

18/11/2015

[illegible]

NA1806636

NAIS06636		Invoice Preparation Checklist		Shaded	Unshaded
Human Resources		1) AR: Accident Reporting (\$30)			
Driver/Owner:		2) DA: Damage Assessment (\$100) INC (\$30)			
Contact No:		3) TP: Towing Fee \$40 (\$4)			
Damaged Portion:		4) PT: Follow-Through Survey \$10			
Checked by (Engr-In-Charge):		5) RT: Follow-Through Survey (Re-survey) \$10			
		6) TR: Re-inspection \$15			
		7) NT: NTUC + SMRT Survey \$140			
		8) NTUC Additional Services			
		9) NT: Courtesy Car/ Tpl Allowance \$5			
		10) NT: Repetition Coordination \$10			
		11) NT: Post Repair Inspection \$15			
		12) NT: DY / Collision Unsettled Coordination \$5			
		13) NT: TP (Non INC) + Collision INC \$30			
		14) NT: 1st Mobile \$0			
		Invoice dated		Not Charged	
		Invoice total		Not 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	16/10/2018 17:53
Date Of Accident	15/10/2018 20:05
Exact Location Of Accident	ALONG JALAN TENAGA/JALAN DAMAI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4697Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ZIKRI BIN ZAINI
NRIC No	S9705179H
Email Address	ZIKRI_ZAINIZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98389045
Alternative Phone No	OTHERS-98389045

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF-399CC REVO
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR0325

### Driver

Name of Driver	MUHAMMAD ZIKRI BIN ZAINI
NRIC No	S9705179H
Date Of Birth	18/02/1997
Occupation	INDOOR
Date Of Driving Pass	08/11/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98389045
Fax Number	
Contact Number	OTHERS-98389045
Email Address	ZIKRI_ZAINIZ@GMAIL.COM



Address	BLK 124 BEDOK RESERVOIR ROAD #02-1103
Postcode	470124
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 ON COLLISION
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SKC5956M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRUL ANWAR BIN ABD KARIM
NRIC/Passport Number	S8315415B
Contact Number	94882569
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ZIKRI BIN ZAINI
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Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBC4697Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

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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: 16/10/18

