

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

19/11/2018 12:38

Date In: 19/11/2018 12:38	Job description	Date & Time Completed	Done by
Ref No: NCA/GAI/8020864/1	SAS e-illing		
Veh No: FBA 2854	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 11/11/2018 07:00	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SHC 70304	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 () / Non-INC ()	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

NA1807529	Invoice Preparation Checklist
Claimant's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)
Sal 1:	6) TR: Re-inspection \$75
	7) N1: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (Non INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated 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	19/11/2018 12:38
Date Of Accident	11/11/2018 07:00
Exact Location Of Accident	FILTER LANE TOWARDS KRANJI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA2185H
Insured/Policyholder	
Name Of Registered Owner	M AZAHARI
NRIC No	S7216542Z
Email Address	AZAHARILEE3@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96127698
Alternative Phone No	OTHERS-96127698

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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	MOMVM000002677-00-000
Cover Note Number	

Driver

Name of Driver	M AZAHARI
NRIC No	S7216542Z
Date Of Birth	10/05/1972
Occupation	INDOOR
Date Of Driving Pass	16/04/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96127698
Fax Number	
Contact Number	OTHERS-96127698
Email Address	AZAHARILEE3@GMAIL.COM

Address	BLK 659 JALAN TENAGA #03-146
Postcode	410659
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 - OPENING DOOR OF VEHICLE
Weather Conditions	AFTER RAIN
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?	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)	2
Passenger 1	NAME: : MOTHER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Name	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Address	TEL NO: 1800-2959999 - FAX NO: 63918499
Police Station Contact	NO
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181111/2086

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	SHC7030G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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

M AZAHARI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBA2185H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

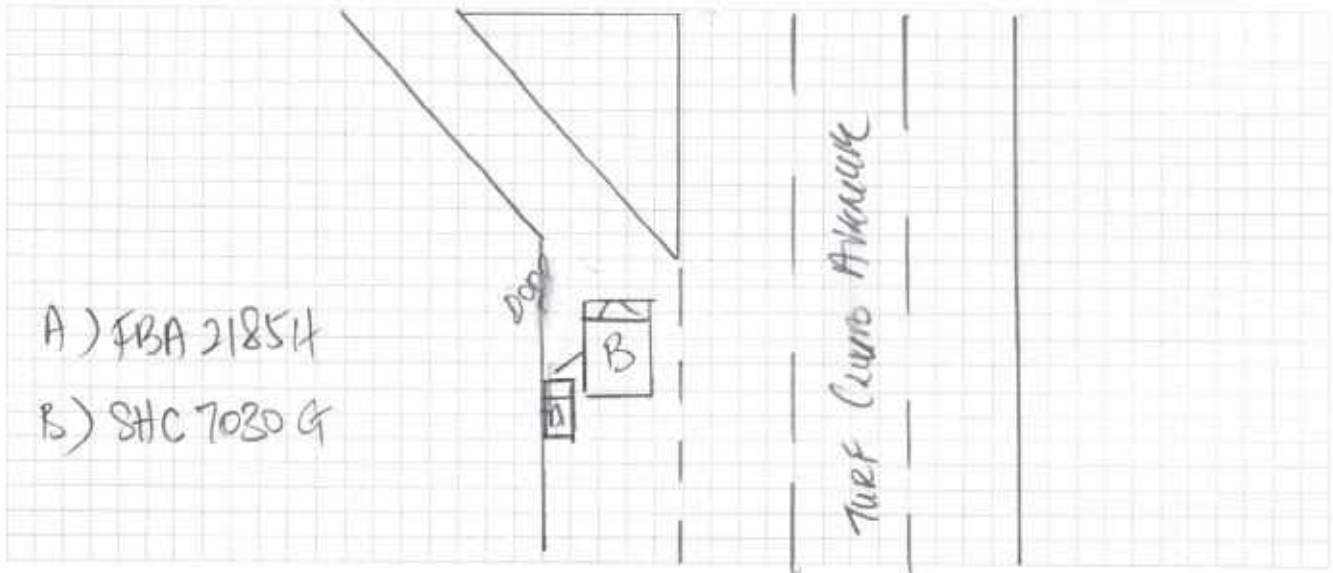
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

KRAUJI ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DIS REFER TO Police Report 7/2018 1111/2016

