

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA118063844

Date In: 16/5/18-14:44	Job description	Date & Time Completed	Done by
Ref No: NA/DAI18008916/24	SAS e-filing		
Veh No: P3D56435	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 15/5/18-22:00	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SLU8701E	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% 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:- (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	Amt (\$) Int Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Lat 1:

Lat 2 / 3:

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	16/05/2018 14:44
Date Of Accident	15/05/2018 22:00
Exact Location Of Accident	SLE TWDS BKE BEFORE LENTOR AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5643S
Insured/Policyholder	
Name Of Registered Owner	RASIDI BIN ALI
NRIC No	S7212008F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97685368
Alternative Phone No	OFFICE-97685368

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFYJ
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00471576
Cover Note Number	

Driver

Name of Driver	RASIDI BIN ALI
NRIC No	S7212008F
Date Of Birth	27/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	08/10/1996
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97685368
Fax Number	
Contact Number	OFFICE-97685368
EMail Address	NOEMAIL

Address	BLK 687D CHOA CHU KANG DRIVE #08-368
Postcode	684687
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 - CHANGE/CROSS LANE
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: : LILIK MUDAWAROH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180516/2063.

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	SLU8701E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name RASIDI BIN ALI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBD5643S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LILIK MUDAWAROH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBD5643S

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:



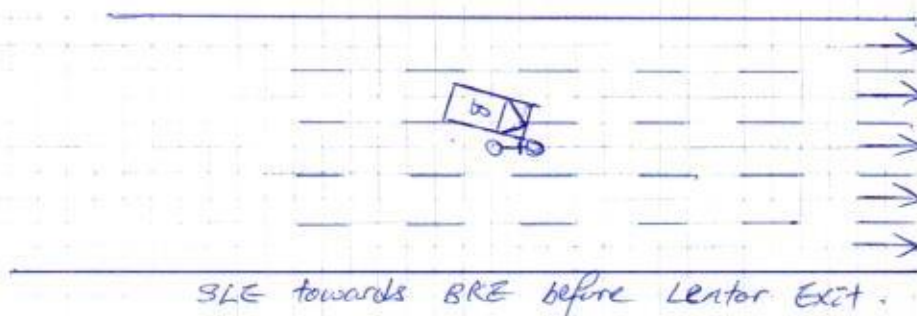
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

OTD FBD56438
Vehicle B: SLU 8701E.




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer To Police Report
No: T/20180516/2063.

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.:

Vehicle No.	F8D 5643 S	Model / Make	CB 400SFYJ
Date of Accident	15/05/18		
Time of Accident	2200	HRS	
Location of Accident	SLE towards BKE before Lantor Exit		
Exact purpose use during accident	Private used		
Name of Owner	RASIDI BIN ALI		
Telephone No.	H/P : 9768 5368	Home :	Office :
NRIC	57212008 / F		
Address	BLK 687D CHOA CHU KANG Drive #08-368 (3) 684687		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	Direct Asra Insurance		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MC/00471576		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	01 - female
Date of birth	27/03/1972		
Occupation	Outdoor / Indoor		
Driving License Pass Date	08/10/1996		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	Owner	
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	① RASIDI BIN ALI	H/P: 9768 5368	
Name And Contact No.	② LILIK MUDAWAROH	H/P: 8355 4029	
Police Report	No, If Yes, Where?	Bukit Panjang NPC	
Vehicle B No.	SLU 8701 E	Any Passengers :	N.A.
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	N.A.	Witness Contact :	
Accident Portion	Left Portion		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	MOTO 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jackey 8380 2233		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2018 12:33	Vide Report No.: F/20180515/0227	Station Diary No.: 120
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Informant's Particulars

Name of Informant: RASIDI BIN ALI			Address: APT BLK 687D CHOA CHU KANG DRIVE #08-368 SINGAPORE 684687		
ID Type / ID No.: NRIC NO / S7212008F			Contact No.: Home/Office: Mobile: 97685368		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 27/03/1972	Type of Informant: Rider		
Race: Boyanese			Language:		Institution / School Name:
Occupation: lorry delivery driver			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2018 22:00	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
SLE towards Yishun				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5643S	Motorcycle	HONDA	CB400SFYJ	Black	Slightly Damaged	1
SLU8701E	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD5643S	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00471576	06/04/2018	05/04/2019



