

# NATIONAL Assessment Centre Services. (ver 1.0/2008)

MA118131248

Date In: 22/10/2018 19:46	Job description	Date & Time Completed	Done by
Ref No: NBA/UP/0019316/Y	SAS e-illing		
Veh No: FBL 300 Y	E-inoll (within 3hrs, AIC 3hrs)		
D.O.A: 16/10/2018 14:40	I-Motor Claim 1'orin		
OD / TP (Reporting Only)	I-Motor W/O (within 60 hrs, TP 3hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars	Veh No: SX4527B	INC ( ) / Non-INC ( )
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	(Note: BSL 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: ( )

Remotes: ( )	URG Hotline: 6788 6016	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

Human's Particulars	Invoice Preparation Checklist	Amended Bill	Unamended Bill
Driver/Owner:	1) AR: Accident Reporting (330)		
Contact No:	2) DA: Damage Assessment (3100)	INC (330)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
	4) PT: Follow-Through Survey	\$150	
	5) RT: Follow-Through Survey (Resurvey)	\$30	
	Foreclaiming against INC Only (ver 1.0 Jan 2008)		
	6) TR: Re-inspection	\$15	
	7) NI: 1 day DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
C. Checked by (Engi-In-Charge):	Q11:		
	*NI: Courtesy Car / Tpl Allowance	\$5	
	*NI: Repair Coordination	\$10	
	*NI: Post Repair Inspection	\$15	
	*NI: DY / Collision Unass Coordination	\$5	
	TP (NI) / TP (Non-INC) against INC	\$30	
	9) NI: 1 day Mobile	\$0	
	Invoice dated	Paid Charged	
	Invoice due		



## 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	22/10/2018 19:46
Date Of Accident	16/10/2018 14:40
Exact Location Of Accident	ALONG JALAN EUNOS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL300Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD NIDHAR BIN TAIB
Co Reg No	-
Email Address	AS5150@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90293441
Alternative Phone No	OFFICE-93807723

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF1000-998CC (M)
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V05318/VMS/R2
Cover Note Number	

### Driver

Name of Driver	MOHAMED AFFINO BIN MOHD AMIN
NRIC No	S7700626E
Date Of Birth	12/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	12/04/2005
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93807723
Fax Number	
Contact Number	OTHERS-90293441
Email Address	AS5150@HOTMAIL.COM

Address	BLK 543 PASIR RIS STREET 51 #04-06
Postcode	510543
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 TO REAR
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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### 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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181017/2072

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX4527B
Vehicle Make/Model/Colour	HYUNDAI LM TUCSON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABU BAKAR BIN ALIAS
NRIC/Passport Number	S1297048Z
Contact Number	94509636
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

MOHAMED AFFINO BIN MOHD AMIN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBL300Y

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.

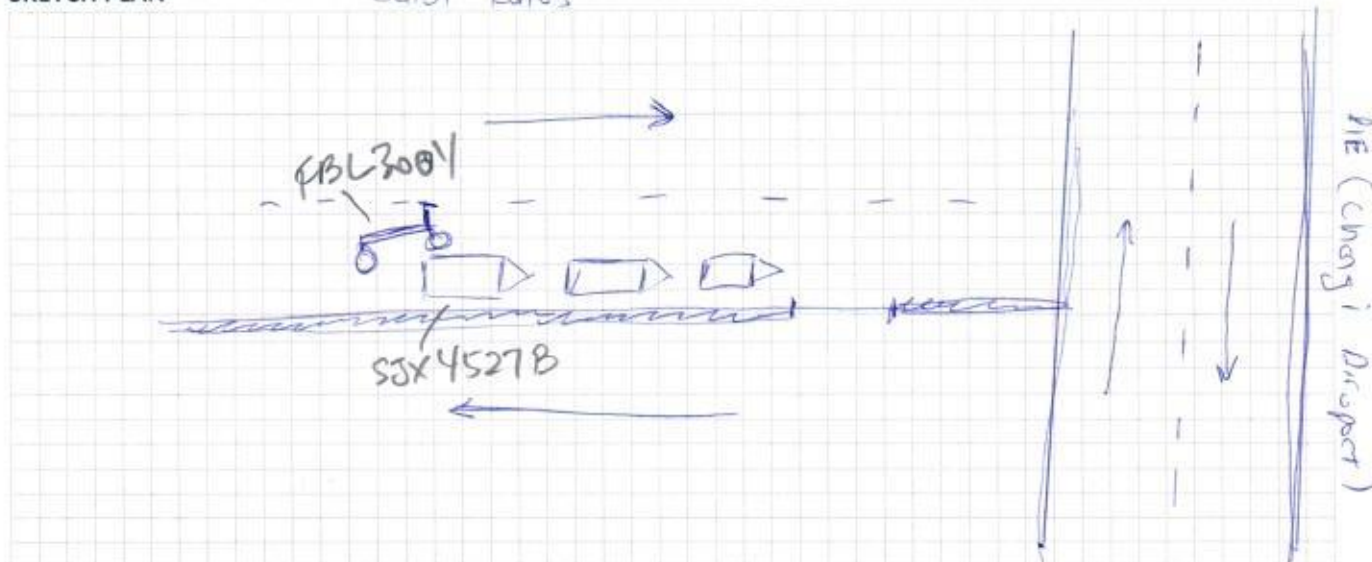
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

