

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

MAA419113201

Date In: 27/08/2007 16:32	Job description	Date & Time Completed	Done by
Ref No: NGA/GA7901509/Y	SAS e-filing		
Veh No: FX 1211 R	E-mail (to John & Alice, AIC 2hrs)		
OD: 21/08/2007 17:15	1-Motor Claim Form		
OD TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: (Tel:	Fax:
TP Particulars: Vch No: 2LF 7263	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 ()	

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolator.
() 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: _____

MAA906546	1) AIC: Accident Reporting (\$30)	INC (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contract No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$75
Architect's Comments:	6) TR: Re-inspection	\$160
Date:	7) NI: Idea DA + EMRT Survey	
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$35
	*N6: Repairs Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$35
	TP (Nil) : TP (Non INC) against INC	\$20
	*N12: Idea Mobile	\$0
	Invoice dated	
	Invoice dated	

Fee Charged
Fee Charged

MAA906546

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	27/08/2019 16:32
Date Of Accident	21/08/2019 17:15
Exact Location Of Accident	ROUND ABOUT AT JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX1211D
Insured/Policyholder	
Name Of Registered Owner	BENAI AH GABRIEL WILLIAMS
NRIC No	S9442232I
Email Address	BOXERBURN94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97922469
Alternative Phone No	OTHERS-97922469

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF2J-399CC
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	MOMVM000001840-01-000
Cover Note Number	

Driver

Name of Driver	BENAI AH GABRIEL WILLIAMS
NRIC No	S9442232I
Date Of Birth	13/11/1994
Occupation	INDOOR
Date Of Driving Pass	25/04/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97922469
Fax Number	
Contact Number	OTHERS-97922469
Email Address	BOXERBURN94@GMAIL.COM

Address	BLK 188 BOON LAY DRIVE
	#09-92
Postcode	40188
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	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	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190822/2057

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	JLF7263
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 BENAIAH GABRIEL WILLIAMS

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FX1211D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


SKETCH PLAN

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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.: _____

SKETCH PLAN

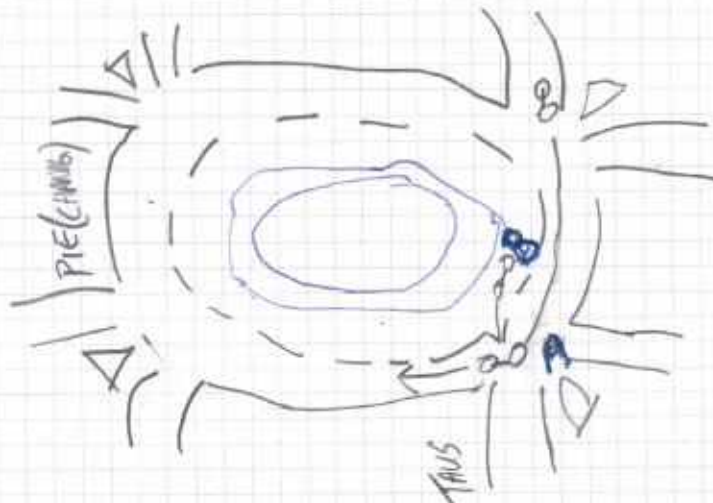
JOLAN AHMAD Ibrahim POLKID ABOUT

A=Fx 12/1D

B=J/F

7263

CNDT
ACURATE)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. 7/20190822/2057.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 27/08/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190822/2057

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

1 of 3

Report No: T/20190822/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 13:00		Vide Report No.:		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: BENAIHA GABRIEL WILLIAMS			Address: APT BLK 188 BOON LAY DRIVE #09-92 SINGAPORE 640188		
ID Type / ID No.: NRIC NO / S9442232I			Contact No.: Home/Office: Mobile: 97922469		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 13/11/1994	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: PRODUCT TECHNICIAN			Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/08/2019 17:10	Type of Location: Roundabout
Location: Along Road 1 JALAN AHMAD IBRAHIM JALAN AHMAD IBRAHIM ROUNDABOUT				
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 - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX1211D	Motorcycle	HONDA	CB400SF2J	Black	Seriously Damaged	0
JLF7263					Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX1211D	GREAT AMERICAN INSURANCE COMPANY	MT2018TR01769	14/09/2018	13/09/2019



SINGAPORE
POLICE FORCE



T/20190822/2057

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

3 of 3

Report No. T/20190822/2057

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:

E /

Sgt 2 MUHAMMAD NOOR HAIKAL BIN
MUHAMMAD

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Signature Of Informant:

Date/Time:

22/08/2019 13:00

Classification Of Case:

Authentication Stamp

NP168



ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 08 / 2019) (DD/MM/YYYY), TIME: (17 : 15) (HH:MM)

LOCATION: JALAN AHMAD IBRAHIM

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX 1211D
 b) INSURANCE COMPANY: GREAT AMERICAN
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CB 400
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: _____
 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: BENAZIAH GABRIEL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S94422321 CONTACT: 97422469
 c) ADDRESS: BLK 188 BODAL LAY DRIVE #09-92 SINGAPORE (140188)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (13 / 11 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JY 7263 MODEL: _____
 b) DRIVER'S NAME: (NOT ACCURATE)
 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 = Boxerburn94@GMAIL.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S94422321



Name

BENAIHA GABRIEL WILLIAMS

பெனையா

Race

INDIAN

Date of birth

13-11-1994

Country/Place of birth

SINGAPORE

Sex

M

For LKK/NAC Use Only



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S94422321

Name

BENAIHA GABRIEL WILLIAMS

Birth Date: 13 Nov 1994

Issue Date: 29 Sep 2014



For LKK/NAC Use Only



5262059

NRIC No. S94422321



For LKK/NAC Use Only

Date of issue

26-01-2014

Address

APT BLK 188 BOON LAY DRIVE
#09-92
SINGAPORE 640188

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B

Motorcycle < 200 CC

29 Sep 2014

Class 2A

Motorcycle between 201 CC and 400 CC

25 Apr 2015

For LKK/NAC Use Only

S94422321

S / No: 9000258890



WP 428A

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, 1959 (Malaysia)

Policy Details

Certificate Number	: MOMVM000001840-01-000	Cover	: Motor Cycle (Third Party Fire & Theft)
Policyholder Name	: Benaiah Gabriel Williams	Chassis Number	: NC391043311
NCD Entitlement	: 10% No Claim Discount	Engine Number	: NC23E2041683
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE	Registration Number	: FX1211D
Period of Insurance	: From 14/09/2018 (00:00) To 13/09/2019 (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 of business
- d) 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 300.00 - including Fire & Theft outside Singapore
Excess (Section 2)	: N/A

Driver Details

Primary Rider	: Benaiah Gabriel Williams
Named Rider 1	: Kishan S/O Thiru Selvan
Named Rider 2	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	: 05/11/2018

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

m1ow