

NATIONAL Assessment Centre Services

Wef 1 Jan'09

Date In: 12/1/09 17:15	Job description	Date & Time Completed	Done by
Ref No: NA/219002554/24	SAS e-filing		
Veh No: POLC9629 R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 12/1/09-15:30	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:

Veh No: SCRS452

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

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)
Inc Bill

Am't (\$)
Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile

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	12/02/2019 17:10
Date Of Accident	01/02/2019 15:30
Exact Location Of Accident	JUNC BEDOK RESERVOIR RD & KAKI BUKIT RD 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK9977R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HISAM BIN AHMAD SALIM
NRIC No	S8624213C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91529994
Alternative Phone No	OFFICE-91529994
Vehicle Particulars	
Manufacturer	HONDA
Model	NC750XA (LED)
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	MOMVM000001071-01-000
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HISAM BIN AHMAD SALIM
NRIC No	S8624213C
Date Of Birth	31/08/1986
Occupation	INDOOR
Date Of Driving Pass	10/12/2012
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91529994
Fax Number	
Contact Number	OFFICE-91529994
Email Address	NOEMAIL

Address	BLK 615 BEDOK RESERVOIR ROAD #11-1250
Postcode	470615
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 - CROSS JUNCTION
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?	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?	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

REFER TO POLICE REPORT - T/20190201/7022.

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	SLR5400J
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	MUHAMMAD HISAM BIN AHMAD SALIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK9977R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:


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


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

Vehicle A: FBK9977R

Vehicle B: SLR5400J

Kaki Bukit
Ave 1

Q1

B2

Rd

Bedok Reservoir

A1


B1


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

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.:

Date of Accident : 01/02/2019 Accident Time: 15:30 (24-HR-Format)
 Accident Place : Junction of Bedok Reservoir Rd x Kaki Bukit Rd 4
 Vehicle No. (Car Plate No.) : 7BK 9977R Make/Model: _____
 Insurance Company : Great American Policy No: _____
 Owner or Company Name / IC No. : Muhammad Hsain Bin Ahmad Salim 88624213C
 Owner or Company Contact No. : 9152 9994 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : _____
 DRIVER'S Date Of Birth : 31/08/1986 DRIVER'S License Pass Date 10/12/2012
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
 DRIVER'S Address : 615 Bedok Reservoir Rd #11-1250 S(470615)
 DRIVER'S Contact No. / Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls.state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SLK 5400 J</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



SINGAPORE POLICE FORCE



T/20190201/7022

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

1 of 3

Report No. T/20190201/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 18:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD HISAM BIN AHMAD SALIM			Address: APT BLK 615 BEDOK RESERVOIR ROAD #11-1250 SINGAPORE 470615		
ID Type / ID No.: NRIC NO / S8624213C			Contact No.: Home/Office: Mobile: 91529994		
Nationality: SINGAPORE CITIZEN			Email: hisamsalim05@gmail.com		
Sex: Male	Age: 32	Date of Birth: 31/08/1986	Type of Informant: Rider		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Service Engineer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2019 15:30	Type of Location: X-Junction
Location: BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9977R	Motorcycle	HONDA	NC750XA (LED)	Black	Seriously Damaged	1
SLR5400J	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK9977R	GREAT AMERICAN INSURANCE COMPANY	MT2018TR00763	22/04/2018	21/04/2019



**SINGAPORE
POLICE FORCE**



T/20190201/7022

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

2 of 3

Report No. T/20190201/7022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HISAM BIN AHMAD SALIM	ID No.	S8624213C
Related Vehicle	FBK9977R (Motorcycle)	Contact No.	91529994
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/02/2019	Date Discharge	01/02/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

ON 01/02/2019 AT ABOUT 15:30HR, I WAS RIDING MY BIKE - FBK9977R, ALONG BEDOK RESERVOIR ROAD. AS THE TRAFFIC LIGHT TURNS GREEN, I PROCEEDED TO TURN. I WISH TO STATE THAT I WAS ON THE LEFT LANE - IN WHICH MEANT FOR RIGHT TURN AND GO STRAIGHT. VEHICLE NUMBER - SLR5400J, WHO WAS ON MY RIGHT LANE (RIGHT TURN ONLY LANE), WENT STRAIGHT INSTEAD AND COLLIDED ONTO MY VEHICLE'S REAR PORTION. THE IMPACT CAUSED ME TO FALL ON MY LEFT AND FLUNG FORWARD.

I THEN SEEK MEDICAL ATTENTION AT UNIHEALTH 24-HR CLINIC (TOA PAYOH) AND WAS GIVEN 4 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20190201/7022

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

3 of 3

Report No. T/20190201/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
01/02/2019 18:25

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8624213C**

Name:

**MUHAMMAD HISAM BIN AHMAD
SALIM**

Birth Date: **31 Aug 1986**

Issue Date: **11 Sep 2008**



001651250B

No. 1)

2)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8624213C**



Name

**MUHAMMAD HISAM BIN AHMAD
SALIM**

محمد حيسم بن احمد سليم

Race

BOYANESE

Date of birth

31-08-1986

Sex

M

Country/Place of birth

SINGAPORE



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

Class 2B Motorcycles =< 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles > 400 CC

PASS DATE

11 Sep 2008
03 May 2011
10 Dec 2012

S8624213C

S / No. 9000163999

Licence No: S8624213C



Owner & Driver : Spouse & Parent & Children

5663300



NRIC No. S8624213C



Date of issue
21-10-2016

Address

APT BLK 615 BEDOK RESERVOIR ROAD
#11-1250
SINGAPORE 470615

CERTIFICATE OF INSURANCE

480

- Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1987
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1958 (Malaysia)

Policy Details

Certificate Number	: MOMVM000001071-01-000	Cover	: Motor Cycle (Third Party Fire & Theft)
Policyholder Name	: Muhammad Hisam Bin Ahmad Salim	Chassis Number	: JH2RC90A3GK003069
NCD Entitlement	: 20% No Claim Discount	Engine Number	: RC88E5004420
Hire Purchase	: DE XING MOTOR PTE. LTD.	Registration Number	: FBK9977R
Period of Insurance	: From 22/04/2018 (00:00) To 21/04/2019 (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 or business
- d) Use for any purpose in connection with Motor Trade

This also is not valid for Hire Purchase with DE XING MOTOR PTE LTD. No additional or reduced is allowed

* 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

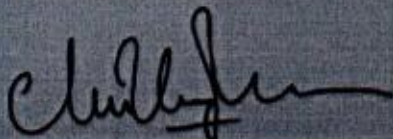
Excess (Section 1)	: SGD 500.00 - Including Fire & Theft outside Singapore
Excess (Section 2)	: N/A

Driver Details

Primary Rider	: Muhammad Hisam Bin Ahmad Salim
Named Rider 1	: Muhammad Hafiz Bin Ibrahim
Named Rider 2	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	: 21/06/2018

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



Authorized Signatory
gaw

德兴摩托私人有限公司
DE XING MOTOR PTE. LTD.
BLOCK 1000 ROAD 1401-008, SINGAPORE 40710
TEL: 6741 8662 (SINGAPORE) FAX: 6742 2025
GST Reg. No. S-4-2561652-9
RCS No. 1913033129