

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MUA118/16K5**

Date In: <b>7/1/18-16:21</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/DA218016373/24</b>	SAS e-filing		
Veh No: <b>EY3472 C</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>4/9/18-11:45</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: <b>Y4989 E</b>	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% 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:** \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) for Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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		
	TF (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat 1:			
Cat 2 / 3:			

### 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	07/09/2018 16:21
Date Of Accident	04/09/2018 11:40
Exact Location Of Accident	ALONG AYE (MCE) NEARBY L/P:364
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY3497C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAHMUD BIN MOHAMED MOSADDEQ
NRIC No	S8311086D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94357587
Alternative Phone No	OFFICE-94357587

#### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125S A
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
Fleet Policy	NO
Policy Number	MC/00368544/01
Cover Note Number	

#### Driver

Name of Driver	MAHMUD BIN MOHAMED MOSADDEQ
NRIC No	S8311086D
Date Of Birth	07/04/1983
Occupation	INDOOR
Date Of Driving Pass	26/09/2001
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94357587
Fax Number	
Contact Number	OFFICE-94357587
Email Address	NOEMAIL

Address	BLK 652 JALAN TENAGA #02-50
Postcode	410658
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	DRIZZLING
Road Surface	WET

#### 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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180906/2024.

#### 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	YN9809E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMU A/L SELLIYASERVAI
NRIC/Passport Number	F7233413L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

#### DETAILS OF INJURED PERSON 1

Name	MAHMUD BIN MOHAMED MOSADDEQ
Approximate Age	
Injuries Sustain	COLLAR BONE
Injured person in which vehicle?	FY3497C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


## SKETCH PLAN

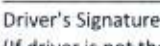
### IMPORTANT NOTICE

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:

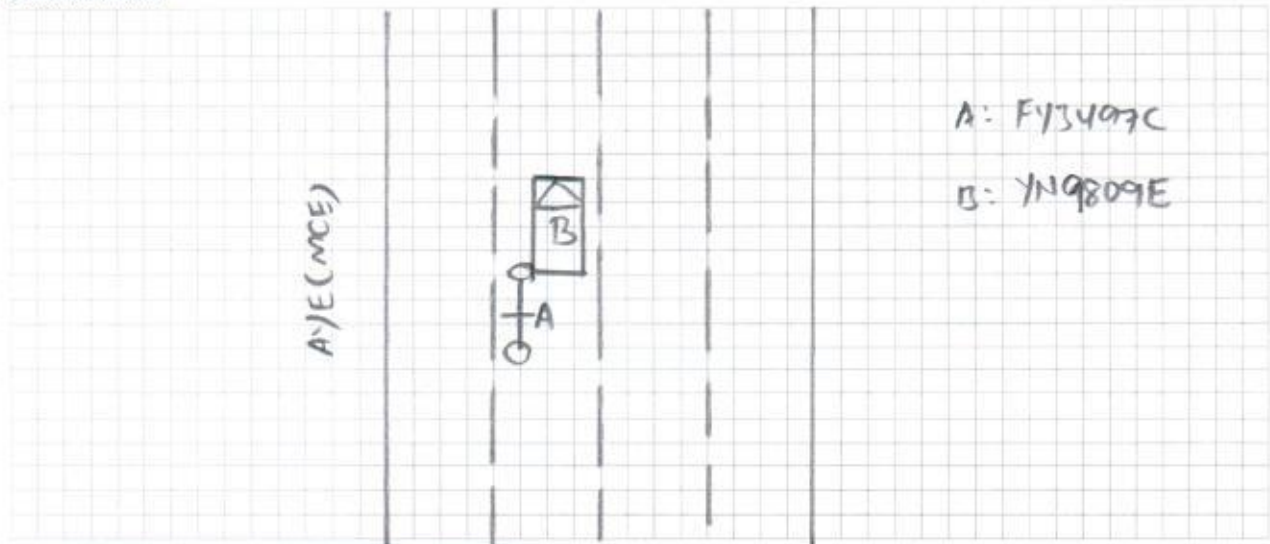
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180424/2014.