1644hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

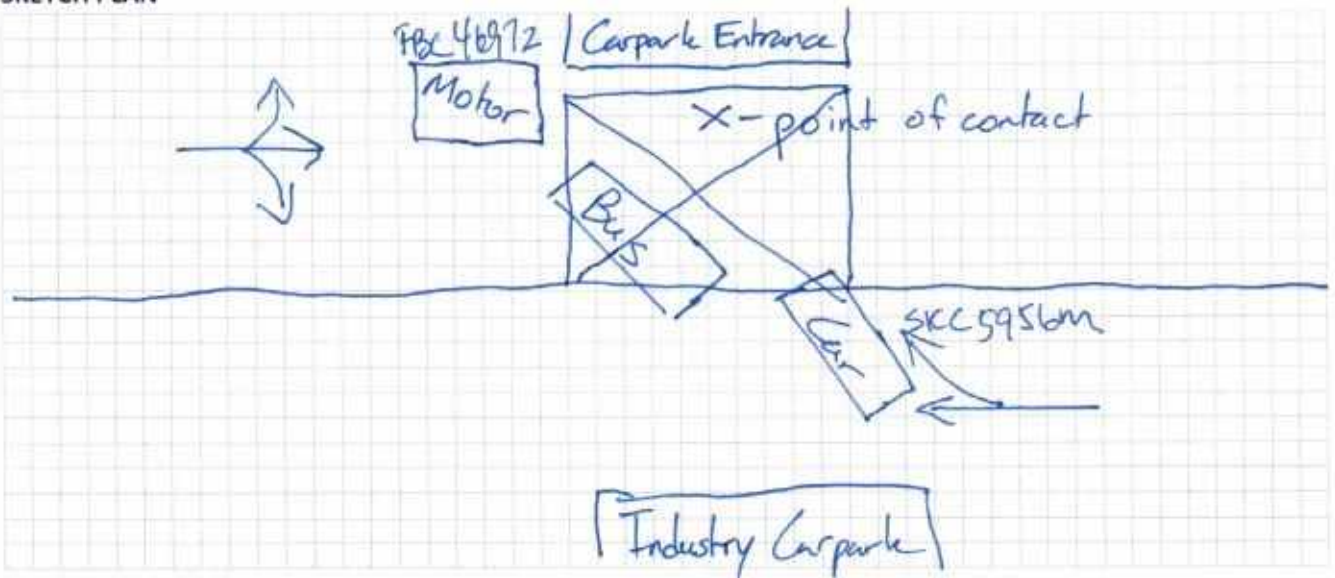
16/10/2018

Robert Watson



# SKETCH PLAN

Jalan TENAGA / DAMAI



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Muhammad Zikri Bin Zaini, S9705179H, was proceeding to bedok reservoir Road going uphill jalan tenaga. As I was going, I noticed a bus about to turn right into an industry carpark, so I proceeded normally going straight uphill. As I was passing the yellow box, A car came out and hit the back of my bike and my right footpeg came off. Both drivers stopped and analyze the damage. I had sustained abrasions on my right foot and my right side. The driver checked his car and saw dents in his front bumper. My

## DECLARATION

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

Policyholder's Signature

Date & Time: 16/10/2018

1644hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**NOTICE OF REPORTING**

This is to confirm that Muhammad Zikri Bin Zaini, NRIC: S9705179H, has reported to the Police a non-injury traffic accident which occurred at JLN DAMAI on 15/10/2018 at 2004hrs involving the following vehicles:

FBC4697Z (BLACK/RED HONDA CV400 REVO)

SKC5956M (BLACK CAR)

2. If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.



**Bedok North NPC**  
No. 30 Bedok North Road  
Singapore 469676  
Tel: 1800-2449999

Rank / Name of Issuing officer: **SSGT T120165 SHAWN YUEN**

Date: 16/10/2018

Time: 0244hrs

S/D Ref: 2

Police Post/ Unit: BEDOK NORTH NPC

Original – To be issued to informant  
Duplicate- to be submitted to Traffic Police

# ACCIDENT STATEMENT

ACCIDENT DATE: 15 / 10 / 2018 (DD/MM/YYYY), TIME: (20 : 04) (HH:MM)

LOCATION: Jalan Tenaga / Damai

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 4697 Z  
 b) INSURANCE COMPANY: Great American  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA CD400 REVO  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal use  
 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 Zikri Bin Zaini (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 59705179H CONTACT: 98389045  
 c) ADDRESS: Bedok Reservoir Road block 124  
#02-1103

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Khairul Anwar Bin Abd Karim (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 58315415B CONTACT: 94882569  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (16 / 05 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/04/2013

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: Bedok HQ

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKC 5956M MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Khairul Anwar Bin Abd Karim  
 c) NRIC/FIN/PASSPORT: 58315415B CONTACT: 94882569

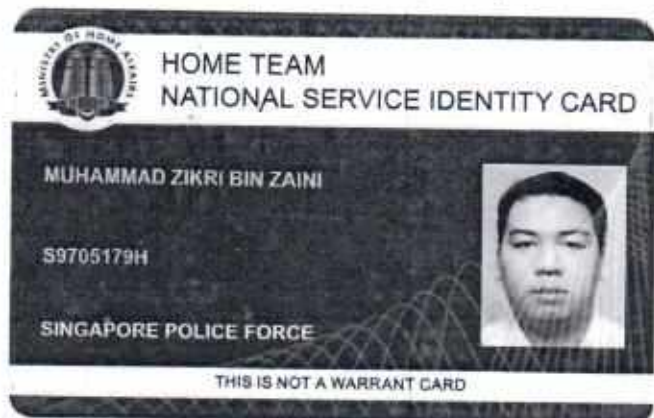
## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL = Zikri.Zaini@gmail.com

VIDEO =





**MOTOR COVER NOTE: MT2018TR00325**

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 ZIKRI BIN ZAINI
Insured NRIC/Passport No/ Roc	: S9705179H
Named Rider	: ZAINI BIN SAID
Policy Coverage	: THIRD PARTY, FIRE & THEFT
Make And Description Of Vehicle	: HONDA / CB400 M
Vehicle Registration No.	: FBC4697Z
Year Of Manufacture	: 2008
Engine No.	: NC42E1002301
Chassis No.	: NC421002297
Engine Capacity	: 399
Hire Purchase	: WING FUAT PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 22/02/2018 TO: 21/02/2019
Excess (S\$)	: Section I S\$300.00
Optional Benefits	: N.A
Authorised Workshop	: [REDACTED]

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 : 22/02/2018 11:05 hrs

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

Customer's Signature Date