

NATIONAL Assessment Centre Services

Form 1 (Jan 06)

19 MAY 2018 10:31

Date to: 08/06/2018 10:31	Job description	Date & Time Completed	Done by
Ref No: N/A/MD/901354114	SAS e-filing		
Veh No: FRJ 82V6D	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 08/06/2018 14:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / HNC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: 074874	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability: () %	[Note-Fst. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Landing: \$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: 0288 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

Client's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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		
Assessor's 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: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Idm Mobile \$30		
	10) NI: Courtesy Car / Tpl Allowance \$5		
	11) NI: Repair Co-ordination \$10		
	12) NI: Post Repair Inspection \$25		
	13) NI: DV / Collect Excess Coordination \$5		
	14) TP (NI): TP (Non INC) against INC \$20		
	15) NI: Idm Mobile \$30		
	Invoice dated	Fee Charged	
	Excess dated	Fee Charged	

07-MAY-2018 16:39

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	02/08/2019 10:37
Date Of Accident	08/06/2019 14:00
Exact Location Of Accident	ALONG SIMS AVENUE NEAR GEYLANG SERAI JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8246D
Insured/Policyholder	
Name Of Registered Owner	ABU BAKAR BIN HAMZAH
NRIC No	S1193182J
Email Address	BOIKEYJAUHARI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96121370
Alternative Phone No	OFFICE-97260421

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2019-00002204
Cover Note Number	

Driver

Name of Driver	JAUHARI BIN ABU BAKAR
NRIC No	T0013343J
Date Of Birth	21/04/2000
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96121370
Fax Number	
Contact Number	OFFICE-97260421
Email Address	BOIKEYJAUHARI@GMAIL.COM

Address	BLK 939 TAMPINES AVENUE 5 #03-167
Postcode	520939
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 (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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190609/2003

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	GY4180U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ARUMUGAM MURUGANANDHAM
NRIC/Passport Number	G7506283W
Contact Number	87867809
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : AH HONG

GENDER: : MALE

DETAILS OF INJURED PERSON 1

Name	JAUHARI BIN ABU BAKAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ8246D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN


IMPORTANT NOTICE


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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.

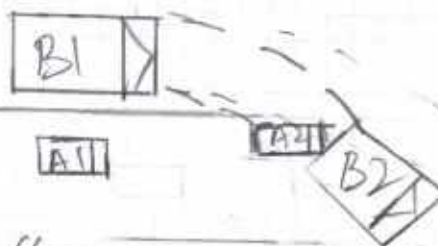
Policyholder's Signature
Date & Time:

 1 Aug 2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

SIMS AVENUE TOWARDS EAST COAST COAST 1



A) FBJ 8246D

B) GY 4181U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ms offer to police report
7/2019 0609/2003

DECLARATION

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

Policyholder's Signature
 Date & Time:

John
 1 Aug 2019
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

2/8/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190609/2003

1 of 4

Report No. T/20190609/2003

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2019 00:34		Vide Report No.:		Station Diary No.: 16	
Informant's Particulars					
Name of Informant: JAUHARI BIN ABU BAKAR			Address: APT BLK 939 TAMPINES AVENUE 5 #03-167 SINGAPORE 520939		
ID Type / ID No.: NRIC NO / T0013343J			Contact No.: Home/Office: Mobile: 97260421		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 21/04/2000	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: FOOD PANDA RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2019 14:00	Type of Location: Straight Road
Location: Along Road 1 SIMS AVENUE ALONG SIMS AVENUE NEAR TO THE RIGHT SIDE OF GEYLANG SERAI JUNCTION				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: BIKE SKIDDED TO AVOID COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8246D	Motorcycle				Seriously Damaged	0
GY4181U	Lorry				No Damage	1

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



**SINGAPORE
POLICE FORCE**



T/20190609/2003

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 4

Report No. T/20190609/2003

CONTINUATION OF REPORT

Rider			
Name	JAUHARI BIN ABU BAKAR	ID No.	T0013343J
Related Vehicle	FBJ8246D (Motorcycle)	Contact No.	97260421
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	08/06/2019	Date Discharge	08/06/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
MANAGER			
Name	AH HONG	ID No.	NIL
Related Vehicle	GY4181U (Lorry)	Contact No.	87867809
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
Driver			
Name	ARUMUGAM MURUGANANDHAM	ID No.	G7506283W
Related Vehicle	GY4181U (Lorry)	Contact No.	98650810
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 above mentioned date, time and place, I was riding my bike along Sims Ave going towards East coast at lane 1. Suddenly the vehicle that was in lane 2 made an abrupt change of lane to my lane 1. I didn't manage to stop my vehicle but I have changed to lane 2 to avoid the collision with the lorry. However, the lorry left rear portion swipe on my right handle and my bike skidded. I have to pushed myself out from my motorcycle and I had landed onto my left ankle and fell onto the ground.

The lorry stopped their vehicle at the side road and assisted me. They brought me to Changi General Hospital and had assisted to send my motorbike to my house. I managed to get their particulars and also their manager number.

No ambulance or traffic police at scene.



**SINGAPORE
POLICE FORCE**



T/20190809/2003

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

4 of 4

Report No. T/20190809/2003

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:

G /

Sgt 3 NUR' HAFIDAH BINTE KAMURIDIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/06/2019 00:34

Officer In Charge Of Case:

TP / AEIT /

Sgt 3 KOH CHEE SENG, KEVIN

Contact No.: 65472073



Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 06 / 2019) (DD/MM/YYYY), TIME: (13 : 58) (HH:MM)

LOCATION: Sims Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 8246D
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNMC 2019 - 0000 2204
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha R15 V2
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Working
 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: Abu Balcar Bin Hamzah (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1193182J CONTACT: 96121370
 c) ADDRESS: Blk 939 Tampines Ave 5 #03-167 Singapore 520939

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Jaunar Bin Abu Balcar (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: T0013342J CONTACT: 97260421
 c) ADDRESS: Blk 939 Tampines Ave 5 #03-167 Singapore 520939

* d) DATE OF BIRTH: (21 / 04 / 2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14/02/2019

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After rain drizzling)

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: Tampines

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 9Y4181U MODEL: Lorry
 b) DRIVER'S NAME: ARUMUGAM MURUGANANDHAM
 c) NRIC/FIN/PASSPORT: 97506282W CONTACT: 92650810

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

* No of passengers
 (including driver)
 ()

email = baileyjja baileyjaunar@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. T0013343J



Name

JAUHARI BIN ABU BAKAR

Race

MALAY

Date of birth

21-04-2000

Country/Place of birth

SINGAPORE

Sex

M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE

T0013343J



JAUHARI BIN ABU BAKAR

Birth Date: 21 Apr 2000

Issue Date: 14 Feb 2019

For LKK/NAC Use Only



5692382

NRIC No. T0013343J



Date of issue

04-01-2017

Address

APT BLK 939 TAMPINES AVENUE 5
#03-167
SINGAPORE 520939

For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc

14 Feb 2019

For LKK/NAC Use Only

NP 428A



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: PNMC2019-00002204

Plan Name: Third Party Fire & Theft

Motorcycle plate number: FBJ8246D

Your name (As the policyholder): Abu Bakar Bin Hamzah

Coverage start date: 25/04/2019

Coverage end date: 24/04/2020

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 & work purposes in accordance with Your contract.

Finance company:

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

Issued on: 24/04/2019



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 if any details
in this Certificate of Insurance need to be changed.