NATIONAL Assessment Centre	Services	col jaring			
Date In 13/07/18	Job description		Date & Time Completed	Done	: by
Ref No NBA/GAZ 18012779/13	SAS e-filing		*		
Veh No FBX 5086M	E-mail (within 8	hrs, A1C 2hrs,			
DOA 12/07/18 1830	i-Motor Clair		il i		
OD (P) Perporting Only	i-Motor W/O		TP 4hrs)		
	Assessment/Sur		I I		
TP Insurer	Ass't Report by		0 Owner/Wksp		131.775
Preferred Wksp / INC Assign Wksp / QW: (Fax:	
TP Particulars: Veh No:	XD329D	INC ()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No. () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
Insured/Driver Liability: (%) [No	te-Est. Status (W	O): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: () Wi	arranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000)()/\$2,000()			
General Remarks:-	SASSETIME PRODUCTION	04-1-1-10	ANTENDER LAN	2 10.2	
Apply for Transport Allowance () / Cou QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$300 Injury:	()	Y			
Pate/Time Actions					
inger-visus		Invoice Prej	aration Checklist	Anit (\$)	Amt (\$
NA1804418		1) AR : Accident		In Bill	Add Bi
aimant's Particulars :-		tale to the second seco	Assessment (\$100); INC (\$	80) 40/\$45	
iver/Owner:		4) FT : Follow-Th	rough Survey	\$120	
intact No:	-		rough Survey (Resurvey) ajust JNC Only (wef 10 Jan 200	530	D-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
maged Portion:		6) TR : Re-iuspec 7) N1 : Idac DA +	SMRT Survey	\$75 \$160	
Checked by (Engr-In-Charge):		The second secon	Car / Tpt Allowance	\$5	
iditors! Comments :-		*N6: Repair Co *N7: Post Repair *N8: DV / Coll		\$10 \$25 \$5	
1.		TP (N11): TP 9) N12: Idac Mob	(Non INC) against INC	\$20 30	
2/3:		9) N12: Idac Mot Invoice dated Invoice dated	ite Fee Charged Fee Charged		4.7

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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.
- 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.
- 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	13/07/2018 15:11
Date Of Accident	12/07/2018 18:30
Exact Location Of Accident	OLD TOH TUCK RD OPEN C/PARK(BOK SENG LOGISTIC)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK5086M
Insured/Policyholder	
Name Of Registered Owner	HASSAN BIN OTHMAN
NRIC No	S1723625C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87506902
Alternative Phone No	OTHERS-87506902
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	GTR1400
Exact Purpose for which vehicle was being used a time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR00764
Driver	
Name of Driver	HASSAN BIN OTHMAN
NRIC No	\$1723625C
Date Of Birth	16/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2018
Driving Experience	0 YEAR AND 5 MONTH
Sender	MALE
Mobile Number	(LOCAL) +65-87506902
ax Number	
Contact Number	OTHERS-87506902
EMail Address	NOEMAIL

Address

BLK 323 ANG MO KIO AVE 3

#09-1944

Postcode

560323

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

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

SLANTED

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident 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)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes Please state which Police Station

Police Station Name

TECK GHEE NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 321 ANG MO KIO STREET 31, POSTCODE: 560321.

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4599999 - FAX NO: 64574478

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180713/2056

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

XD352D

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

Page 2 of 22

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

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 UNKNOWN

Approximate Age

Injuries Sustain SLIGHT INJURY(OUT FROM THE VEH)

Injured person in which vehicle? XD352D

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address

Postcode

	KERB 1 7 BICHCLE
FBK5086M XD352B	OTO VEH A
INKNOWN	OLD TOH TUCK RD
	BOK SENG LUGISTIC
CRIBE CIRCUMSTANCES	OF THE ACCIDENT
is refr f	6 the police report: 20180713/2056

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.:

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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

l 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:
 - 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:

NRIC/FIN No.:





