

NATIONAL Assessment Centre Services [wef 1 Jan 2005]

Date In: 26/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/GA/19003606/13	SAS e-filing		
Veh No: KBF1833B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 26/01/19 0400	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: (AUTOWERKZ)	Tel:	Fax:
TP Particulars:	Veh No: SHD886SL	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. ()

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

NA1901515	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 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	26/02/2019 14:06
Date Of Accident	26/01/2019 04:00
Exact Location Of Accident	SLIP RD EXITING FROM SIMEI AVE TWDS PIE(TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1833B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ASHRAFF BIN RAMLI
NRIC No	S9912774J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87798189
Alternative Phone No	OTHERS-87798189

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2019TR00058

Driver

Name of Driver	DANIAL HAIKAL BIN KAMAL
NRIC No	S9906302E
Date Of Birth	26/02/1999
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87798189
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 403 WOODLANDS ST 41 #06-114
Postcode	730403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUB-RIDER
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?	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
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

PLS REFER TO THE POLICE REPORT: T/20190225/2142

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	SHD8865C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH SONG BOON
NRIC/Passport Number	S1797574I
Contact Number	83321968
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

DANIAL HAIKAL BIN KAMAL

Approximate Age

Injuries Sustain

FRACTURE TOE

Injured person in which vehicle?

FBF1833B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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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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:

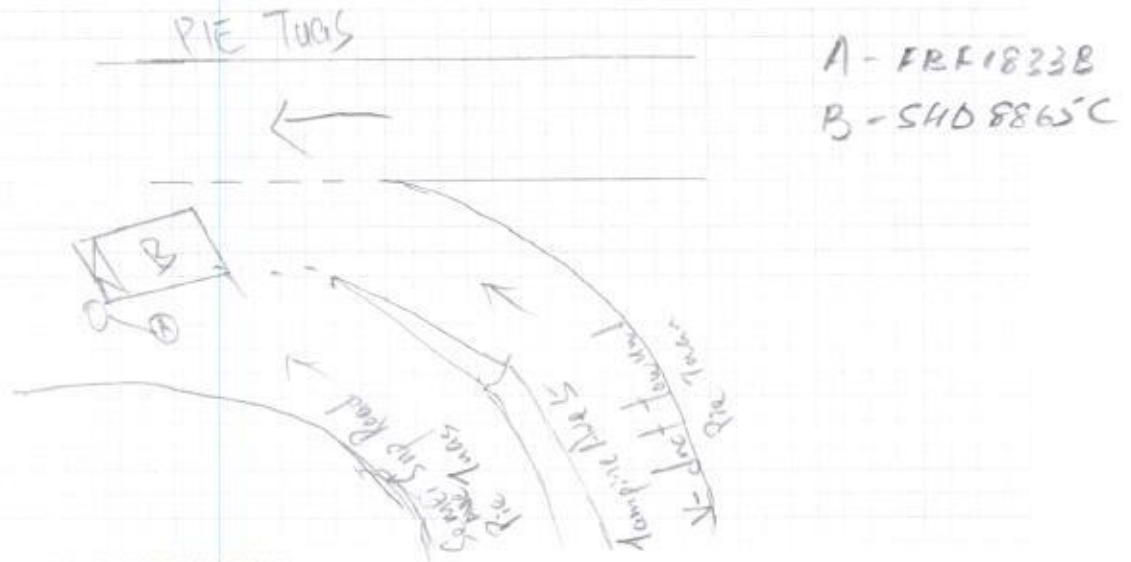
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT NO : T/20190225/2142

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.:



SINGAPORE POLICE FORCE



T/20190225/2142

1 of 4

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

Report No. T/20190225/2142

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2019 16:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: Danial Haikal Bin Kamal			Address: APT BLK 403 WOODLANDS STREET 41 #06-114 SINGAPORE 730403	
ID Type / ID No.: NRIC NO / S9906302E			Contact No.: Home/Office: Mobile: 8779 8189	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 19	Date of Birth: 26/02/1999	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B,3A Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/01/2019 04:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SIMEI AVENUE PAN ISLAND EXPRESSWAY Slip road exiting from Simei Avenue, towards PIE (Tuas)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1833B	Motorcycle	YAMAHA	T135	White	Seriously Damaged	0
SHD8865C	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICI ENCY	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190225/2142

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBF1833B	GREAT AMERICAN INSURANCE COMPANY	MT2019TR00058	14/01/2019	15/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	Danial Haikal Bin Kamal		ID No.	S9906302E
Related Vehicle	NIL		Contact No.	8779 8189
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Goh Song Boon		ID No.	S1797574I
Related Vehicle	NIL		Contact No.	8332 1968
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 the 26/01/2019 at about 0400hrs, I was riding my motorbike (FBF1833B) along the slip road of Simei Avenue towards PIE (Tuas). Suddenly, a taxi (SHD8865C), which was travelling at a high speed, cut into my lane from my right and collided against the right side of my motorbike. The impact flung me off from my motorbike. Paramedics were at scene to assess the injuries, but I refused conveyance as I did not feel any pain, and there were no significant external injuries other than abrasions to my right shoulder, right wrist and right knee. The taxi driver was not injured. Traffic police also attended to the incident. There were no other travellers around the incident location at the said time, thus there are no witnesses of this incident.

As a result of the collision, the right side of my motorbike suffered multiple scratches. The cover set and the rider footrest of my motorbike were broken, and the exhaust pipe of my motorbike was dented. The left front tyre of the taxi was punctured, and the left side mirror was detached. The left side of the taxi also suffered multiple scratches.



