

NATIONAL Assessment Centre Services

Ref: Jan 05

MA46080296

Date In: 21/06/2018 18:50	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NB803920/1315/Y	E-mail (within 8hrs, AIC 2hrs)		
Veh No: FZ7691 L	i-Motor Claim Form		
D.O.A: 20/06/2018 13:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: GGG 78125

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%; F: 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

NA803920

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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

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: Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

OD*

*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 (Non INC) against INC \$20

9) N12: Idac Mobile 30

Invoice dated:

Fee Charged

Invoice dated:

Fee Charged

WATER

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	21/06/2018 18:50
Date Of Accident	20/06/2018 13:30
Exact Location Of Accident	ALONG WOODLANDS INDUSTRIAL PARK E5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ7601L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAFI BIN ABDUL KADER
NRIC No	S8934255D
Email Address	FATHIMA31@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90729972
Alternative Phone No	OTHERS-90729972

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF-399CC
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MT2017TR01596
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SHAFI BIN ABDUL KADER
NRIC No	S8934255D
Date Of Birth	04/10/1989
Occupation	INDOOR
Date Of Driving Pass	21/09/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90729972
Fax Number	
Contact Number	OTHERS-90729972
Email Address	FATHIMA31@HOTMAIL.COM

Address	BLK 458 JURONG WEST STREET 41 #03-718
Postcode	640458
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHONG PANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 141 YISHUN RING ROAD , POSTCODE: 760141 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7529999 - FAX NO: 67528913
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180620/2182

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	GBG7812S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MUHAMMAD SHAFI BIN ABDUL KADER
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FZ7601L
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: Paula A. H. H.
NRIC/FIN No: 12345678901234567890

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/20180620/2182

HARVEST

WOODLANDS INDUSTRIAL PARK

A) FZ 7601 L

B) GBG 7812 S

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:

21/06/2018

Signature



SINGAPORE POLICE FORCE



T/20180620/2182

1 of 3

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

Report No. T/20180620/2182

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 21:49		Vide Report No.: J/20180620/0116		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: MUHAMMAD SHAFI BIN ABDUL KADER			Address: APT BLK 458 JURONG WEST STREET 41 #03-718 SINGAPORE 640458		
ID Type / ID No.: NRIC NO / S8934255D			Contact No.: Home/Office: Mobile: 90729972		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 04/10/1989	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Driving instructor/tester			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/06/2018 13:30	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS INDUSTRIAL PARK E5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ7601L	Motorcycle	HONDA	CB400SF	Maroon		0
GBG7812S	Lorry			Blue		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ7601L	GREAT AMERICAN INSURANCE COMPANY	MTR2017TR01596	15/10/2017	14/10/2018



**SINGAPORE
POLICE FORCE**



T/20180620/2182

2 of 3

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

Report No. T/20180620/2182

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SHAFI BIN ABDUL KADER	ID No.	S8934255D
Related Vehicle	FZ7601L (Motorcycle)	Contact No.	90729972
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	20/06/2018	Date Discharge	20/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 20/06/2018 at 01.30pm, I was riding my motorcycle (Honda CB400SF bearing registration number:FZ7601L) along Woodlands Industrial Park E5 heading towards the direction of Woodlands Industrial Park E4 when a blue lorry bearing registration number:GBG7812S had suddenly came out from Harvest @ Woodlands which is from my left side and had collided onto me. Due to the impact, I had fell on the right side of my motorcycle onto the divider.

I wish to state that the driver of the said lorry and two of his colleagues had came up to me to render assistance and they had moved my motorcycle from its original position after the accident. I also wish to state that both the police and ambulance had attended to my accident vide incident J/20180620/0116 which is under the charge of TP IO Jerry Yeo and I do not know the damages to my motorcycle as I was also conveyed to Khoo Teck Puat Hospital by ambulance from the accident scene. I wish to further state I am lodging the report to make a claim against the other party.



**SINGAPORE
POLICE FORCE**



T/20180620/2182

3 of 3

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

Report No. T/20180620/2182

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:

F /

Staff Sgt MOHAMMAD HADY BIN HAMZAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

20/06/2018 21:49

Classification Of Case:

MEDICAL CERTIFICATE

ORIGINAL

KHANE181377048

NAME : MUHAMMAD SHAFI BIN ABDUL, KADE
NRIC : S8934255D

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named attended Examination/Treatment from **20 Jun 2018 13:51** to **20 Jun 2018 18:06**

The above named is unfit for duty for a period of **5** day(s), from **20 Jun 2018** to **24 Jun 2018** inclusive.

The Certificate is **not valid** for absence from court attendance.

Remarks :

20 Jun 2018

Dr Muntramoorthy, Karthike... (19848Z)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717564H

Tear Along Here

MEDICAL CERTIFICATE

DUPLICATE

KHANE181377048

NAME : MUHAMMAD SHAFI BIN ABDUL, KADE
NRIC : S8934255D

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

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Remarks :

20 Jun 2018

Dr Muntramoorthy, Karthike... (19848Z)

A&E

Date

Issuing Doctor

Location

Doctor's Signature

Reg No. : 200717564H

ACCIDENT STATEMENT

ACCIDENT DATE: 20/06/2018 (DD/MM/YYYY), TIME: 13:30 (HH:MM)

LOCATION: Along Woodlands (MD) P.E.S

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PZ 7601 L
 b) INSURANCE COMPANY: General American
 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: PRIVATE 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: MUHAMMAD SHAFI BIN ABAS KODAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 90729972
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 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)
 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)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBU 78128 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: _____

Email = FATHIMA31@hotmail.com

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8934255D



MUHAMMAD SHAFI BIN ABDUL KADER

Race: INDIAN
Date of Birth: 04-10-1989 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S8934255D



MUHAMMAD SHAFI BIN ABDUL KADER

Birth Date: 04 Oct 1989
Issue Date: 20 Jul 2012

003068854C

3628227



S8934255D



Date of Issue: 25-10-2004

APT BLK 458 JURONG WEST STREET 41 #03-718
SINGAPORE 640458

UIC No: S8934255D Date: 15/03/2011 No: 6726713

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

	EFFECTIVE DATE
Class 1B: Motorcycles - 500 CC	28 Jul 2012
Class 1A: Motorcycles between 201 CC and 400 CC	11 Jun 2013
Class 2A: Motorcycles > 400 CC	13 Feb 2013
Class 2: Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	28 Jan 2014
Class 4: Heavy motor cars and motor tractors > 2500 kg	15 Mar 2014

S / No: 9000281002

S8934255D

NP 428A

License No: S8934255D



GREAT AMERICAN INSURANCE COMPANY
 UEN: T15FC0029B GST REG. NO.: M80370081T
 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
 SINGAPORE 039190
 TEL: +65 6804 8000
 FAX: +65 6235 2616

MOTOR COVER NOTE: MT2017TR01596

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	: MUHAMMAD SHAFI BIN ABDUL KADER
Insured NRIC/Passport No/ Roc	: S8934255D
Named Rider	: N.A.
Policy Coverage	: THIRD PARTY ONLY
Make And Description Of Vehicle	: HONDA / CB400SF
Vehicle Registration No.	: FZ7601L
Year Of Manufacture	: 2005
Engine No.	: NC23E2086973
Chassis No.	: JH2NC39974M020204
Engine Capacity	: 399
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 15/10/2017 TO: 14/10/2018
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 : 07/10/2017

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