

NATIONAL Assessment Centre Services. (Unit 1 Jan 2000)

Date In: 01/06/2018 14:08

Ref No: NA/DAI18009935/44

Veh No: FBB3988X

D.O.A: 24/5/2018 19:00

OD: TP / Reporting Only

TP Insure:

Job description

Date & Time Completed

Done by

SAS e-billing

E-mail (within 3hrs, A/C 3hrs)

I-Motor Claim Form

I-Motor W/O (within: OD 3hrs, TP 3hrs)

I-Photo Uploaded

Assessment/Survey Report

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

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Veh No:

Tel:

Fax:

Owner / Driver: (

Policy No: (

Period: (

Tel:

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:

Alloc Time: Actions:

main's Particulars:

er/Owner:

fact No:

aged Portion:

Checked by (Engr-In-Charge):

For's Comments:

Invoice Preparation Credits

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100); INC (\$30)

3) TP: Towing Fee

\$40/\$43

4) FT: Follow-Through Survey

\$120

5) FT: Follow-Through Survey (Resurvey)

\$30

For claimant against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection

\$75

7) NI: idav DA + SMRT Survey

\$160

8) NTUC Additional Services:

011:

*N1: Courtesy Car / Tpl Allowance

\$5

*N6: Repair Coordination

\$10

*N7: Post Repair Inspection

\$25

*N8: DY / Collect Unacc Coordination

\$5

TP (N11): TP (Non INC) against INC

\$20

9) N12: Idav Mobile

\$0

Invoice dated

Paid Charged

Invoice closed

Paid Charged

Signature

Signature

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	01/06/2018 14:08
Date Of Accident	24/05/2018 19:00
Exact Location Of Accident	AIRPORT ROAD NEAR KPE ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB3988X
Insured/Policyholder	
Name Of Registered Owner	BIN ZAINAL ABIDIN, ZULKARNAIN
NRIC No	S8628420J
Email Address	ZULKARNAIN3988@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92381872
Alternative Phone No	OTHERS-92381872

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00150394/04
Cover Note Number	

Driver

Name of Driver	BIN ZAINAL ABIDIN, ZULKARNAIN
NRIC No	S8628420J
Date Of Birth	22/09/1986
Occupation	OUTDOOR
Date Of Driving Pass	27/01/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92381872
Fax Number	
Contact Number	OTHERS-92381872
Email Address	ZULKARNAIN3988@GMAIL.COM

Address	BLK 453D FERNVALE ROAD #06-539
Postcode	794453
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	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180525/2075

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 Witness 1

Name	DERICK
Phone Number	96775350
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ1257L
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)

DETAILS OF INJURED PERSON 1

Name	BIN ZAINAL ABIDIN, ZULKARNAIN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FPB3988X
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:

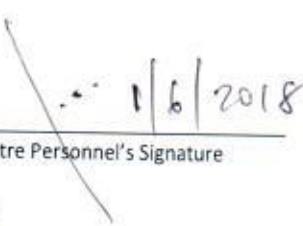
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



1/6/2018

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

SKETCH PLAN

A - FBB3988X

B - SJQ1257L

AIRPORT ROAD

Near KPE
Entrance

KPE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180525/2075

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.:

1/6/2018



**SINGAPORE
POLICE FORCE**



T/20180525/2075

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20180525/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2018 14:05	Vide Report No.:	Station Diary No.: 68
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Informant's Particulars

Name of Informant: ZULKARNAIN BIN ZAINAL ABIDIN			Address: APT BLK 453D FERNVALE ROAD #06-539 SINGAPORE 794453		
ID Type / ID No.: NRIC NO / S8628420J			Contact No.: Home/Office:		Mobile: 92381872
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 22/09/1986	Type of Informant: Rider		
Race: Malay			Language:	Institution / School Name:	
Occupation: Container Handling Specialist			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/05/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 AIRPORT ROAD Near KPE Entrance				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB3988X	Motorcycle	HONDA	CB400	Black	Seriously Damaged	0
SJQ1257L	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB3988X	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00150394/04	22/09/2013	21/09/2018



**SINGAPORE
POLICE FORCE**



T/20180525/2075

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Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180525/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZULKARNAIN BIN ZAINAL ABIDIN	ID No.	S8628420J
Related Vehicle	FBB3988X (Motorcycle)	Contact No.	92381872
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	24/05/2018	Date Discharge	24/05/2018
No. of Days granted Medical Leave	21	Degree of Injury	Serious

Brief Details.

On 24/05/2018 at around 1900hrs, I was riding on the 2nd lane of airport road towards Paya Lebar Airbase. While I was riding, I saw a vehicle from the opposite direction waiting in the U-Turn point waiting to turn into my side of the road. I continue going straight and suddenly the said vehicle at the U turn point turned out. instead of the U turning into the 2nd lane, the vehicle cut across and straight into the 3rd lane. This caused me to hit into the left rear door of the vehicle.



**SINGAPORE
POLICE FORCE**



T/20180525/2075

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Report No. T/20180525/2075

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

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:

G /

Sgt 2 ~~SYED SYAHID BIN OSMAN IDROS~~

Lim Joo Xian

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SSI TAN CHIN YONG

Contact No.: 65476178



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

[Signature]
SIGNATURE

Signature Of Informant:

[Signature]

Date/Time:

25/05/2018 14:05

Classification Of Case:

*

Reported on 25/5/2018

@ 1540 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: 24/5/2018 (DD/MM/YYYY). TIME: 19:00 (HH:MM)

LOCATION: Airport Road Near KPE Entrance

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB3988X
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 92381872
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) OWNER

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) Serious

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STQ1257L MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* Witness: Derick ✓

HP: 96775850 ✓

Email = zulkarnain3988@gmail.com ✓

Fax =
workshop: globalmotorpte ltd@gmail.com ✓

Waiting for Motorcycle Photos?

* Motorcycle At Compound?

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8628420J



Name

ZULKARNAIN BIN ZAINAL
ABIDIN

Race

MALAY

Date of birth

22-09-1986

Country/Place of birth

SINGAPORE

Sex
M

5684526



NRIC No. S8628420J



Date of issue

03-01-2017

Address

APT BLK 453D FERNVALE ROAD
#06-539
SINGAPORE 794453

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8628420J

Name

ZULKARNAIN BIN ZAINAL
ABIDIN

Birth Date 22 Sep 1986

Issue Date 17 Sep 2009



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B Motorcycles \leq 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 3 Motor cars \leq 5000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors/vehicles \leq 2500 kg

17 Sep 2009

17 Aug 2012

27 Jan 2014

S8628420J

S/No. 9000189741

NP 428A



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/00150394/04
Type of Coverage	Third-Party Fire and Theft Cover
1) Vehicle Registration No.	FB83988X
Chassis No.	JH2NC39916M200474
2) Name of Policy Holder	BIN ZAINAL ABIDIN, ZULKARNAIN
3) Effective Date of Commencement of Insurance for the Purpose of the Act	22/09/2017
4) Date of Expiry of Insurance	21/09/2018
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\$ 600.00
Main driver	BIN ZAINAL ABIDIN, ZULKARNAIN
Important Note: The policy only cover the main driver and the following named driver: No named driver declared	
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).

Issued on: 04/09/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer