

Date In: 11/06/2018 09:39	Job description	Date & Time Completed	Done by
Ref No: MA1802454	SAS e-tiling		
Vehicle: FBK 9112U	B-small (with 3 stars, AIO 2111)		
P.O.A: 30/03/2018 21:45	1-Motor Claim Worth		
OD: TR / Reporting Only	1-Motor W/O (within 100 miles, TP (1111))		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax/Hand to Owner/Whse		

Preferred Whse / INC Assign Whse / OW: () Tel: () Fax: ()

TP Particulars: () Yell No: **E8933Z** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: B/L 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 or 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:

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Other: ()

Invoice Preparation / Charge / W/L	Amount	W/L
1) AR: Accident Reporting (\$20)		
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TP: Towing Fee		\$400 (\$)
4) FT: Follow Through Survey		\$100
5) PT: Pull-Through Survey (Recovery)		\$70
Excluded unless INC Only (W/L 10/20/200)		
6) TR: Re-inspection		\$75
7) NI: New DA + SMART Survey		\$160
8) NTUC Additional Entry (only)		
9) Other		
10) NI: Courtesy Car / Tel Allowance		\$3
11) NI: Repair Coordination		\$10
12) NI: Post Repair Inspection		\$77
13) NI: BY / Collision/Unass Coordination		\$1
14) NI: (TP) (W/L) (INC) (TP) (INC)		\$50
15) NI: (W/L) (TP) (INC)		\$10
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MA1802454

Driver/Owner: _____

Vehicle No: _____

Registered Position: _____

Checked by (Bug-in-Charge): _____

Invoice dated: _____

Prepared by: _____

Not Charged: _____

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	11/04/2018 09:39
Date Of Accident	30/03/2018 21:45
Exact Location Of Accident	KEPPEL ROAD TOWARDS MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9112U
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED YASHIN BIN ABDUL RASHID
NRIC No	S8308592D
Email Address	YASHIN.M.R@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90239004
Alternative Phone No	OTHERS-90239004

Vehicle Particulars

Manufacturer	KTM
Model	1290 SUPERDUKE R-1.3
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2017-00000429
Cover Note Number	

Driver

Name of Driver	MOHAMMED YASHIN BIN ABDUL RASHID
NRIC No	S8308592D
Date Of Birth	07/03/1983
Occupation	INDOOR
Date Of Driving Pass	02/03/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90239004
Fax Number	
Contact Number	OTHERS-90239004
Email Address	YASHIN.M.R@GMAIL.COM

Address	BLK 139 BEDOK RESERVOIR ROAD #04-1493
Postcode	470139
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?	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: : JEANIE HO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KRETA AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 32 NORTH CANAL ROAD , POSTCODE: 059282 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5359999 - FAX NO: 62362541
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180410/2017

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	ES933Z
Vehicle Make/Model/Colour	TOYOTA ALPHARD
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHIANG HOCK
NRIC/Passport Number	S0187379B
Contact Number	92700906
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name MOHAMMED YASHIN BIN ABDUL RASHID

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBK9112U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name JEANIE HO

