25

7) NI: NI & DA + SMRT Survey \$160

8) NTUC Additional Services

9) NI: NI & DA + SMRT Survey \$160

10) NI: NI & DA + SMRT Survey \$160

11) NI: NI & DA + SMRT Survey \$160

12) NI: NI & DA + SMRT Survey \$160

13) NI: NI & DA + SMRT Survey \$160

14) NI: NI & DA + SMRT Survey \$160

Invoice Total

Invoice Paid

Invoice Balance

Invoice Date

Invoice Due Date

Invoice Status

Invoice Remarks

Invoice Notes

Invoice Footer

Invoice Page

Invoice Version

Invoice History

Invoice Audit

Invoice Security

Invoice Compliance

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 15:33
Date Of Accident	28/02/2018 07:25
Exact Location Of Accident	ALONG FAJAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6563K
Insured/Policyholder	
Name Of Registered Owner	ABDUL AZIM BIN ABDOL MAJID
NRIC No	S9235719H
Email Address	AJIMSEPAK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81212405
Alternative Phone No	OFFICE-81212405

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
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	MT2018TR00329

Driver

Name of Driver	ABDUL AZIM BIN ABDOL MAJID
NRIC No	S9235719H
Date Of Birth	06/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81212405
Fax Number	
Contact Number	OFFICE-81212405
EMail Address	AJIMSEPAK@GMAIL.COM

Address	BLK 515 JELAPANG ROAD 14-213
Postcode	670515
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	AFTER RAIN
Road Surface	WET

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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180228/2177 (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	SKG9138K
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG CHER KIOU
NRIC/Passport Number	S1561993G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

ABDUL AZIM BIN ABDOL MAJID

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM6563K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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: 01/03/18
14:30

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

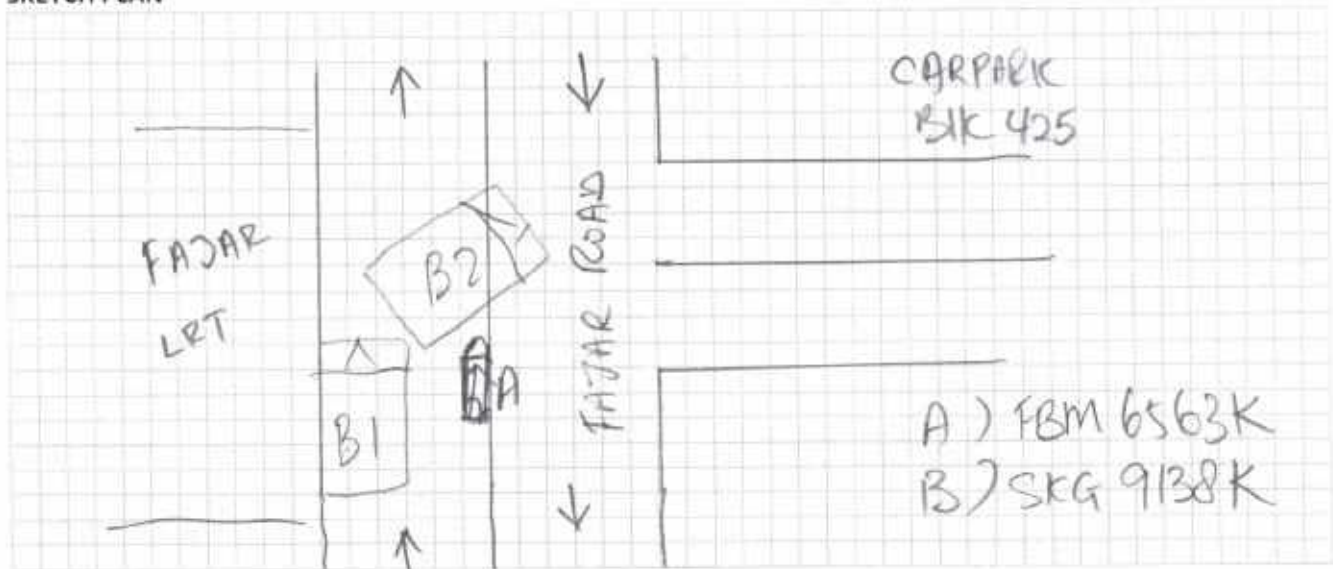
Name:

NRIC/FIN No.:



01/03/2018
Roshni Wathani

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer To Police Report
T/20180228/2177

DECLARATION

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

dim

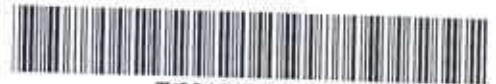
Policyholder's Signature
Date & Time: 01/03/18
14:30

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

01/03/2018
Reporting Centre Personnel's Signature
Name: *Refli w...*
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180228/2177

