

# NATIONAL Assessment Centre Services.

Print 1 Jan 2005

19 MAY 19 17921

Date In: 05/09/2009 16:46	Job description	Date & Time Completed	Done by
Ref No: N/A/1906796/1575814	SAS e-filing		
Veh No: FBK 7267D	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 05/09/2009 12:20	I-Motor Claim Form		
OID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMD 8061D

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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time: ( )

Action: ( )

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N/A/1906796

Invoice No: ( )

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$40)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (over 10 Jan 2005)

6) TR: Re-inspection \$75

7) NI: Idea DA + SMRT Survey \$160

8) NTUC Additional Services:-

ON:

\*N5: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$25

\*N8: DV / Collect Excess Coordination \$5

TP (NI): TP (N/a INC) against INC \$20

9) NI: Idea Mobile \$30

Invoice dated

Invoice dated

Fee Charged

Fee Charged

Fee Charged

Fee Charged

2 / 3



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	05/09/2019 16:46
Date Of Accident	03/09/2019 12:20
Exact Location Of Accident	ALONG SENTOSA GATEWAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK7267U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NURUL HIDAYAH BINTE SHAFIE
NRIC No	S9609396I
Email Address	HZQVLL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93843051
Alternative Phone No	OTHERS-97835263
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	FZN150-149CC
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2018-00005646
Cover Note Number	
<b>Driver</b>	
Name of Driver	AHMAD HAZIQ BIN SHAFIE
NRIC No	S9924546H
Date Of Birth	06/08/1999
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2018
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93843051
Fax Number	
Contact Number	OTHERS-97835263
EMail Address	HZQVLL@GMAIL.COM

Address	BLK 363C SEMBAWANG CRESCENT #08-729
Postcode	752363
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190903/2075

#### 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	SMD3061D
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

- \* Nature Of Damage
- No. Of Passenger (Including Driver)



## SKETCH PLAN


### 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. 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:

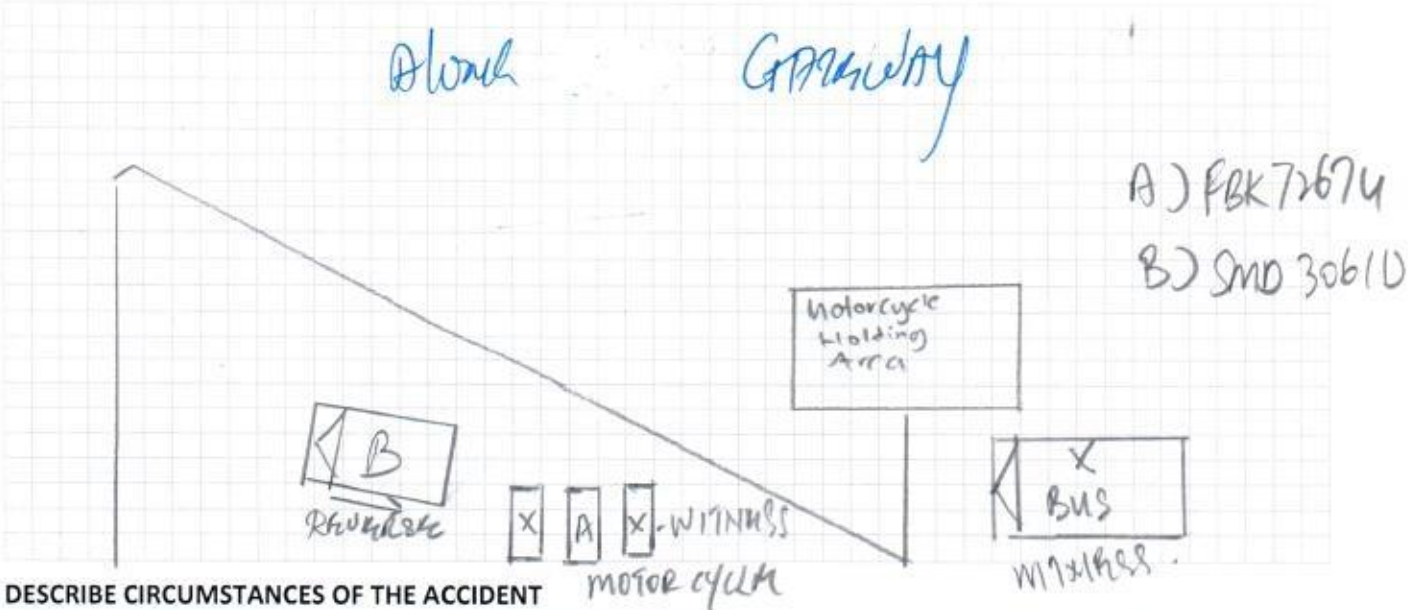
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 11:08  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 04/09/2019

 05/09/2019  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the form: 'All return to police report 11/201903/2015'.

