

NATIONAL Assessment Centre Services (wef 1 Jan 2005) MNA4906217P

Date In: 12/05/2009 11:18	Job description	Date & Time Completed	Done by
Ref No: NBA/CAT/19008435/Y	SAS e-filing		
Veh No: FB5 9704S	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 10/05/2009 11:25	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: SGE 3280Z 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

MNA4903395

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cal. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cal. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	(N1): Courtesy Car / Tpl Allowance \$5		
	(N6): Repair Co-ordination \$10		
	(N7): Post Repair Inspection \$25		
	(N8): DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	(N12): Idau Mobile 30		
	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	13/05/2019 17:15
Date Of Accident	10/05/2019 11:25
Exact Location Of Accident	ALONG SIMS AVENUE EAST TOWARDS CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9704S
Insured/Policyholder	
Name Of Registered Owner	MOHAMED NAJIB BIN SUJAK
NRIC No	S7934795G
Email Address	MNSS79@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84980673
Alternative Phone No	OTHERS-84980673

Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA-745CC
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000001256-01-000
Cover Note Number	

Driver

Name of Driver	MOHAMED NAJIB BIN SUJAK
NRIC No	S7934795G
Date Of Birth	30/11/1979
Occupation	INDOOR
Date Of Driving Pass	15/10/2002
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84980673
Fax Number	
Contact Number	OTHERS-84980673
Email Address	MNSS79@GMAIL.COM

Address	BLK 418 CHOA CHU KANG AVENUE 4 #02-294
Postcode	680418
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 - HEAD TO REAR
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	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

PLEASE REFER TO SKETCH PLAN

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	SGE3380Z
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
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 NAJIB BIN SUJAK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ9704S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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: 13/5/19 1415

Driver's Signature

(If driver is not the policyholder)

Date & Time:

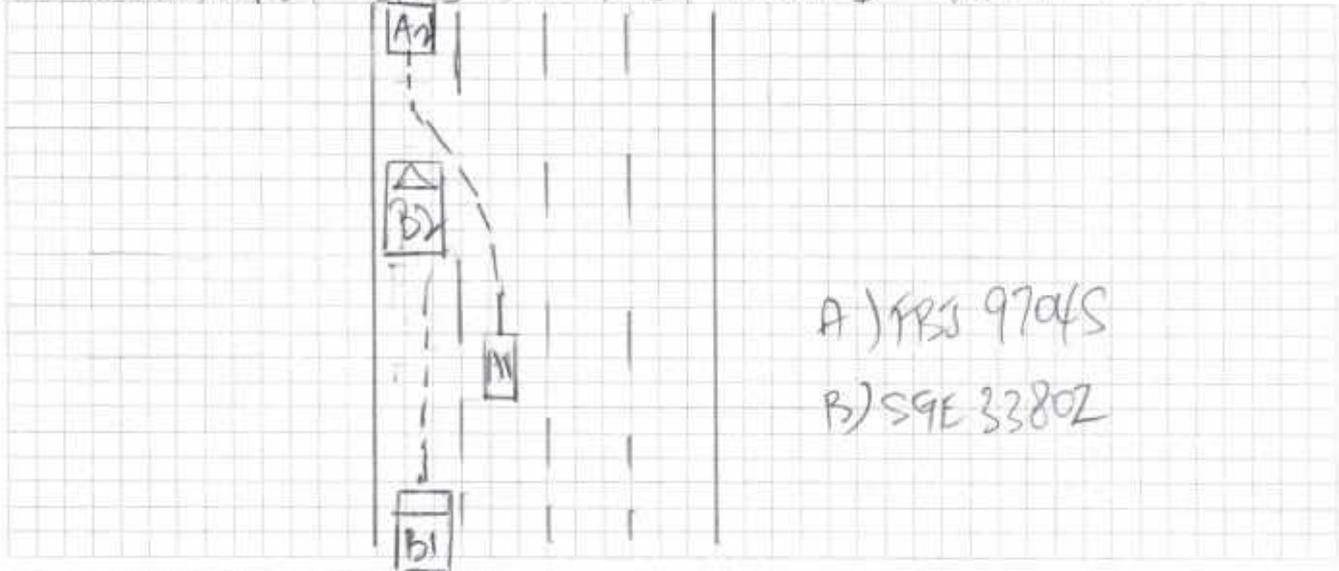


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN Along SIMS AVE EAST TOWARD CHANGI ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report
1/20/2021

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 13/5/19 1415

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

[Signature] 13/05/2019
 Reporting Centre Personnel's Signature
 Name: *Rosh...*
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190512/2021