Jalan Enos



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section:

P/S REFER TO POLICE REPORT  
7/2018/1017/2072

## 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:

22/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Handwritten signature and date: 22/10/2018





# SINGAPORE POLICE FORCE



T/20181017/2072

1 of 3

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

Report No. T/20181017/2072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/10/2018 13:16	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: MOHAMED AFFINO BIN MOHD AMIN			Address: APT BLK 543 PASIR RIS STREET 51 #04-06 SINGAPORE 510543		
ID Type / ID No.: NRIC NO / S7700626E			Contact No.: Home/Office: Mobile: 93807723		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 12/01/1977	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: SCDF			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/10/2018 14:40	Type of Location:
Location: Along Road 1 JALAN EUNOS				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL300Y	Motorcycle	HONDA	CRF1000A	Red		1
SJX4527B	Car	HYUNDAI	LM TUCSON 2.0L AUTO ABS D/AB 2WD 5DR	White		0



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

**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	MOHAMED AFFINO BIN MOHD AMIN	ID No.	S7700626E
Related Vehicle	FBL300Y (Motorcycle)	Contact No.	93807723
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/10/2018	Date Discharge	17/10/2018
No. of Days granted Medical Leave	08	Degree of Injury	NIL
<b>Driver</b>			
Name	ABU BAKAR BIN ALIAS	ID No.	S1297048Z
Related Vehicle	SJX4527B (Car)	Contact No.	94509636
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON 16/10/2018 AT ABOUT 1442HRS AT JALAN EUNOS,

I WAS TRAVELLING BEHIND A CAR WHEN IT SUDDENLY JAMMED BRAKE. I THEN SWERVED TO THE LEFT TO AVOID IT BUT WAS UNABLE TO COMPLETELY AVOID IT. MY RIGHT FOOT REST GRAZED ALONG THE SIDE OF THE LEFT REAR BUMPER OF THE CAR UNTIL THE TYRE AREA. I MANAGED TO REGAIN CONTROL OF MY BIKE AND PARKED IT AT THE SIDE. I THEN EXCHANGED PARTICULARS WITH THE OTHER DRIVER AND HE EXPLAINED THAT SEVERAL CARS IN FRONT JAMMED BRAKE AS WELL. AMBULANCE WAS THEN CALLED AND I WAS CONVEYED TO CHANGI HOSPITAL.





**SINGAPORE  
POLICE FORCE**



T/20181017/2072

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

3 of 3

Report No. T/20181017/2072

**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 /  
LEE KWANG HONG KENDRICK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
17/10/2018 13:16

Classification Of Case:

Signature

# ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 10 / 2018) (DD/MM/YYYY), TIME: (14 : 40) (HH:MM)

LOCATION: Along Road 1 Jolan Endos

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB2300Y  
 b) INSURANCE COMPANY: LIBERTY INSURANCE  
 c) POLICY NUMBER: S18V05318 / VMS / R2  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA CRF 1000A  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Transport  
 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: MOHAMMAD NIDHAR BIN FAIB (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT: 90293441  
 c) ADDRESS: BIK 443A PASAR ARAH #18-104 SC 671443)

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

## DRIVER

- a) NAME: MOHAMED AHMED BIN MOHD AMIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 57100622E CONTACT: 93801723  
 c) ADDRESS: BIK 543 PAIR RIB ST 51 #04-06 3(510543)