**SINGAPORE
POLICE FORCE**



T/20190225/2142

3 of 4

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190225/2142

CONTINUATION OF REPORT

After the incident, I felt giddy and my whole body was aching. I thus went to Changi Hospital, and the doctor suspected that I had an occult fracture on the fourth and fifth toe of my right foot. I was given 5 days MC from 26/01/2019 to 30/01/2019 (EMD201921121) by Dr Nandwani Krishin of CGH A&E. As I still felt pain in my toe, I visited Woodlands Polyclinic, and was further given 4 days MC from 01/02/2019 to 04/02/2019 (WDL19012260) by Dr Mahalingham. I subsequently visited Woodlands Polyclinic again, and was given another 3 days MC from 08/02/2019 to 10/02/2019 (WDL19013830) by Dr Shanika.

I received a letter to report the traffic accident (TP/IP/08217/2019), as the matter is being investigated by IO Juremah Bte Ahmad (Tel: 6547 2076).



**SINGAPORE
POLICE FORCE**



T/20190225/2142

4 of 4

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

Report No. T/20190225/2142

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:

L /

Insp ONG RUI XIN, SHERLYN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/02/2019 16:02

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication Stamp

NP168



Signature:

Singapore Police Force

VEHICLE NO:

MAKE & MODEL :

DATE OF ACCIDENT	26 / 01 / 2019		
TIME OF ACCIDENT	0400 AM / PM		
LOCATION OF ACCIDENT	Along Road 1 Travelling Toward Road 2		
Exact Purpose use during accident	Sime Avenue (PIE) Slip Road exiting from Sime Ave Towards PIE (Trans)		
NAME OF OWNER	DA		
TELP NO			
NRIC			
CLAIM TYPE	OD / THIRD PARTY / Reporting Only		
PRIVATE HIRE	YES / NO ?		
INSURANCE CO.			
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.			
NAME OF DRIVER	As above / If No:		
NRIC	Any passengers:		
DATE OF BIRTH	/ /		
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	/ /		
GENDER	Male / Female		
CONTACT NO.	Office: Home:		
ADDRESS			
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other :		
ROAD SURFACE	Dry / Wet / Other :		
ANY INJURIES	No / If yes : Who?		
CONTACT NO.			
POLICE REPORT	No / If yes : Where?		
VEHICLE B NO.	Any Passenger :		
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger :		
VEHICLE D NO.	Any Passenger :		
VEHICLE E NO.	Any Passenger :		
VEHICLE F NO.	Any Passenger :		
ANY WITNESS			
WITNESS CONTACT NO.			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO		
PARTICULAR WORKSHOP	Autowerke Automotive Pte Ltd		
TELP NO	8 Kaki Bukit Ave 4 #05-01/02		
CONTACT PERSON	Premier Building Singapore 415875		
FAX NO.	Alex Ben 9091 0000		
	6282 4292		
	Enquiry @ autowerke.com.sg		

25/02/19 - waiting for veh.

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9906302E

DANIAL HAIKAL BIN KAMAL

Valid Date: 26 Feb 1999
Expiry Date: 14 Sep 2017

002723969E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9906302E



Name

DANIAL HAIKAL BIN KAMAL

دنیال هایکل بن کامال

Race

MALAY

Date of birth

26-02-1999


Sex

M

Country/Place of birth

SINGAPORE

S9906302E

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

Class 2B	Motorcycles <= 100 CC	08 Jan 2018	7
Class 3A	Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractor/vehicles without clutch pedals <= 2500 kg	14 Sep 2017	

S / No. 9000312223

S9906301E

Licence No: S9906302E



NP 428A

5257552



NRIC No. **S9906302E**



Date of issue

14-01-2014

Address

APT BLK 403 WOODLANDS STREET 41
#06-114
SINGAPORE 730403

MOTOR COVER NOTE: MT2019TR00058

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby **HELD COVERED** under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: MUHAMMAD ASHRAFF BIN RAMLI
Insured NRIC/Passport No/ Roc	: S9912774J
Named Rider	: DANIAL HAIKAL BIN KAMAL
Policy Coverage	: THIRD PARTY ONLY
Make And Description Of Vehicle	: YAMAHA / T135
Vehicle Registration No.	: FBF1833B
Year Of Manufacture	: 2010
Engine No.	: 5YP303012
Chassis No.	: 5YP303012
Engine Capacity	: 135
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 14/01/2019 TO: 15/04/2019
Excess (S\$)	: Section I N/A
Optional Benefits	: N/A
Authorised Workshop	: DE XING MOTOR PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company



Great American Insurance Company
Authorised Signatory

HIRE PURCHASE WITH
SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Block 1006, #01-10, Bukit Merah Lane 2,
Singapore 159762 Tel: 6273 0369 Fax: 6274 8614

Date of Issue : 14/01/2019 11:09 hrs

Intermediary : TENA RISK SOLUTIONS PTE LTD

MTR/COVERNOTE/V01/15



**SINGAPORE
POLICE FORCE**

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 13 Feb 2019

Your Ref :
Our Ref : TP/IP/08217/2019

DANIAL HAIKAL BIN KAMAL
APT BLK 403 WOODLANDS STREET 41
#06-114
SINGAPORE 730403

000082



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING FBF1833B ALONG PAN ISLAND EXPRESSWAY ON 26
JAN 2019 @ 4.00 AM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer JUREMAH BTE AHMAD at his / her office number: 65472076 or the supervisor YIP YEW SENG NELSON at 65476182 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (DSP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.