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBK9112U

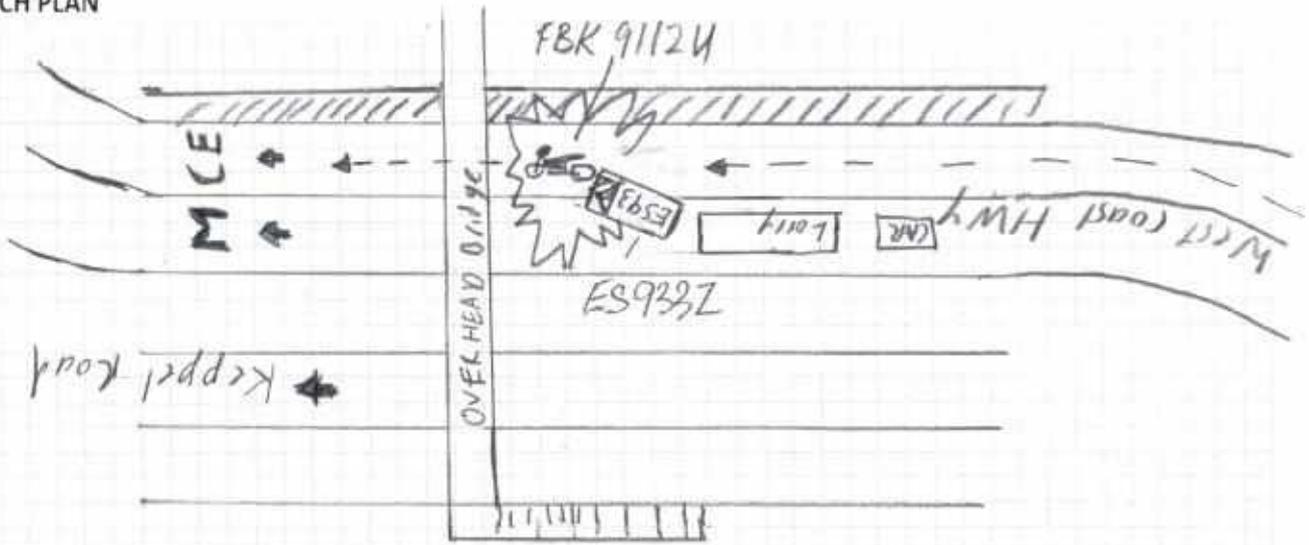
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:
10/4/2018

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

[Signature] 18/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: *[Signature]*



Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

Report No. T/20180410/2017

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2018 08:15	Vide Report No.: T/20180331/2123	Station Diary No.: 8
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Informant's Particulars			
Name of Informant: MOHAMMED YASHIN BIN ABDUL RASHID		Address: APT BLK 139 BEDOK RESERVOIR ROAD #04-1493 SINGAPORE 470139	
ID Type / ID No.: NRIC NO / S8308592D		Contact No.: Home/Office:	Mobile: 90239004
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 35	Date of Birth: 07/03/1983	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Financial analyst (eg equities analyst, credit analyst)		Driving Licence Information: Class: 2B,2A,2	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/03/2018 21:45	Type of Location: Straight Road
Location: Along Road 1 KEPPEL ROAD				
Before entrance to MCE				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: One 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
ES933Z	Car				Slightly Damaged	0
FBK9112U	Motorcycle	KTM	1290 SUPER DUKE R	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

Report No. T/20180410/2017

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK9112U	FWD Singapore Pte. Ltd	PNMC2017-00000429	27/06/2017	26/06/2018

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

Driver			
Name	LEE CHIANG HOCK	ID No.	S0187379B
Related Vehicle	ES933Z (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Rider			
Name	MOHAMMED YASHIN BIN ABDUL RASHID	ID No.	S8308592D
Related Vehicle	FBK9112U (Motorcycle)	Contact No.	90239004
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	04/04/2018	Date Discharge	04/04/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Pillion			
Name	JEANIE HO	ID No.	K02902135
Related Vehicle	FBK9112U (Motorcycle)	Contact No.	85748629
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/03/2018	Date Discharge	07/04/2018
No. of Days granted Medical Leave	38	Degree of Injury	Serious



Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

Report No. T/20180410/2017

CONTINUATION OF REPORT

Brief Details.

On 31/03/2018 at around 2145hrs, I was riding my motorcycle, FBK9112U along Keppel Road towards MCE when a motor vehicle, ES933Z knocked into me from the rear. My motorcycle was pushed forward by the impact towards the centre divider but I managed to regain control and looked back to see that my pillion was no longer there. I made a U-turn and travelled back to the point of impact where I found my pillion. I called for an ambulance at that point as the driver had not done so. I also noticed the in vehicle camera for the motorvehicle was blinking to indicate that recording was being done. My pillion was conveyed to SGH while I was interviewed by TP officers. My rear taillight broke off and the rear licence plate was dented and pushed under the seat due to the impact. The pillion footrest was twisted forwards too and there is some damage to the fairring. The damage to the motorvehicle was puncture of the right front wheel and damage to the rim, and the right front bumper was cracked. That's all.