\*d) DATE OF BIRTH: (12 / 01 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12042005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

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: Traffic Police Station

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJ44527B MODEL: HYUNDAI LM TUCSON  
 b) DRIVER'S NAME: ABU BAKAR BIN ALIAS  
 c) NRIC/FIN/PASSPORT: 612970482 CONTACT: 94509636

## 9. THIRD PARTY VEHICLE

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

EMAIL = os5150@hotmail.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7700626E





Name  
MOHAMED AFFINO BIN MOHD AMIN  
محمد افينو بن محمد امين

Race  
MALAY

Date of birth  
12-01-1977

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7700626E  
Name: MOHAMED AFFINO BIN MOHD AMIN

Birth Date: 12 Jan 1977  
Issue Date: 09 Dec 2003



001041793E



3444900



NRIC No. S7700626E

Date of issue  
18-12-2003

APT BLK 543 PASIR RIS STREET 51 #04-06  
SINGAPORE 510543

NRIC No: S7700626E Date: 04/04/2017


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

Class	Description	PASS DATE
Class 2B	Motorcycles <= 200 CC	24 Oct 1995
Class 2A	Motorcycles between 201 CC and 400 CC	09 Dec 2003
Class 2	Motorcycles > 400 CC	12 Apr 2005
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	12 Nov 1998
Class 4	Heavy motor cars and motor tractors > 2500 kg	26 Jul 2012

S7700626E

S / No. 9000199523

Licence No: S7700626E



NP 428A



**Liberty  
Insurance.**

## The Schedule

Liberty Insurance Pte Ltd

Registration no. 199002791D


51 Club Street

#03-00 Liberty House

Singapore 069428

Tel: (65) 6221 8611 Fax: (65) 6226 3360

website: <http://www.libertyinsurance.com.sg>

<b>Class of Policy</b> MOTOR CYCLE-INDIVIDUAL (Comprehensive)		<b>Policy No.</b> SI18V05318 / VMS / R2	
<b>The Insured</b>  MOHAMMAD NIDHAR BIN TAIB BLK 443A FAJAR ROAD #18-104 SINGAPORE 671443  <b>Profession or Business:</b>  SENIOR FIRE OFFICER  <b>Period of Insurance:</b> From 28 APR 2018 00:00 to 27 APR 2019 23:59 both days inclusive  <b>Excess</b> Section I (Singapore) - S\$1000 Section I (Outside Singapore) - S\$2500  <b>Hire Purchase Owner/Leasing Company</b> H L CYCLE PTE. LTD.   <b>Named Drivers:</b>  MOHAMMAD NIDHAR BIN TAIB, MOHAMED AFFINO BIN MOHD AMIN		<b>Replacing No.</b> SI17V07128 <b>Account No.</b> A1434 <b>Registration No.</b> FBL300Y <b>Make / Model</b> HONDA CRF1000A <b>Type of Body</b> MOTORCYCLE-NON-SPORTS <b>Capacity/Tonnage</b> 998 C.C <b>Seating capacity including driver</b> 2 <b>Year of Manufacture/Registration</b> 2016/2016 <b>Engine No.</b> SD04E5008350 <b>Chassis No.</b> JH2SD04B8GX007292 <b>Sum Insured</b> Market value at the time of loss <b>Extra Coverage</b>	
<b>Subject to the following operative endorsements attached:</b> V0001V0021V0095V0097V0152V0233V0281Z011			
<b>The Policy's Premium (SINGAPORE DOLLAR)</b>			
<b>Basic Premium</b> 922.00	<b>NCB</b> 184.40 ( 20.00%)	<b>Fleet / Other Disc</b> .00	<b>Good Driver Discount</b> 0.00 (0.00%)
<b>Extra Premium</b> 0.00	<b>Sub Total</b> 737.60	<b>GST</b> 51.63 ( 7.00%)	<b>Stamp duty</b> NIL
			<b>Total Premium Payable</b> 789.23
This Schedule replaces any previous Schedule.  This Schedule and Policy are to be read together as one contract.  Person or classes of persons entitled to drive and limitations as to use, are as specified in the Certificate of Insurance issued in relation to this policy.  A1434-2 / B2BAAMT /20181018		Signed in SINGAPORE on 25 APR 2018 for and on behalf of <b>LIBERTY INSURANCE PTE LTD</b>   Authorised Signature	