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

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Report No. T/20190512/2021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ9704S	GREAT AMERICAN INSURANCE COMPANY	MT2018TR01536	22/07/2018	21/07/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED NAJIB BIN SUJAK	ID No.	S7934795G
Related Vehicle	FBJ9704S (Motorcycle)	Contact No.	84980673
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/05/2019	Date Discharge	10/05/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the above mentioned time and date and place, while I was travelling on lane 3 along Sims Avenue East towards Changi Road with the speed of 20-25km/hr. I then successfully change to lane 4. About 6-7 seconds later, while I was travelling straight on the lane, I was hit on the rear of my bike. I was flung forward and my bike was stuck under the right tire of the vehicle. The vehicle is a HONDA CIVIC bearing the plate number of SGE3380Z. The driver is of an Indian race. I wish to state that after I was flung, in the midst of recovering, I saw the driver of the said vehicle came out of the vehicle to check on situation. Subsequently, he then went back inside his car and reverse at least 1 meter away. A passerby lady helped me to contact the ambulance. About 5 minutes later, ambulance arrived and was conveyed to Changi General Hospital about an hour later as Traffic arrived and recorded my statement inside the ambulance. I wish to state that I did not have the particulars of the said driver as I was being convey to hospital. I wish to state I was given 5 days MC and the injuries that I suffered was bruises all over the my body, mainly mostly on my right and right leg. I felt discomfort on my right side of my buttock area due to the impact of the fall.



**SINGAPORE
POLICE FORCE**



T/20190512/2021

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

3 of 3

Report No. T/20190512/2021

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:

J/
Staff Sgt SANWAN-NOR BIN HAMZAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
12/05/2019 10:23

Classification Of Case:

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 05 / 2019) (DD/MM/YYYY), TIME: (11 : 25) (HH:MM)

LOCATION: ALONG SIMSAVE EAST TOWARDS CHANGI ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 9704 S
b) INSURANCE COMPANY: GREAT AMERICAN INSURANCE COMPANY
c) POLICY NUMBER: MOMVM000001256-01-000
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA NG750KA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: MOTAMEO WAJIB BIN SUJAK (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7934795 G CONTACT: 84980673
c) ADDRESS: BUK 418 CHUA CHU KANG AVE 4 #02-294
S6680418

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (30 / 11 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13 NOV 1996

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 _____)

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: TRAFFIC POLICE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGE 3380Z MODEL: HONDA CIVIC
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: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = mns579@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7934795G




MOHAMED NAJIB BIN SUJAK
محمد ناجيب بن سوجاك

Place
MALAY

Date of Birth: 30-11-1979 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S7934795G
Name: MOHAMED NAJIB BIN SUJAK



Birth Date: 30 Nov 1979
Issue Date: 10 Nov 2003

000999405H

A6069018




NRIC No. S7934795G

Blood Group: Date of issue: 13-10-2004

APT BLK 418 CHOA CHU KANG AVENUE 4 #02-294
SINGAPORE 680418

NRIC No: S7934795G Date: 25/11/2018

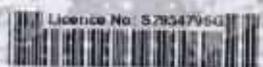
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	17 Nov 1996
Class 2A Motorcycles between 201 cc and 400 cc	01 Feb 2000
Class 2 Motorcycles exceeding 400 cc	15 Oct 2002
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Mar 2000

NP 428A

License No. S7934795G



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, 1998 (Malaysia)

Policy Details

Certificate Number	: MOMVM000001256-01-000	Cover	: Motor Cycle (Comprehensive)
Policyholder Name	: Mohamed Najib Bin Sujak	Chassis Number	: JH2RC72B1EK008634
NCD Entitlement	: 20% No Claim Discount	Engine Number	: RC70E5014180
Hire Purchase	: WING FUAT PTE. LTD.	Registration Number	: FBJ9704S
Period of Insurance	: From 22/07/2018 (00:00) To 21/07/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- The Primary Rider
- 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:

- Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing
- Use for carriage of goods (other than samples) in connection with any trade of business
- 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 600.00 - including Fire & Theft outside Singapore
Excess (Section 2)	: N/A

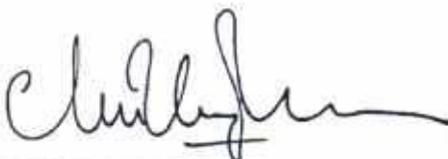
Driver Details

Primary Rider	: Mohamed Najib Bin Sujak
Named Rider 1	: Yunus Bin Ahmad Taib
Named Rider 2	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	: 25/09/2018

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
gaw