

NATIONAL Assessment Centre Services

(Ref: JAV03) *NA1806105/24068*

Date In: <i>24/09/2018 20:07</i>	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: <i>NA1806105/73711</i>	E-mail (within 3hrs, AIC 2hrs)		
Veh No: <i>FBI 7881Y</i>	i-Motor Claim Form		
D.O.A: <i>20/09/2018 15:25</i>	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: () 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

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			1st Bill	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			
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120			
Auditors' Comments :-	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:-			
	ON:			
	*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 (N-on INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	Invoice date / 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 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. 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	24/09/2018 20:07
Date Of Accident	20/09/2018 15:25
Exact Location Of Accident	BUGIS JUNCTION BASEMENT 2 CARPARK OFFICE TOWER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7481Y
Insured/Policyholder	
Name Of Registered Owner	SOPHI BIN JAMALUDDIN
NRIC No	S8134108G
Email Address	EZZA_FLICKY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91053717
Alternative Phone No	OTHERS-90033827

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2017TR01668

Driver

Name of Driver	NORISMALIZA BINTE ISMAIL
NRIC No	S8931569G
Date Of Birth	10/09/1989
Occupation	INDOOR
Date Of Driving Pass	14/09/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91053717
Fax Number	
Contact Number	OTHERS-90033827
Email Address	EZZA_FLICKY@HOTMAIL.COM

Address	BLK 56 COMMONWEALTH DRIVE #08-81
Postcode	141056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20180922/2072

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

Apm2

Driver's Signature
(If driver is not the policyholder)
Date & Time: 24 September 2018
4:08 PM

aw rederbold

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

SKETCH PLAN

UNKNOWN BIKE WAS
PARKED.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT.
A/20180912/2012

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 24 sep+ 2018
 4: 08 pm

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



**SINGAPORE
POLICE FORCE**



A/20180922/2072

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Report No. A/20180922/2072

POLICE REPORT (NP299)

Police Station Of Origin
Kolam Ayer NPP
72 Geylang Bahru #01-3088 SINGAPORE
330072
Tel No: 1800-2969999

Date/Time Report Made 22/09/2018 15:26		Vide Report No.		Station Diary No. 7	
Name Of Informant NOR SMALIZA BINTE ISMAIL		Address APT BLK 56 COMMONWEALTH DRIVE #08-81 SINGAPORE 141056			
ID Type / ID No. NRIC NO / S8931569G		Contact No. Home/Office		Mobile 90033827	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation OFFICE ADMIN ISTRATION		Sex Female	Age 29	Date of Birth 10/09/1989	Race Boyanese
Institution/School Name		Language			
Date/Time Of Incident 20/09/2018 13:00 - 20/09/2018 15:25		Location Of Incident 230 VICTORIA STREET BUGIS JUNCTION TOWERS SINGAPORE 188024 Basement 2 nearer to the entrance			

Brief details.

On the 20/09/2018 at about 1300hrs, I went with my friend namely Zaidah Hp: 93391631 for some leisure at Bugis Junction. At about 1524hrs we went back to the parking lot located at basement 2 office tower area, nearer to the entrance where we had parked out motorcycles. When we reached our motorcycles we discovered that there was a motorcycle part underneath my motorcycle FBJ 7481Y. I made a check and realized that the part doesn't belong to my motorcycle. Zaidah then checked her motorcycle

Signature Of Officer Recording The Report: A / Sgt 2 ANAND KUMAR S/O SASITARAN
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: A / Marina Bay N.P.C / SI SNG LAK HUA, JOHN Contact No.: 64359152.
Authentication Stamp

Signature Of Informant:
Date/Time: 22/09/2018 15:26
Classification Of Case:



Signature
Singapore Police Force



**SINGAPORE
POLICE FORCE**



A/20180922/2072

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

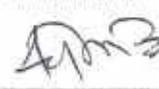
Report No. A/20180922/2072

FBG5326S, and saw that the dislodged part was actually her radiator guard, she then made a check on her motorcycle and there were no other damages. Upon further inspecting my motorcycle I discovered that the handle bar was out of alignment and there are scratches on the left side to my motorcycle, I also had difficulty starting my motorcycle, both my side mirror was bent.