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20180228/2177

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2018 23:51		Vide Report No.: J/20180228/0164		Station Diary No.: 164	
Informant's Particulars					
Name of Informant: ABDUL AZIM BIN ABDOL MAJID			Address: APT BLK 515 JELAPANG ROAD #14-213 SINGAPORE 670515		
ID Type / ID No.: NRIC NO / S9235719H			Contact No.: Home/Office: Mobile: 81212405		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 06/10/1992	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/02/2018 07:25	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 FAJAR ROAD BUKIT PANJANG RING ROAD				
Weather: Clear	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: Moderate	
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
FBM6563K	Motorcycle					0
SKG9138K	Car					1

Details of Person Involved

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



SINGAPORE POLICE FORCE



T/20180228/2177

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180228/2177

CONTINUATION OF REPORT

Rider			
Name	ABDUL AZIM BIN ABDOL MAJID	ID No.	S9235719H
Related Vehicle	FBM6563K (Motorcycle)	Contact No.	81212405
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/02/2018	Date Discharge	28/02/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Driver			
Name	WONG CHER KIW	ID No.	S1561993G
Related Vehicle	SKG9138K (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 28th Feb 18 at about 1925hrs, I was riding along Fajar Rd towards Bukit Panjang Ring Road, Bangkit Road and was approaching Fajar LRT. I spotted a stationery car at the left side of the road exactly by the side of Fajar LRT. The car did not have its hazard light on and was not moving at all. As I was approaching one car length away from the car, the car started to move and began to make a U-turn along the road. As I was too near to the car at that point of time, I could not avoid the car and collided head on too the car driver door. I was immediately thrown off my bike.

Both the driver and the passenger alight from their vehicle and asked if I need an ambulance. The two witness came to assist me and soon after ambulance arrived. I was then conveyed to Ng Teng Fong Hospital conscious however there is a cut on the bridge of my nose. Traffic police also came and advised me to lodge a police report vide J/20180228/0164 under IO Syed Zayid Tel: 65676394.



**SINGAPORE
POLICE FORCE**



T/20180228/2177

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20180228/2177

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 /
Sr Staff Sgt SOEBQI AIMAN BIN SOEBIRIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Signature Of Informant:

Date/Time:
28/02/2018 23:51

Classification Of Case:

Authentication Stamp
NP168

Ng Teng Fong General Hospital

A member of the NUHS



MEDICAL CERTIFICATE (Ref:38180125)

ORIGINAL

NAME: ABDUL AZIM BIN ABDOL MAJID

NRIC: S9235719H

Type of Medical Leave granted: **HOSPITALISATION LEAVE**


The above named is unfit for duty from **28/2/2018** to **14/3/2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **28/02/2018 20:22** to **28/02/2018 21:49**.

28/02/2018
Date

Dr. Ahmad Syahir MOHD ROSLI (18696A)
Issued by


Signature

Location: NTFGH EMERGENCY

ACCIDENT STATEMENT

ACCIDENT DATE: 28/02/2018 (DD/MM/YYYY), TIME: 07:25 (HH:MM)

LOCATION: FAJAR ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 6563 K
 b) INSURANCE COMPANY: GREAT AMERICAN
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA T150
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 19:25
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ABDUL AZIM BIN ABDUL MAJID (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S423571AH CONTACT: 8121 2405
 c) ADDRESS: BLK 515 #14-213 JELAPANG ROAD
S (67051F)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: ASABOVU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SKG 9138 K MODEL: TOYOTA AVALON
 b) DRIVER'S NAME: WONG CHIA KIONG
 c) NRIC/FIN/PASSPORT: S1561993 G CONTACT: _____

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()


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

email = ajimsepat@gmail.com

fax =

VIDEO


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9235719H



Name
ABDUL AZIM BIN ABDOL MAJID
عبدالمظيم بن عبدالمجيد
Race
MALAY
Date of birth
06-10-1992
Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE

Licence Number S9235719H
Name
ABDUL AZIM BIN ABDOL MAJID
Birth Date 06 Oct 1992
Issue Date 20 Apr 2011



00195 7759H

4110820



NRIC No. S9235719H



Date of issue
05-10-2007

APT BLK 515 JELAPANG ROAD #14-213
SINGAPORE 670515

NRIC No. S9235719H Date: 30/11/2012 No: 5632766

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class 23 Motorcycles < 200 cc

20 Apr 2011

NP 425A



Licence No: S9235719H

**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: MT2018TR00329

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 AZIM BIN ABDOL MAJID
Insured NRIC/Passport No/ RoC	: S9235710H
Named Rider	: NUR HAZIQ BIN ROSMAN
Policy Coverage	: THIRD PARTY, FIRE & THEFT (FOR FOOD DELIVERY USAGE)
Make And Description Of Vehicle	: YAMAHA / SNIPER T150
Vehicle Registration No.	: FBM6563K
Year Of Manufacture	: 2017
Engine No.	: G3E6E0332152
Chassis No.	: MH3UG0740H00729B9
Engine Capacity	: 150
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (\$\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 22/02/2018 TO: 21/01/2019
Excess (\$\$)	: Section I \$450.00
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 : 22/02/2018 13:40 hrs

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