

# NATIONAL Assessment Centre Services

10111 / 101001

MAH48067268

Date In: 23/05/2018 17:15  
Ref No: NPA/PW0180094147  
Veh No: FEL 6392S  
D.O.A: 23/05/2018 08:50

OD TP / Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS calling

B-roll (with photo, A/C, etc)

1-Motor Claim Form

1-Motor W/O (with 100% claim, etc)

1-Photo Uploaded

Assessment/Survey Report

Assessment Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Assign Wksp / OYI

Tell

Fax

TP Particulars

Yell No

8UG 15714

INC

( )

/ Non-INC

( )

Owner / Driver

Tell

Policy No

Period

Cover Type

Confirmed by

Date

Time

Insured/Driver Liability

%

(Note: BIL Status (WO):

Nil 0.20%

Pi 21.79%

Pi 30.110%

Year of Registration

( )

Warranty: YES

( )

/ NO

( )

Excess (\$

)

Loading \$1,000

( )

/ \$2,000

( )

General Remarks

( ) Walk-In Customer: Customer's information strictly confidential & strictly NO info of reporter

( ) Total Loss Case: to e-mail insurer URGENTLY

Drive-In

( )

/ Towed-In

( )

Invoice YES

( )

/ NO

( )

Towing Co

( )

Remarks

INC online 6788 00150

Driver's License

Donkey

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

2) QC Check / Post Repair Inspection ( )

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

Injury

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

NA1803298

Union

Driver/Owner

Policy No

Assigned Position

Checked by (Ungr-In-Charge)

Comments

Other

Other

Other

Other

Other

Other

Other

Other

Invoice Preparation Checklist

1) AR: Accident Report (200)

2) DA: Damage Assessment (100)

3) TP: Towing Fee

4) PT: Follow Through Survey

5) PT: Follow Through Survey (Repairer)

6) TR: Repairer's View

7) NI: NI/DA & SMRT Survey

8) NTUC Additional Survey

9) NI: Courtesy Car / Tot Allowance

10) NI: Repair Coordination

11) NI: Post Repair Inspection

12) NI: Post Repair Coordination

13) NI: TP (RVA INC) / Actual INC

14) NI: Final Results

Invoice dated

File Check/W

File Check/W

## 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	23/05/2018 17:15
Date Of Accident	23/05/2018 08:50
Exact Location Of Accident	UPPER SERANGOON ROAD TOWARDS TOWN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6392S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHD SHAMSUDIN B MD HANIFFA
NRIC No	S1777679G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98509858
Alternative Phone No	OTHERS-98509858

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY 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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNMC2018-00000245
Cover Note Number	

### Driver

Name of Driver	MOHD SHAMSUDIN B MD HANIFFA
NRIC No	S1777679G
Date Of Birth	26/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/07/1989
Driving Experience	28 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98509858
Fax Number	
Contact Number	OTHERS-98509858
Email Address	NOEMAIL



Address	BLK 704 HOUGANG AVENUE 2 #02-233
Postcode	530704
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 ON COLLISION
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)	1

#### 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 (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	SLG1571H
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIANG SEE THONG
NRIC/Passport Number	S0191636Z
Contact Number	96721257
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: ;
	GENDER: ;

**DETAILS OF INJURED PERSON 1**

Name	MOHD SHAMSUDIN B MD HANIFFA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL6392S
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:

23052018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

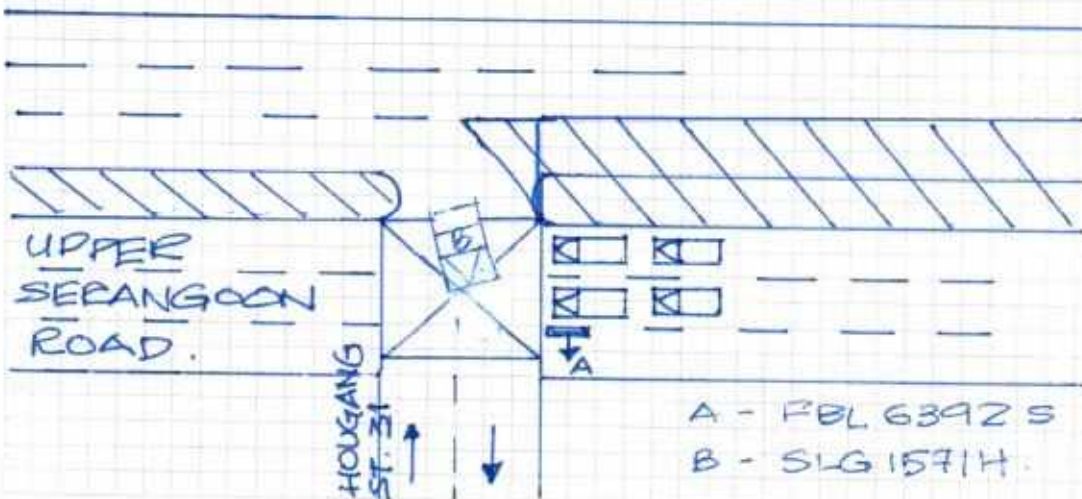
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE 23 MAY 18 WHILE I WAS RIDING MY MOTORCYCLE TO WORK AT ABOUT 08:50 ALONG UPPER SERANGOON ROAD TOWARDS JALAN BESAR (30-40 km/h)

AT THE JUNCTION OF HOUGANG STREET 31 SUDDENLY VEHICLE NO: SLG 1571 H DASH OUT IN FRONT OF ME. LY

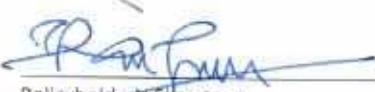
I APPLY MY BRAKE IMMEDIATE BUT COULDN'T STOP IN TIME AS THE SAID VEHICLE WAS ALREADY TOO NEAR.