## 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.:



# SINGAPORE POLICE FORCE



T/20180906/2024

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180906/2024

YN9809E

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/09/2018 10:30	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: MAHMUD BIN MOHAMED MOSADDEQ			Address: APT BLK 652 JALAN TENAGA #02-50 EUNOS DAMAI VILLE SINGAPORE 410652		
ID Type / ID No.: NRIC NO / S8311086D			Contact No.: Home/Office: Mobile: 94357587		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 07/04/1983	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SENIOR ENGINEER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/09/2018 11:40	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  AYE (MCE) 7.3KM LAMPPOST NUMBER 364				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY3497C	Motorcycle	HONDA	WAVE 125S A	Red	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY3497C	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00368544/01	25/02/2017	25/02/2019



**SINGAPORE  
POLICE FORCE**



T/20180906/2024

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20180906/2024

**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	MAHMUD BIN MOHAMED MOSADDEQ	ID No.	S8311086D
Related Vehicle	FY3497C (Motorcycle)	Contact No.	94357587
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	04/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	15	Degree of Injury	Serious

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION  
I WAS TRAVELLING ALONG THE SAID LOCATION. I WAS RIDING BETWEEN LANE 3 AND 4. THE LORRY WAS TRAVELLING ON LANE 3. THE LASHINGS ON THE LORRY THAT WAS DANGLING ON THE LEFT SIDE, HOOKED ONTO MY RIGHT SIDE MIRRORS. THIS CAUSE IT TO PULL MY MOTORCYCLE TOWARDS THE LORRY. UPON NOTICING THIS, I IMMEDIATELY LET GO OFF MY MOTORCYCLE AND I FALL STRAIGHT TO THE GROUND. I WAS EVENTUALLY SENT TO NUH FOR MEDICAL TREATMENT. I ALSO EXCHANGE PARTICULARS WITH THE LORRY DRIVER.



**SINGAPORE  
POLICE FORCE**



T/20180906/2024

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3



Report No. T/20180906/2024

**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: TP / NG JIN SHENG		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 06/09/2018 10:30	
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367		Classification Of Case: SINGAPORE POLICE FORCE	
Authentication Stamp NP168		Signature: 	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8311086D**

Name: **MAHMUD BIN MOHAMED MOSADDEQ**

Birth Date: **07 Apr 1983**

Issue Date: **23 Sep 2003**

000852446E




REPUBLIC OF SINGAPORE




IDENTITY CARD NO. **S8311086D**

Name: **MAHMUD BIN MOHAMED MOSADDEQ**

Race: **BUGIS**

Date of birth: **07-04-1983** Sex: **M**

Country of birth: **SINGAPORE**


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 2B	Motorcycles <= 200 CC	26 Sep 2001
Class 2A	Motorcycles between 201 CC and 400 CC	07 Nov 2006
Class 2	Motorcycles > 400 CC	08 Jun 2008
Class 3	Motor cars <= 3040 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	30 Jul 2009

S / No. 9000093569

S8311086D

NP 426A



4968192

NRIC No: **S8311086D**

Date of issue: **29-04-2013**

APT BLK 652 JALAN TENAGA #02-50  
SINGAPORE 410652

NRIC No: **S8311086D** Date: **14/06/2017**




## 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/00368544/01
<b>Type of Coverage</b>	: Third-Party Only Cover
<b>1) Vehicle Registration No.</b>	: FY3497C
<b>Chassis No.</b>	: NF125MD0091668
<b>2) Name of Policy Holder</b>	: Mahmud Bin Mohamed Mosaddeq
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	: 26/02/2018
<b>4) Date of Expiry of Insurance</b>	: 25/02/2019
<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\$ 0.00
<b>Main driver</b>	: Mahmud Bin Mohamed Mosaddeq
<b>Important Note:</b> The policy only cover the main driver and the following named driver:	
<b>Ref</b>	<b>Named Driver</b>
1	Muhammad Fauzi Bin Ali Akbar
<b>Date of Birth</b>	02/03/1984
<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: 17/01/2018

**Direct Asia Insurance (Singapore) Pte. Ltd.**



**Edip Okur**  
**Chief Underwriting Officer**