

# NATIONAL Assessment Centre Services.

(wet 1 Jan 09)

MINA/9008020

Date In: 17/01/2009 15:41	Job description	Date & Time Completed	Done by
Ref No: NPA/PWD/900114114	SAS e-filing		
Veh No: FBA 3527Z	E-mail (e-mail 3hrs, AIC 2hrs)		
D.O.A: 15/01/2009 14:30	I-Motor Claim Form		
OID: 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/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GW 5647Y	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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

Comments Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors Comments: Sat. 1: 2 / 3:	1) AR: Accident Reporting (\$30) 2) DA: Damage Assessment (\$100) INC (\$50) 3) TP: Towing Fee \$40/\$45 4) PT: Follow-Through Survey \$120 5) PT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wet 10 Jan 2009) 6) TR: Re-inspection \$75 7) NI: Idao DA + SMRT Survey \$160 8) NTUC Additional Services: ON: *NS: Courtesy Car / Tpl Allowance \$5 *NG: Repair Co-ordination \$10 *NW: Post Repair Inspection \$25 *ND: DV / Collect Excess Coordination \$5 TP (N11): TP (N11) against INC \$20 9) N12: Idao Mobile \$0	Fee Charged Fee Charged
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## 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 willful 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	17/01/2019 15:41
Date Of Accident	15/01/2019 14:30
Exact Location Of Accident	ALONG DUNEARN ROAD NEAR TAN KAH KEE MRT STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA3527Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MAISARAH BINTE AHMAD ZAINI
Co Reg No	-
Email Address	MTBMH@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-93557627
Alternative Phone No	OFFICE-93557627

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2018-00005246
Cover Note Number	

### Driver

Name of Driver	MOHAMED TAUFIQ BIN MOHAMED HAIRI
NRIC No	S8938070G
Date Of Birth	29/10/1989
Occupation	OUTDOOR
Date Of Driving Pass	06/10/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93557627
Fax Number	
Contact Number	OFFICE-93557627
Email Address	MTBMH@OUTLOOK.COM

Address	BLK 246 BANGKIT ROAD #02-286
Postcode	670246
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NEIGHBOUR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190117/2077

#### 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	GW5647Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	MOHAMED TAUFIQ BIN MOHAMED HAIRI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBA3527Z
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.

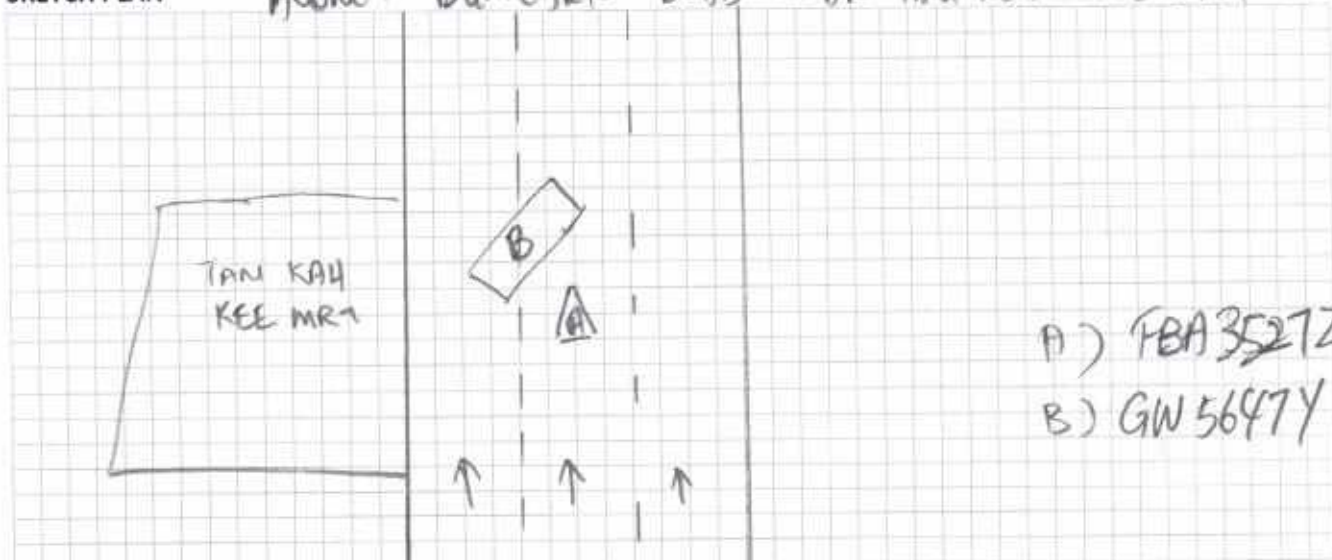
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

 17/01/19  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 17/01/2019  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Kelly Wong  
NRIC/FIN No.:

SKETCH PLAN

ALONG DUNEARN ROAD NEAR TAN KAH KEE MRT STATION



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Report to Police Report  
7/20/19 01/17/2017