I HIT ON THE LEFT BOTTOM FRONT DOOR OF THE SAID VEHICLE AND UNBALANCE MY MOTORCYCLE AND FALL TO THE GROUND. ON MY LEFT.

I SUFFER SOME MUSCLE STRAIN AND PAIN ON MY RIGHT AND LEFT HANDS AND ALSO ON MY LEFT FOOT.

## DECLARATION

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

  
Policyholder's Signature  
Date & Time: 23052018

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

 23/05/2018  
Reporting Centre Personnel's Signature  
Name: Rosli Waffar  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (23/05/2018) (DD/MM/YYYY), TIME: (08:50) (HH:MM)

LOCATION: UPPER SERANGOON ROAD TOWARDS TOWN.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 6392 S  
 b) INSURANCE COMPANY: FWD  
 c) POLICY NUMBER: PNMC 2018-00000245  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA CB 400 SUPER 4  
 f) TYPE: (~~SAFARI / TOUR / TAXI / VAN / MOTORCYCLE / OTHER~~)  
 g) VEHICLE CATEGORY: (~~PRIVATE / COMMERCIAL / MOTORCYCLE~~)  
 h) PURPOSE OF USING AT ACCIDENT TIME: ON THE WAY TO WORK.  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (~~YES~~ / NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / ~~NO CLAIM~~)

## 2. INSURED / POLICY HOLDER

- a) NAME: MOHD SHAMSUDIN B MD HANIFFA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S17776799 CONTACT: 98509858  
 c) ADDRESS: BLK 704 HOUGANG AVE 2 # 02-233  
SINGAPORE 530704

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

## 3. DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (26/03/1966) (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

f) DATE OF DRIVING PASS: 17.07.1989

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 / ~~RAIN / WINDY~~)  
 b) ROAD SURFACE: (DRY / ~~WET / SLIP~~)

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: SLG 1571 H MODEL: MERZ  
 b) DRIVER'S NAME: CHIANG SEE THONG  
 c) NRIC/FIN/PASSPORT: S01916362 CONTACT: 96721257

## 9. THIRD PARTY VEHICLE

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

(1)  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

(2)  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER  
 ( )  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

1) EMAIL :

2) VIDEO :



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1777679G



MOHD SHAMSUDIN B MD  
HANIFFA

Race  
INDIAN  
Date of Birth  
25-03-1966 Sex  
M  
Country of Birth  
SINGAPORE

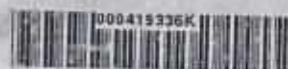
REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1777679G

MOHD SHAMSUDIN B MD  
HANIFFA

Birth Date: 25 Mar 1966  
Issue Date: 24 Apr 2003



000415336K

1454129



NRIC No. S1777679G



Weight Group: 22-11-1993

AGE BLK 204 HOUGANG AVENUE 2 #02-233

SINGAPORE 530704

NRIC No: S1777679G

Date: 01-09-1999

No: 3026939

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	17 Jul 1999
Class 2A	Motorcycles between 201 cc and 400 cc	17 Jul 1999
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Jun 1998



Licence No: S1777679G

NP 428A





## CERTIFICATE OF INSURANCE

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 of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNM2018-00000245**

Plan Name: Comprehensive

Motorcycle plate number: FBL6392S

Your name (As the policyholder): Mohd Shamsudin B Md Haniffa

Coverage start date: 16/01/2018

Coverage end date: 15/01/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

**Important things to know:**

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

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We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 11/01/2018

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM


**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

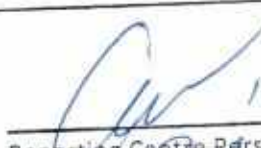
Original Report No: MAIAU80K7268 Vehicle Registration No: FBL 6392S  
Name (as shown in NRIC): Mohd Shamsudin Bin Haniffa NRIC/FIN/Passport No: S1777K9G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 9850 9858  
Email Address: \_\_\_\_\_  
Date of Accident: 22/05/2018 Time of Accident: 08:50  
Place of Accident: UPPER SERANGOON ROAD TOWARD TOWN.  
Insurance Company: FWD.

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF ACCIDENT SHOULD BE 23 MAY 2018

  
Policyholder / Driver's Signature  
Date: 24/5/18

  
Reporting Centre Personnel's Signature  
Name: Rodri  
NRIC/FIN No.: 144/11/13  
Date: 24/05/2018