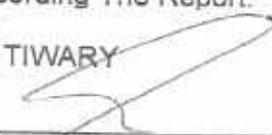
Police Station Of Origin:
Kreta Ayer NPP
32 North Canal Road SINGAPORE 059282
Tel No: 1800-5359999

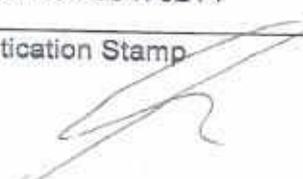
CONTINUATION OF REPORT

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: A / SI RAM ROHITASHWA TIWARY 
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I KHAZALI Contact No.: 65476214

Authentication Stamp
NP188


Signature Of Informant: 
Date/Time: 10/04/2018 08:15
Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 30/03/2018 (DD/MM/YYYY), TIME: 21:45 (HH:MM)

LOCATION: Keppel Road toward MCE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK9112U
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: PNMC2017-00000429
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KTM, SUPER DUKE 1290 R, 2014
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE / TRANSPORT
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: MOHAMMED YASHIN BIN ABDUL RASHID (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8308542D CONTACT: 90234004
c) ADDRESS: BEDOK RESEVOLE ROAD, BLK 139, #04-1493, S970139

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 07/03/1983 (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) _____
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: ES933Z MODEL: Toyota Alphard?
b) DRIVER'S NAME: LEE CHIANG HOCK
c) NRIC/FIN/PASSPORT: S0187379B CONTACT: 92700906

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

Email = Yashin.m.r@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8308592D



Name
**MOHAMMED YASHIN BIN
ABDUL RASHID**

Race
INDIAN

Date of Birth
07-03-1983

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number **S8308592D**



Name
**MOHAMMED YASHIN BIN
ABDUL RASHID**

Birth Date **07 Mar 1983**

Issue Date **02 Mar 2010**

0018350660



2562286



APC No. **S8308592D**



雷摩哆
LOO'S MOTOR
55, KAKI BUKIT PLACE,
SINGAPORE 416230
Tel: 6743 4072
Fax: 6742 2004
Email: loosmotor@singnet.com.sg

Road Group **A+** Date of issue **17-01-1995**

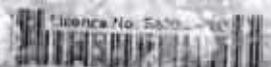
APT BLK 138 BEDOK RESERVOIR ROAD #04-1483
SINGAPORE 470139
S8308592D

YOU ARE ELIGIBLE TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

CLASSIFICATION	VEHICLE TYPE	EXPIRES
Class 2B	Motorcycles < 200 cc	07 Oct 2006
Class 2A	Motorcycles between 201 cc and 400 cc	25 Oct 2007
Class 2	Motorcycles > 400 cc	02 Mar 2010

AP 478A

License No. S8308592D





YOUR THIRD PARTY FIRE & THEFT MOTORCYCLE INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.
All accidents must be reported within 24 hours or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNMC2017-00000429

About this policy

Premium paid : S\$426.80
(Inclusive of GST)
Who is insured to ride: : You Only

Coverage start date : 27/06/2017
Coverage end date : 26/06/2018

About you (As the policyholder)

Your name : Mohammed Yashin Bin Abdul Rashid
Address : 139 Bedok Reservoir Road 04-1493 Eunos Spring Singapore 470139
Email : yashin.m@hotmail.com
NRIC/FIN : S8308592D
Current no claims discount : 20%
Years of riding experience : >=3
Date of birth : 07/03/1983

Gender : Male
Mobile Number : 90239004
Certificate of merit : No

About your motorcycle

Motorcycle make and model : K.T.M. 1290 Super Duke R
Motorcycle plate number : FBK9112U
Year of first registration : 2014

Issued on: : 23/06/2017

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at +65-6820-8888
or email us to contact.sg@fwd.com if any details in
this Motorcycle Insurance Summary need to be changed.