We approached the security office and he took down our details and went to take a look at the area where we had parked our motorcycle, the security officer then took some pictures and told us that they will look into it and will call us back. On the 21/09/2018 Zaidah received a call Mr. Azhar Tel: 64325173 from the Bugis Junctions management stating that they had viewed the CCTV and saw that a subject was seen parking beside one of our motorcycles and when he fell it caused a chain reaction which ended in one motorcycle falling and it hit the other motorcycle, the subject was then seen picking up the fallen motorcycle and straightening the slanted motorcycle, the subject was then seen riding off. I would like to state that the management had refused to provide us with the footage or the license plate number of the subject, as such I am lodging this report as they would only release it to the authorities, and for insurance claim.

That's all.

Signature Of Officer Recording The Report: A / Sgt 2 ANAND KUMAR S/O SASITARAN
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case: A / Marina Bay N.P.C / SI SNG LAK HUA, JOHN Contact No.: 64359152

Signature Of Informant: 
Date/Time: 22/09/2018 15:26
Classification Of Case:

Authentication Stamp

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 09 / 2018 (DD/MM/YYYY), TIME: (15 : 24) (HH:MM)

LOCATION: Bugis junction B2 carpark office tower

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 7481 Y
b) INSURANCE COMPANY: Great American
c) POLICY NUMBER: MT2018 TR 01726
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA / P216
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: leisure
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: SOPH I BIN JAMALUDDIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8134108G CONTACT: 91053717
c) ADDRESS: Blk 56 Commonwealth Drive #08-01
SINGAPORE 141056

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NORISMA LIZA BINTE ISMAIL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8931569G CONTACT: 90033827
c) ADDRESS: Blk 56 Commonwealth Drive #08-01
SINGAPORE 141056

*d) DATE OF BIRTH: (10 / 09 / 1989) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 14 SEP 2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

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: KOLAM AYER NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ 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: _____

No of passengers
(including driver)
(0)

No of passengers
(including driver)
(0)

No of passengers
(including driver)
(0)

EMAIL = ezza_flicky@hotmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8931569G



Name
NORISMALIZA BINTE ISMAIL

نوريسماليزا بنت اسمعيل

Race
BOYANESE

Date of birth Sex
10-09-1989 F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S8931569G**

Name:
NORISMALIZA BINTE ISMAIL

Birth Date: **10 Sep 1989**

Issue Date: **22 Dec 2014**



002378805D

3649442



NRIC No. **S8931569G**



Date of issue
15-12-2004

APT BLK 56 COMMONWEALTH DRIVE #08-81
SINGAPORE 141056

NRIC No: **S8931569G**

Date: **09/02/2011**

No: **8573188**

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

EFFECTIVE DATE

C Class 2B Motorcycles <= 100 CC
Class 3 Motor cars <= 3400 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

14 Sep 2011

22 Dec 2014

S / No 9000302528

S8931569G

NP 426A



License No: S8931569G

20-OCT-2017 10:22

DEXING

67439525

P. 1

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC00268 GST REG. NO.: M90370081T
 3 TRIMASEK AVENUE, #16-01 CENTENNIAL TOWER
 SINGAPORE 039190
 TEL: +65 6804 8000
 FAX: +65 6235 2616

MOTOR COVER NOTE: MT2017TR01668

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	: SOPHI BIN JAMALUDDIN
Insured NRIC/Passport No/ Roc	: S8134106G
Named Rider	: NORISMALIZA BINTE ISMAIL
Policy Coverage	: THIRD PARTY, FIRE & THEFT
Make And Description Of Vehicle	: YAMAHA / FZ16
Vehicle Registration No.	: FBJ7481Y
Year Of Manufacture	: 2014
Engine No.	: 21CG049239
Chassis No.	: ME121C0G1E2049394
Engine Capacity	: 153
Hire Purchaser	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 20/10/2017 TO: 19/10/2018
Excess (S\$)	: Section I \$300
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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048510
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S66550020G / GST Reg. No.: M400017733

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 : MMA418124068 Vehicle Registration No: FBJ 7481 Y
 Name (as shown in NRIC) : NORISMAHIZA BINTI ISMAIL NRIC/FIN/Passport No : S8931569C
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 90033827
 Email Address : _____
 Date of Accident : 20/08/2018 Time of Accident : 15:25
 Place of Accident : BULGIS JUNCTION B2 CARPARK OFFICE TOWER
 Insurance Company : QBE AMERICAN INSURANCE

(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:

POLICY NUMBER TO CLM MT2017TR01668

Policyholder / Driver's Signature
 Date:

[Signature] 20/08/2018
 Reporting Centre Personnel's Signature
 Name: Rafiq Hassan
 NRIC/FIN No.:
 Date: