

NATIONAL Assessment Centre Services (M11 1 Jan 2001) **NA1803179**

Date In: 17/05/2018 16:46	Job description	Date & Time Completed	Done by
Ref No: NBB/907180089954	SAS e-filing		
Yeh No: FBK 79024	E-mail (vehicle shot, AIO shot)		
D.O.A: 16/05/2018 at 15	E-Motor Claim Form		
OD: TP / Reporting Only	E-Motor W/O (vehicle shot, AIO shot)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VVH12		

Preferred Whp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yeh No: **SAP 92224** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % (Note: BIL SUNI (WO): NI 0.20%, PI 21.79%, PI 30.110%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()

() Work-in Questionnaire: Customer's information strictly Confidential & strictly NO later of repair.

() 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: ()

Date/TIME: ()

NA1803179

Invoice Breakdown Check	
1) AA1 Accident Reporting (300)	
2) DA1 Damage Assessment (3100)	INC (20)
3) TP1 Towing Fee	140/113
4) ET1 Follow Through Survey	110
5) PT1 Follow Through Survey (Recovery)	110
Total Invoice Total (INC Only) \$10,113	
6) TR1 Repair Allowance	113
7) NI1 NI100A + SMRT Survey	110
8) NTUC Additional Fee (900)	
9) 011	
NI1 Courtesy Car / Tpl Allowance	110
NI1 Repair Coordination	110
NI1 Post Repair Inspection	110
NI100V / Cellulose Survey Coordination	110
TP (NI1) TP (NI100) - Cellulose INC	110
10) NI100A + SMRT Survey	110
Invoice Total	
Net Charge	

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	17/05/2018 16:40
Date Of Accident	16/05/2018 08:15
Exact Location Of Accident	PIE TOWARDS CHANGI (B/F UPP SERANGOON/CTE EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7902U
Insured/Policyholder	
Name Of Registered Owner	UWAISULLAH BIN MUIZUDEEN MOHAMMAD
NRIC No	S9842153Z
Email Address	UWAISULLAHMM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92485530
Alternative Phone No	OFFICE-92485530

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150-149CC
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2017TR01842

Driver

Name of Driver	UWAISULLAH BIN MUIZUDEEN MOHAMMAD
NRIC No	S9842153Z
Date Of Birth	28/12/1998
Occupation	INDOOR
Date Of Driving Pass	11/07/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92485530
Fax Number	
Contact Number	OFFICE-92485530
Email Address	UWAISULLAHMM@GMAIL.COM

Address	BLK 55 TEBAN GARDENS ROAD #17-453
Postcode	600055
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?	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)	2
Passenger 1	NAME: : MUHAMMAD IMRAN BIN MOKMIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180516/2099

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	SJP9222P
Vehicle Make/Model/Colour	BMW BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARYL LOH JUN YAN
NRIC/Passport Number	S8936828F
Contact Number	96190319
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name UWAISULLAH BIN MUIZUDEEN MOHAMMAD
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBK7902U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD IMRAN BIN MOKMIN
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBK7902U
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
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.

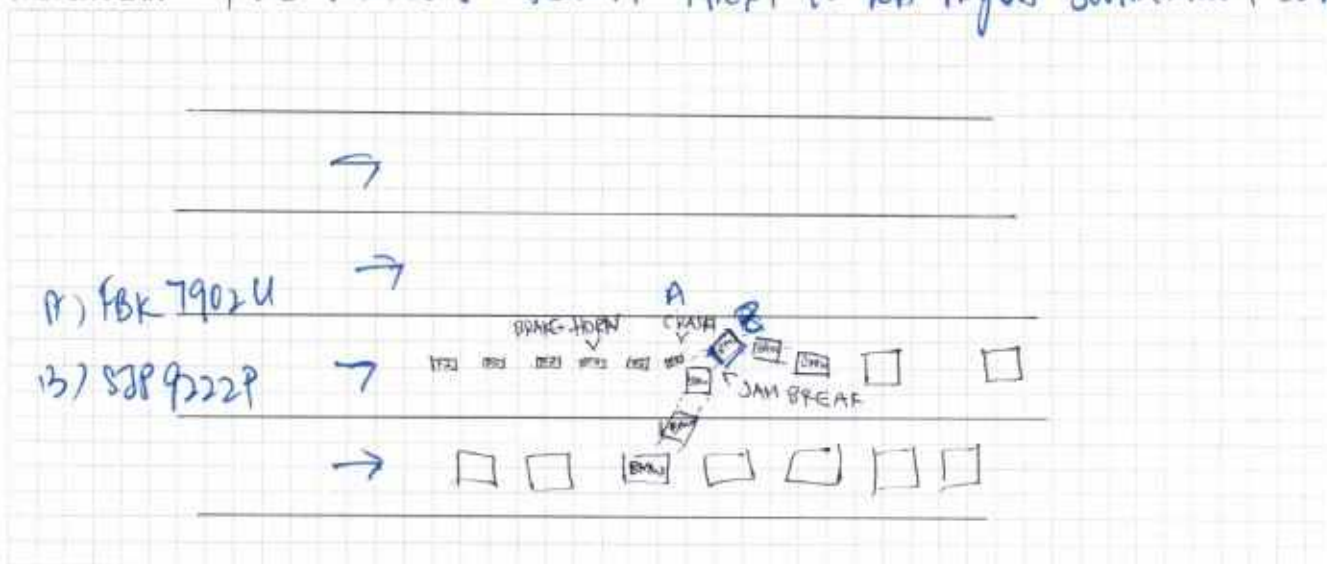
Policyholder's Signature
Date & Time: 17/05/2018

