

# NATIONAL Assessment Centre Services. (Unit 1 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-Milling

E-mail (within 3hrs, AIC 3hrs)

I-Motor Claim 1st/1st

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

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/ Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars:

Veh No:

SJQ1257L

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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6016)

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

After Time: Actions:

Date of Doing Pass wrong

main's Particulars:

er/Owner:

act 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 (\$10)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$10

For claiming against INC Only (wef 10 Jan 2006)

6) TR: Re-inspection \$75

7) NI: Ideal DA + SMRT Survey \$160

8) NTUC Additional Service Cost:

Q11:

\*N1: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Coordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DY / Collect Excess Coordination \$3

TP (N11): TP (N11) against INC \$20

\*N12: Idle Mobile \$10

Invoice dated

Fee Charged

Fee Charged

Invoice dated

Fee 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	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
<b>Insured/Policyholder</b>	
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	17/08/2012
Driving Experience	5 YEARS AND 9 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?

FBB3988X

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:

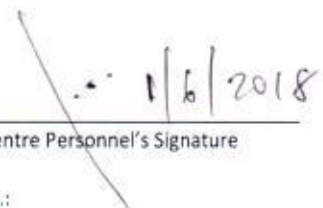
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

1 of 3

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

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	
<b>Informant's Particulars</b>					
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

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

2 of 3

Report No. T/20180525/2075

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
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

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

3 of 3

Report No. T/20180525/2075

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

*Signature of Sgt 2 Syed Syahid Bin Osman Idros*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SSI TAN CHIN YONG

Contact No.: 65476178



SINGAPORE  
POLICE FORCE

Signature Of Informant:

*Signature of Informant*

Date/Time:

25/05/2018 14:05

Classification Of Case:

Authentication Stamp

NP168

*Signature of Officer In Charge of Case*

SIGNATURE

\* 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

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

\* Witness: Derick ✓

HP: 96775350

Email = zulkarnain3988@gmail.com ✓

Pax = 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

Sex

M

Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number S8628420J

Name

ZULKARNAIN BIN ZAINAL  
ABIDIN

Birth Date 22 Sep 1986

Issue Date 17 Sep 2009



5684526



NRIC No S8628420J



Date of issue

03-01-2017

Address

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 2B	Motorcycles <= 200 CC	17 Sep 2009
Class 2A	Motorcycles between 201 CC and 400 CC	17 Aug 2012
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	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.

<b>Certificate No.</b>	: MC/00150394/04
<b>Type of Coverage</b>	: Third-Party Fire and Theft Cover
<b>1) Vehicle Registration No.</b>	: FBB3988X
<b>Chassis No.</b>	: JH2NC39916M200474
<b>2) Name of Policy Holder</b>	: BIN ZAINAL ABIDIN, ZULKARNAIN
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	: 22/09/2017
<b>4) Date of Expiry of Insurance</b>	: 21/09/2018
<b>5) Persons or Classes of Persons Entitled to Drive</b>	
(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.	
<b>6) Limitations as to use*</b>	
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.	
<b>Sum Insured</b>	: Market Value
<b>Policy Excess</b>	: S\$ 600.00
<b>Main driver</b>	: BIN ZAINAL ABIDIN, ZULKARNAIN
<b>Important Note:</b> The policy only cover the main driver and the following named driver: No named driver declared	
<b>Finance Company / Hire Purchase</b>	:

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**



**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 : MNA118071129 Vehicle Registration No: FBB3988X  
Name (as shown in NRIC) : BIN ZAINAL ABIDIN, ZULKARNAIN NRIC/FIN/Passport No : S8628420J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 453D, FERNVALE ROAD, #06-539 Singapore 1794453  
Contact (Tel) : — Mobile No. : 92381872  
Email Address : ZULKARNAIN3988@GMAIL.COM  
Date of Accident : 24/05/2018 Time of Accident : 19:00  
Place of Accident : AIRPORT ROAD NEAR KPE ENTRANCE  
Insurance Company : Direct Asia Insurance (Singapore) Pte Ltd.

**(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:

Amend the Date of Driving Pass Date.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

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

7/8/2018