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.:



T/20181111/2086

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20181111/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2018 19:58		Vide Report No.:		Station Diary No.: 55
Informant's Particulars				
Name of Informant: M AZAHARI		Address: APT BLK 659 JALAN TENAGA #03-146 SINGAPORE 410659		
ID Type / ID No.: NRIC NO / S7216542Z		Contact No.: Home/Office: Mobile: 96127698		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 46	Date of Birth: 10/05/1972	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: AFTER SALES DEPARTMENT		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/11/2018 07:00	Type of Location: Filter lane
Location: Along Road 1 KRANJI ROAD				
Filter lane towards Kranji Road				
Weather: After Rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Passenger open door and hit onto the complainant bike			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA2185H	Motorcycle	HONDA	SUPER 4	Multi-Colored	Slightly Damaged	1
SHC7030G	Yellow Taxi			Yellow	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA2185H	GREAT AMERICAN INSURANCE COMPANY	MT2018TR00815	24/04/2018	29/04/2019

**SINGAPORE
POLICE FORCE**

T/20181111/2086

2013

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181111/2086

CONTINUATION OF REPORT**Brief Details.**

On 11/11/2018 at 0700hrs, I was riding my motorcycle, FBA 2185 H along Kranji Road. My mother was my pillion at that point of time. While I was riding at the filter lane towards the Kranji war memorial, I spotted one bus that stop at the filter lane. I saw one taxi bearing the vehicle no SHC 7030 G stopping in front of the bus. I then slowly negotiate by riding past the left side of the motor taxi. While I was riding pass, the passenger open the left rear door, and it result that both my mother who is my pillion and me flew off from the bike. I wish to state that I went for the war memorial event after the accident. My mother complain of back pain, however my mother refused to go hospital for check up. I then proceed to Tan Tock Seng hospital for check up and was given 6 days hospitalization leave and was diagnosis Right little finger open tuft's fracture.



**SINGAPORE
POLICE FORCE**



T/20181111/2086

3 of 3

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20181111/2086

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:

E /

Sr Staff Sgt ONG CHEOW LONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Signature Of Informant:

Date/Time:

11/11/2018 19:58

Classification Of Case:

SN 072

Authentication Stamp

NP168

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 4/11/2018 (DD/MM/YYYY), TIME: 07.00 (HH:MM)

LOCATION: Kranji Future Lane Towards Kembangan Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 218571
 b) INSURANCE COMPANY: Great American
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Dodge Supra
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: M. AZAHAR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 96127618
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: DR. BROOK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) After Rain

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: Kembangan Road

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 7020 G MODEL: Taxi
 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: _____

Email = azaharlee3@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7216542Z



Name
M AZAHARI

Race
MALAY
Date of Birth
10-05-1972
Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Personal Number S7216542Z

Name
M AZAHARI

Birth Date 10 May 1972
Issue Date 19 Apr 2018



3288619

NRIC No. S7216542Z



Blood Group
Date of issue
31-12-2002

APT BLK 059 JALAN TENAGA #03-148
SINGAPORE 410659

NRIC No. S7216542Z Date: 29/07/2018

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	20 Nov 2003
Class 2A	Motorcycles between 201 cc and 400 cc	15 Apr 2018
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	13 Apr 2005

NP 428A



Licence No: S7216542Z

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number	: MOMVM000002677-00-000	Cover	: Motor Cycle (Third Party Fire & Theft)
Policyholder Name	: M Azahari	Chassis Number	: JH2NC399X5M100422
NCD Entitlement	: Nil	Engine Number	: NC23E3000423
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE	Registration Number	: FBA2185H
Period of Insurance	: From 24/04/2018 (00:00) To 29/04/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Primary Rider
- b) Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade of business
- d) Use for any purpose in connection with Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings

Excess (Section 1) : SGD 300.00 - including Fire & Theft outside Singapore

Excess (Section 2) : N/A

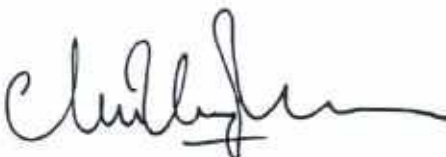
Driver Details

Primary Rider	: M Azahari
Named Rider 1	: N/A
Named Rider 2	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	: 22/06/2018

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory

jgoh