

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MHA118178790

Date In: 8/12/18-16-45	Job description	Date & Time Completed	Done by
Ref No: NA/DA28022095/24	SAS e-filing		
Veh No: FBK24V08	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 8/12/18-14:15	i-Motor Claim Form		
OD / TP: 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: Vch No: J6W8764m 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

NA1808037 Invoice Preparation Checklist Amt (\$)

Claimant's Particulars:- 1) AR: Accident Reporting (\$30); Amt (\$)

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$80) Add Bill

Contact No: 3) TP: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

9) N12: Idnc Mobile 30

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1: Invoice dated Fee Charged

Ref 2 / 3: 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	08/12/2018 16:45
Date Of Accident	08/12/2018 14:15
Exact Location Of Accident	PIE (CHANGI) AFTER KPE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2420B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BIN MAARIF, MUHAMAD FAIZAL
NRIC No	S8038441F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90053583
Alternative Phone No	OFFICE-90053583

### Vehicle Particulars

Manufacturer	HONDA
Model	GL1800A
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00301134/02
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FAIZAL BIN MAARIF
NRIC No	S8038441F
Date Of Birth	06/12/1980
Occupation	INDOOR
Date Of Driving Pass	29/11/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90053583
Fax Number	
Contact Number	OFFICE-90053583
Email Address	NOEMAIL

Address	BLK 523C TAMPINES CENTRAL 7 #04-107
Postcode	523523
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 - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG STATED VENUE (ALMOST FILTER TO LANE 2) MORE ON THE RIGHT OF LANE 2. SUDDENLY VEHICLE B FILTER FROM LANE 1 TO LANE 2 AND SIDE SWIPE ONTO MY VEHICLE RIGHT MIRROR.

#### 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	SLW8764M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN CHEE WAI
NRIC/Passport Number	S7525818F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## 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

Sketch plan area with grid lines and handwritten notes:

- Vertical line on the left: PIE (Changi)
- Top right corner: A: FBK79203, B: SLW8764M
- Center: A diagram showing a vehicle labeled 'B' with a driver's position marked 'A' and a point 'O' below it.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe circumstances of the accident section with horizontal lines. The first line contains the handwritten text: Refer to statement.

## DECLARATION

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

Signature of Policyholder

Policyholder's Signature  
Date & Time:

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

Signature of Reporting Centre Personnel

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8038441F**





Name  
**MUHAMAD FAIZAL BIN MAARIF**  
محمد فيزل بن محاريف

Race  
**MALAY**

Date of birth  
**06-12-1980**

Sex  
**M**

Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
**S8038441F**



**MUHAMAD FAIZAL BIN MAARIF**

Birth Date: **06 Dec 1980**

Issue Date: **07 Nov 2003**



4766862




NRIC No. **S8038441F**

Date of Issue  
**03-09-2011**

APT BLK 523C TAMPINES CENTRAL 7 #04-107  
SINGAPORE 523523


NRIC No: **S8038441F** Date: **26/03/2015**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS	VEHICLE CLASS	VALID DATE
Class 2B	Motorcycles <= 200 CC	08 Dec 2002
Class 2A	Motorcycles between 201 CC and 400 CC	27 Apr 2004
Class 2	Motorcycles > 400 CC	29 Nov 2005
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	23 Jan 2008

S8038441F

S / No. 9000078995



NP 428A



## 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/00301134/02
<b>Type of Coverage</b>	: Third-Party Fire and Theft Cover
<b>1) Vehicle Registration No.</b>	: FBK2420B
<b>Chassis No.</b>	: JH2SC68T2CK000048
<b>2) Name of Policy Holder</b>	: Bin Maarif, Muhamad Faizal
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	: 15/06/2018
<b>4) Date of Expiry of Insurance</b>	: 14/06/2019
<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\$ 600.00
<b>Main driver</b>	: Bin Maarif, Muhamad Faizal
<b>Important Note:</b> The policy only cover the main driver and the following named driver:	
<b>Ref</b>	<b>Named Driver</b>
1	Bin Maarif, Muhamad Zulkarnaen
<b>Date of Birth</b>	19/06/1983
<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: 18/04/2018

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



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