1 of 3

Report No. T/20180713/2056

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE

Tel No: 1800-4599999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2018 13:01		lade:	Vide Report No.: D/20180712/0103	Station Diary No.:
Informa	nt's Particu	ılars		
Name of	Informant: N BIN OTH	50550A	Address: APT BLK 323 ANG MO KIO A SINGAPORE 560323	VENUE 3 #09-1944
ID Type NRIC N	/ ID No.: D / S172362	25C	Contact No.: Home/Office:	Mobile: 87506902
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 53	Date of Birth: 16/05/1965	Type of Informant: Vehicle Owner	
Race: Malay			Language:	Institution / School Name:
Occupat	tion: lover Driver		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/07/2018 18:30		Type of Location Car Park
Location: Along Road 1 OLD TOH TU		rk.	i.e		
Weather: Clear		Road Surface: Slightly Slanted			d Speed Limit:
T IF There		Traffic Control:		Traf	fic Volume:
Traffic Flow:					

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK5086M	Motorcycle	KAWASAKI	GTR1400	Grey	Seriously Damaged	0 4
XD352D	Lorry	NISSAN	Diesel	White	Slightly Damaged	0





T/20180713/2056

2 of 3

Report No. T/20180713/2056

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

Tel No: 1800-4599999

CONTINUATION OF REPORT

Brief Details.

On 12/7/18 at about 1830hrs, my colleague informed me that my motorcycle bearing vehicle registration number FBK5086M was hit by a car which was hit by a lorry bearing vehicle registration number XD352D in our office yard (open carpark). The lorry which was parked, somehow moved on its own due to the uneven surface and hit the car, which in turn moved and pushed my motorcycle forward all the way to the side of the building. The lorry driver tried to stop the vehicle and was injured. The lorry driver was conveyed away by ambulance. I then proceeded to the scene and the police officers gave me a case card with ref D/20180712/0103 with AIO Koh Soon Long in charge.

My motorcycle was seriously damaged due to the collision and it could not start at all. To my knowledge, the lorry and car were slightly damaged. There was CCTV in the area but I believe it was not working as my company was going to hand over the building soon.





T/20180713/2056 -

3 of 3 Report No. T/20180713/2056

Police Station Of Origin: Teck Ghee NPP 321 Ang Mo Kio Street 31 SINGAPORE 560321

Tel No: 1800-4599999

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 / Sgt 3 ONG KOK CHUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2018 13:01
Officer In Charge Of Case: TP / GIT / SI NG CHWEE THENG Contact No.: 65476397	Classification Of Case:
Authentication Stamp	Auto Uy

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1723625C



HASSAN BIN OTHMAN



MALAY Date of birth 16-05-1965

SINGAPORE





5820809



11-10-2017

APT BLK 323 ANG MO KIO AVENUE 3 #09-1944 SINGAPORE 560323

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

000 Class 2B Class 2A Class 2 Class 3

C

Matercreiss = 200 CC
Mutercreiss between 281 CC and 480 CC
Mutercreiss > 280 CC
Mutercreis = 200 Ug with > 7 passangers, variouss of the
fetter; and motor transpart/whitha > 2500 kg
Haavy motor cars and motor transparts.

09 Feb 3018 05 Sep 1990

S / No 9000278095

517236250

Licence No:51723625C

NP 428A



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE: #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL. +65 5804 6000 FAX: +65 5235 2616

MOTOR COVER NOTE: MT2018TR00764

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	: HASSAN NIN OTHMAN			
Insured NRIC/Passport No/ Roc	: \$1723625C			
Named Rider	: N.A			
Policy Coverage	COMPREHENSIVE			
Make And Description Of Vehicle	: KAWASAKI / ZG1400E			
Vehicle Registration No.	: FBK5086M			
Year Of Manufacture	2015			
Engine No.	: ZXT40AE079418			
Chassis No.	: JKBZGT40EEA001860			
Engine Capacity	1 1352			
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD			
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)			
Period Of Insurance	: FROM: 17/04/2018 TO: 16/04/2019			
Excess (S\$)	: Section 1 S\$1300.00			
Optional Benefits	: N.A.			
Authorised Workshop	: DE XING MOTOR PTE LTD			

IWE 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

: 17/04/2018 09:45 hrs

Intermediary

: TENA RISK SOLUTIONS PTE LTD

MTR/COVERNOTE/V01/15