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RASIDI BIN ALI	ID No.	S7212008F
Related Vehicle	FBD5643S (Motorcycle)	Contact No.	97685368
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/05/2018	Date Discharge	16/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Pillion			
Name	Lilik Mudawaron	ID No.	S7471055G
Related Vehicle	FBD5643S (Motorcycle)	Contact No.	83554029
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/05/2018	Date Discharge	15/05/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location. I was riding my motorbike, FBD5643S, a Black Honda CB400 with my pillion namely, Lilik Mudawaron S7471055G. I was riding along SLE towards Yishun on the third lane when I was hit on the left side of my motorbike by a car from the fourth lane. The car was a Grey Mercedes Benz, SLU8701E, driven by namely, Tan We Wah Kenneth, S7600773Z. My pillion fell off the bike while I was still riding it. Parties of both vehicles stopped to exchange particulars, Shortly after, ambulance arrived and conveyed my pillion to Khoo Teck Puat Hospital. I have no CCTV recordings of the incident. I am not sure of repair cost the damages to my bike. On the 16 of May, I woke up to pain in both my knees and was given 3 days MC by Healthway Medical Centre.



**SINGAPORE
POLICE FORCE**



T/20180516/2063

3 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/20180516/2063

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:

J1 Sgtp1 Fred Fy
~~Sgt 2 LIN WEILIANG, JOEL~~

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED
ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Parish

Date/Time:

16/05/2018 12:33

Classification Of Case:

Owner / Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7212008F**
Name **RASIDI BIN ALI**

Birth Date: **27 Mar 1972**
Issue Date: **30 Apr 2003**

000437204J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7212008F**

Name **RASIDI BIN ALI**

Race **BOYANESE**
Date of Birth **27-03-1972**
Country of Birth **SINGAPORE**

Sex **M**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	05 May 1995
Class 2A	Motorcycles between 201 cc and 400 cc	08 Oct 1996
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Mar 1999

YP 3477H

NP 428A

Licence No: S7212008F

2071575

NRIC No: **S7212008F**

Blood Group **B+** Date of Issue **30-05-1994**

APT BLK 687D CHOA CHU KANG DRIVE #08-368
SINGAPORE 684687

NRIC No: **S7212008F** Date: **06-08-2006** No: **5405714**



Contact us at
Hotline: (65) 6532 2888
E-mail: CustomerService@DirectAsia.com

CERTIFICATE OF INSURANCE

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

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	MC/00471576
Type of Coverage	Third-Party Only Cover
1) Vehicle Registration No.	FB056435
Chassis No.	NC23E2021673
2) Name of Policy Holder	RASIDI BIN ALI
3) Effective Date of Commencement of Insurance for the Purpose of the Act	06/04/2018
4) Date of Expiry of Insurance	05/04/2019
5) Persons or Classes of Persons Entitled to Drive	
(a) The Insured	
(b) A named driver who is driving on the Insured's order or with his permission.	
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.	
6) Limitations as to use*	
Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	

Sum Insured : Market Value
Policy Excess : S\$ 0.00
Main driver : RASIDI BIN ALI

Important Note: The policy only cover the main driver and the following named driver:

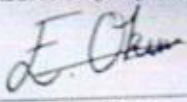
Ref	Named Driver	Date of Birth
1	ADUKA BIN ALI	27/04/1979

Finance Company / Hire Purchase

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 the Road Transport Act, 1987 (Malaysia).

Direct Asia Insurance (Singapore) Pte. Ltd.

Issued on: 09/04/2018


Edip Okur
Chief Underwriting Officer

Direct Asia Insurance (Singapore) Pte Ltd
88 South Bridge Road Singapore 058716
www.DirectAsia.com