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

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

SKETCH PLAN

PIKE TOWARDS CHANUKH NEXT TO BOA PAYOH SWIMMING COMPLEX



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PIR REPORT TO POLICE REPORT
1/20/80516/2019

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 17/05/2018

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

[Signature] 17/05/2018
 Reporting Centre Personnel's Signature
 Name: *[Signature]*
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180516/2099

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180516/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2018 14:45		Vide Report No.:		Station Diary No.: 127	
Informant's Particulars					
Name of Informant: UWAISULLAH BIN MUIZUDEEN MOHAMMAD			Address: APT BLK 55 TEBAN GARDENS ROAD #17-453 SINGAPORE 600055		
ID Type / ID No.: NRIC NO / S9842153Z			Contact No.: Home/Office: Mobile: 92485530		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 28/12/1998	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SPF NSF			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/05/2018 08:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI, 16 1/2 KM MARK, NEXT TO TOA PAYOH SWIMMING COMPLEX				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBK7902U	Motorcycle	YAMAHA	FZN150	Red	Seriously Damaged	1
SJP9222P	Car	BMW		Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7902U	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01842	20/11/2017	19/11/2018



**SINGAPORE
POLICE FORCE**



T/20180516/2099

2 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180516/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	MUHAMMAD IMRAN BIN MOKMIN	ID No.	S9911222J
Related Vehicle	FBK7902U (Motorcycle)	Contact No.	94828412
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	UWAISULLAH BIN MUIZUDEEN MOHAMMAD	ID No.	S9842153Z
Related Vehicle	FBK7902U (Motorcycle)	Contact No.	92485530
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	16/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	DARYL LOH JUN YAN	ID No.	S8936828F
Related Vehicle	SJP9222P (Car)	Contact No.	96190319
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 16/05/2018 at about 0815hrs, I was riding my motorcycle (FBK7902U) with pillion rider along PIE (Changi). While I was riding on the second lane near to the stretch of where Toa Payoh Swimming Complex was, a car (SJP9222P) which was driving on the first lane suddenly made a lane change to its left (into my lane) without signaling. I immediately horned at the said car and the car did an emergency brake. As a result, my motorcycle was unable to stop in time and my motorcycle's front wheel collided onto the left rear bumper of the car. My pillion rider and I fell down and suffered some abrasion.

After the incident, my motorcycle's brake was stuck and the front fender was cracked. My right mirror was



**SINGAPORE
POLICE FORCE**



T/20180516/2099

3 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180516/2099

CONTINUATION OF REPORT

fully damaged and the right balancer was broken. The car's rear left bumper was dented. Shortly, the traffic police came and attended to us. After exchanging personal particulars with the other driver, we left the place. Both of us went to seek medical attention and were both given 3 days of medical leave. I wish to state that when the incident happened, I was riding to work. I do not an in-built motorcycle camera.

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 05 / 2018) (DD/MM/YYYY), TIME: (08 : 15) (HH:MM)

LOCATION: PIE towards Changi (before upp spoon / cte ang mo kio exit)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 7902 U
b) INSURANCE COMPANY: Great American Insurance Company
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA FZ150
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: going to 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: Uwaisullah Bin Muizudeen Mammud (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9842153Z CONTACT: 9248 5510
c) ADDRESS: 55 Teban Gardens Road #17-453 S(600055)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: (28 / 12 / 1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11 July 2017

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. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Tua Payoh NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJP 9222P MODEL: BMW 328i
b) DRIVER'S NAME: Daryl Loh Jun Yan
c) NRIC/FIN/PASSPORT: S8936828F CONTACT: 9619 0319

9. THIRD PARTY VEHICLE


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

1) EMAIL: uwaisullahmm@gmail.com

2) VIDEO:

(2)
NUMBER OF
PASSENGER
INCLUDING DRIVER

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

 **HOME TEAM**
NATIONAL SERVICE IDENTITY CARD

UWAI SULLAH BIN MUIZUDEEN
MOHAMMAD

S9842153Z

SINGAPORE POLICE FORCE

THIS IS NOT A WARRANT CARD

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S9842153Z**

**UWAI SULLAH BIN MUIZUDEEN
MOHAMMAD**


Birth Date: 28 Dec 1998
Issue Date: 11 Jul 2017

002702364G

Unauthorized possession, use, retention, alteration, destruction or transfer of this card is strictly prohibited. This card must be returned to the nearest SFF/SCDF station if found.

Date of Birth	Race	Date of Enlistment
28/12/1998	INDIAN	09/01/2018

Address
APT BLK 55 TEBAN GARDENS ROAD
#17-453 SINGAPORE 600055




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

Class 2B	Motorcycles <= 200 cc	EFFECTIVE DATE
		11 Jul 2017

NP 428A

Licence No: S9842153Z



**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: MT2017TR01842

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	: UWAISULLAH BIN MUIZUDEEN MOHAMMAD
Insured NRIC/Passport No/ Roc	: S9842153Z
Named Rider	: MUIZUDEEN MOHAMMAD BIN RESUL MOHAMED
Policy Coverage	: THIRD PARTY ONLY
Make And Description Of Vehicle	: YAMAHA / FZN150
Vehicle Registration No.	: FBK7902U
Year Of Manufacture	: 2015
Engine No.	: G3E3E0007080
Chassis No.	: ME1RG1618F2001615
Engine Capacity	: 149
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 20/11/2017 TO: 19/11/2018
Excess (S\$)	: Section I N.A.
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 : 20/11/2017

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

HP&E PUTUCHANG MOTOR
SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Block 1004, #01-16, JALAN KEMAS 11TH FLOOR
SINGAPORE 120114 TEL: +65 6275 0075 FAX: +65 6275 0514