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.:

04/09/2019 @ 11:18 am





**SINGAPORE  
POLICE FORCE**



T/20190903/2075

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3  
Report No. T/20190903/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/09/2019 14 40	Vide Report No.:	Station Diary No.: 34
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**Informant's Particulars**

Name of Informant: AHMAD HAZIQ BIN SHAFIE		Address: APT BLK 363B SEMBAWANG CRESCENT #08-729 SINGAPORE 752363	
ID Type / ID No.: NRIC NO / S9924546H		Contact No.: Home/Office: Mobile: 97835263	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 20	Date of Birth: 06/08/1999	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/09/2019 12:20	Type of Location: Straight Road
Location: Along Road 1 SENTOSA GATEWAY			
Near to Vivacity Drop off point, along Sentosa Gateway at the holding area for motorbikes food delivery.			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle		Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7267U	Motorcycle	YAMAHA		White	Slightly Damaged	0
SMD3061D	Car	TOYOTA		Grey	No Damage	0





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500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

**CONTINUATION OF REPORT**



T/20190903/2075

2 of 3

Report No. T/20190903/2075

**Brief Details.**

On 03/09/2019 at about 1220hrs, I parked my vehicle bearing registration no. FBK7267U (V1) near Vivocity Drop off point which is along Sentosa Gateway at the holding area designated for motorbike food delivery. There was a vehicle bearing registration no. SMD3061D (V2) that was already there before I arrived. V2 then reversed and the left side of the vehicle had hit the front part of my vehicle and had also hit another vehicle. There was an impact heard but my vehicle did not fall. I then approached V2's driver to settle the matter however there was a small verbal argument. I then told V2's driver to wait for me as I need to pick up my food order first and I will attend to him again to settle the matter. After I picked up my food order and went back to my vehicle, the driver had fled.

The damage to my vehicle are minor scratches on the front wheel. I also wish to state that no foreign vehicle involved, no government property damage. I also did not managed to exchange particulars with the other party. I also wished to state that there are 2 witness namely James, HP: 96721199 and the driver for vehicle bearing registration no. PC6939B, HP: 8711 5639





**SINGAPORE  
POLICE FORCE**



T/20190903/2075

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

3 of 3

Report No. T/20190903/2075

**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:  
D /  
Sgt 2 SHARIFAH HANISAH BINTE SAMAT

Signature Of Informant:

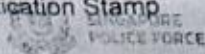
Signature Of Interpreter:  
Not applicable

Date/Time:  
03/09/2019 14:40

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:

Authentication Stamp  
NP168



SN 45

*[Signature]*  
SIGNATURE



Amman / Police Report

ACCIDENT STATEMENT

MS

ACCIDENT DATE: (03/09/2019) (DD/MM/YYYY), TIME: (12:20) (HH:MM)

LOCATION: Santosa Broadwalk

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 7267 V  
b) INSURANCE COMPANY: FWD  
c) POLICY NUMBER: PNAL PNMC2018-00005646  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Yamaha FZ150  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal 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: Nurul Hidayah Bte. Shafie (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 596093961 CONTACT: 9384 3051  
c) ADDRESS: Blk 363B Sembawang Crescent #08-729  
S(752363)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ahmad Haziq Bin Shafie (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 59924546H CONTACT: 9783 5263  
c) ADDRESS: Blk 363B Sembawang Crescent #08-729  
S(752363)

\* d) DATE OF BIRTH: (06/08/1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 23/03/2018

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Siblings (Sister)

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: 3MD 3061 D MODEL: Toyota  
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 passengers  
(including driver)  
(1)

No of passengers  
(including driver)  
( )

No of passengers  
(including driver)  
( )

email = hzqv11@gmail.com

VIDEO

(2) WITNESS 96721199 (JAMES)  
Bus Driver 87115639





## 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: PNMC2018-00005646**

Plan Name: Third Party Fire & Theft

Motorcycle plate number: FBK7267U

Your name (As the policyholder): Nurul Hidayah Binte Shafie

Coverage start date: 29/12/2018

Coverage end date: 28/12/2019

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 use in accordance with Your contract.

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

Issued on: 28/12/2018

**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](mailto:contact.sg@fwd.com) if any details  
in this Certificate of Insurance need to be changed.