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.:





Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190117/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/01/2019 12:55	Vide Report No.: E/20190115/0124	Station Diary No.: 25
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<b>Informant's Particulars</b>			
Name of Informant: MOHAMED TAUFIQ BIN MOHAMED HAIRI		Address: APT BLK 246 BANGKIT ROAD #02-286 SINGAPORE 670246	
ID Type / ID No.: NRIC NO / S8938070G		Contact No.: Home/Office: Mobile: 93557627	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 29/10/1989	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: SAILOR		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/01/2019 14:30	Type of Location: Straight Road
Location:  DUNEARN ROAD  Along Dunearn Road near Tan Kah Kee MRT station				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA3527Z	Motorcycle					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190117/2077

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Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190117/2077

**CONTINUATION OF REPORT**

Rider			
Name	MOHAMED TAUFIQ BIN MOHAMED HAIRI	ID No.	S8938070G
Related Vehicle	FBA3527Z (Motorcycle)	Contact No.	93557627
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	15/01/2019	Date Discharge	16/01/2019
No. of Days granted Medical Leave	16	Degree of Injury	NIL

**Brief Details.**

On the 15/01/2018 at about 1430hrs to 1445hrs I was riding on my motorcycle with reg. number FBA3527Z on the second lane of the three lane road along Dunearn Road. There was also a lorry on the third lane of the same road. When I was travelling outside of Tan Kah Kee MRT, the lorry swerved into my lane and I could not stop in time and therefore collided onto the right side of the lorry. A few moments later, there were some SOC officers who came forward and assisted me in getting the CCTV numbers from the SMRT staff. The cameras are as follows:  
Location: Tan Kah Kee MRT exit B  
Camera: Cam G64, G50, G49

I was then conveyed to Tan Tock Seng hospital by ambulance and I did not manage to take the particulars or photos of the scene and the other party.



## ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 07 / 2019) (DD/MM/YYYY), TIME: (14:30) (HH:MM)

LOCATION: DUNEARN ROAD

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 3527 Z  
b) INSURANCE COMPANY: FWD  
c) POLICY NUMBER: PNMC2018-00005246  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA SPARK 135  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL  
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: MAISARAH BINTI AHMAD ZAINI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT:  
c) ADDRESS:

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

#### DRIVER

- a) NAME: MOHAMED TRUFIQ BIN MOHAMED HANIZ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 8938070 G CONTACT: 9355 7627  
c) ADDRESS: 246 BANGKIT ROAD 02-286  
670 346

\* d) DATE OF BIRTH: (29 / 10 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 06 OCT 2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NEIGHBOUR

### 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: QUEENSTOWN NPC

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GW5647Y 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:

Email = mfbmh  
VIDEO mfbmh@outlook.com

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8938070G



Name  
**MOHAMED TAUFIQ BIN  
MOHAMED HAIRI**

Race  
**MALAY**  
Date of birth  
**29-10-1989** Sex  
**M**  
Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8938070G**

Name  
**MOHAMED TAUFIQ BIN  
MOHAMED HAIRI**

Birth Date: **29 Oct 1989**  
Issue Date: **06 Oct 2008**

001660342K

3830243

NRIC No. **S8938070G**

Date of issue  
**29-10-2004**

Address  
**APT BLK 246 BANGKIT ROAD  
#02-286  
SINGAPORE 670246**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES

Class	Description	Valid Until
Class 2B	MOTORCYCLES NOT EXCEEDING 250 CC	30 Oct 2008
Class 2A	MOTORCYCLES BETWEEN 251 CC AND 400 CC	23 May 2014
Class 2	MOTORCYCLES EXCEEDING 400 CC	01 Apr 2014

38938070G

S / No. 9000261055

NP 4.8A

License No. S8938070G





## CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance  
if Your Motorcycle breaks down or is involved in an accident.

All accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

**POLICY NUMBER: PNMC2018-00005246**

Plan Name: Third Party

Motorcycle plate number: FBA3527Z

Your name (As the policyholder): MAISARAH BINTE AHMAD ZAINI

Coverage start date: 05/12/2018

Coverage end date: 04/12/2019

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to drive Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

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We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 01/12/2018

**Abhishek Bhatia**  
Chief Executive Officer  
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888  
or email us at [contact.sg@fwd.com](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.

**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 : MAA419008020 Vehicle Registration No: FBA 35272

Name (as shown in NRIC) : Mohammed Toufik Bin M. Hameed NRIC/FIN/Passport No : S89380706

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : 93557627

Email Address : \_\_\_\_\_

Date of Accident : 15/01/2019 Time of Accident : 14:30

Place of Accident : Along DANANG ROAD NEAR TAN KAT KEE MRT STATION

Insurance Company : FWD S'PORE

**(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:

ACCIDENT TIME TO 14:30 HRS

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Peri Marissa  
NRIC/FIN No.:  
Date: 18/01/2019