

NATIONAL Assessment Centre Services.

(Ref 1 Jan 2003)

NAH419120680

Date In: 11/09/2019 15:09	Job description	Date & Time Completed	Done by
Ref No: N/A/NDP9016131/Y	SAS e-filing		
Veh No: EBE 3924/P	E-mail (By John Sims, AIC 2hrs)		
D.O.A: 11/09/2019 18:15	I-Motor Claim Form		
QID (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/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()

Tel: ()

Fax: ()

TP Particulars:

Veh No: SKP 3701/P

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 repolar.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Complaint: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time: ()

NAH1908015

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bug-In-Charge):

Availability commitment:

Ref 1:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$10)	
3) TP: Towing Fee	\$45/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (Ref 10 Jan 2003)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpt Allowance	\$3
*NS: Repairs Co-ordination	\$10
*NS: Post Repair Inspection	\$25
*NS: DV / Collect License Co-ordination	\$3
TP (Nil) / TP (Non INC) against INC	\$20
9) NI: Idas Mobile	\$0
Invoice dated	Fee Charged
Invoice dated	Fee Charged

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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	11/09/2019 15:09
Date Of Accident	10/09/2019 18:15
Exact Location Of Accident	PIONEER RD ROUNDABOUT TOWARDS PIONEER ROAD NORTH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE3924P
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED HASIF BIN MD SHAKHAWAT HOSSAIN
NRIC No	S9417435Z
Email Address	NADIAHBINTEKHALID@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90717724
Alternative Phone No	OTHERS-90717724

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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
Fleet Policy	NO
Policy Number	PNMC2018-00004263
Cover Note Number	

Driver

Name of Driver	NADIAH BINTE KHALID
NRIC No	S9404641F
Date Of Birth	07/02/1994
Occupation	INDOOR
Date Of Driving Pass	25/03/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-90717724
Fax Number	
Contact Number	OTHERS-90717724
Email Address	NADIAHBINTEKHALID@GMAIL.COM

Address	BLK 864 JURONG WEST STREET 81 #05-523
Postcode	640864
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190912/2166

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	SKP3701B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG CHEE CHONG
NRIC/Passport Number	S7901528H
Contact Number	97683371
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

NADIAH BINTE KHALID

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBE3924P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

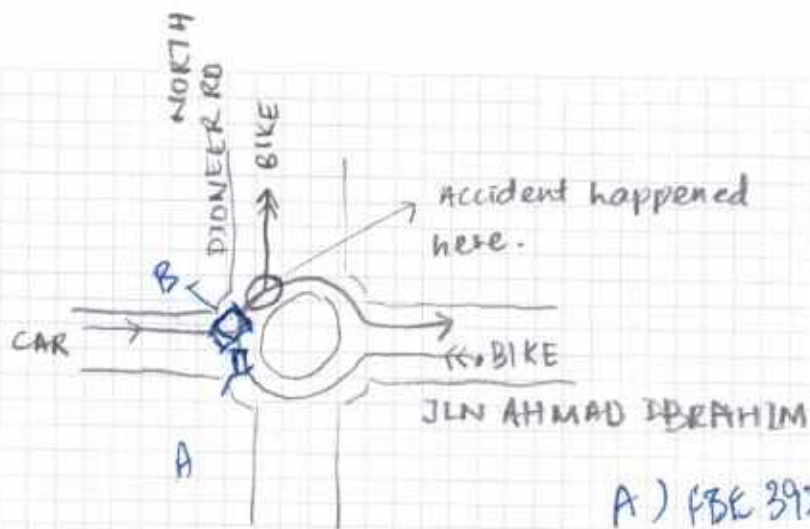
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Reporting Centre Personnel's Signature
Name: Kopa
NRIC/FIN No.: 11

SKETCH PLAN



A) FBE 3924P
B) SXP 3101P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was from AYE ^{Changi} and I exit to Jalan Ahmad Ibrahim to make my way to the Pioneer Roundabout to Pioneer Road North. The car came from Jalan Ahmad Ibrahim towards AYE Changi. I am already at my most outer left lane to make my exit, hence it is my right of way. However the car who was already a little out of his give way line, still chose to proceed despite my warnings as I have already horned at him. He still proceed to go and move off in a result, I swiped on his right side of the rear and fell off my bike on my left. Due to the fall I had suffered minor bruises on my left leg and left knee.

DECLARATION

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

Policyholder's Signature
Date & Time:

Signature 11/09/19 1443 hours
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Signature 11/09/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190912/2166

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20190912/2166

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2019 20:50		Vide Report No.:		Station Diary No.: 513	
Informant's Particulars					
Name of Informant: NADIAH BINTE KHALID			Address: APT BLK 864 JURONG WEST STREET 81 #05-523 SINGAPORE 640864		
ID Type / ID No.: NRIC NO / S9404641F			Contact No.: Home/Office: Mobile: 90717724		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 25	Date of Birth: 07/02/1994	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: SYSTEM PROJECT ENGINEER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/09/2019 18:15	Type of Location: Roundabout
Location: Along Road 1 Traveling Toward Road 2 JALAN AHMAD IBRAHIM PIONEER ROAD NORTH At the 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
FBE3924P	Motorcycle				Slightly Damaged	0
SKP3701B	Car				No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190912/2166

2 of 3

Report No. T/20190912/2166

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

CONTINUATION OF REPORT

Rider			
Name	NADIAH BINTE KHALID		ID No. S9404641F
Related Vehicle	FBE3924P (Motorcycle)		Contact No. 90717724
Hospital/Clinic	FAITH CLINIC (JURONG WEST)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	WONG CHEE CHONG		ID No. S7901528H
Related Vehicle	NIL		Contact No. 97683371
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 10/09/2019 at around 1815hrs, I was on the way home and riding along the roundabout at the exit of AYE when this car (SKP3701B) came out suddenly at the give way line and the left side of my motorcycle had sideswiped against SKP3701B's right rear side of the vehicle (in between right rear passenger door and right rear headlight). I then fell on my left side. SKP3701B then stopped at the chevron at the roundabout and helped to move my motorcycle to the chevron as well. The driver of SKP3701B then attended to me to see if I was alright. The driver and I then exchanged mobile numbers so that I was able to get more information such as his particulars and car plate number from him. The driver and I agreed to settle the matter privately. There was no traffic police or ambulance at the scene at that time. Afterwards, the driver and I proceeded to move off from the location. I then proceeded home first as I did not felt any pain then. However, as I started feeling pain at the left side of my leg, I decided to visit the clinic at around 1900hrs on the same day. I was then given a 2-day MC. I then proceeded to lodge a Notice of Compliance from Nanyang NPC at around 2115hrs.

On 12/09/2019, I then felt pain on the right side of my leg. Therefore, I proceeded to the same clinic again and I was given a 1-day MC. The total number of days of MC was 3 days.

On 12/09/2019 at around 2030hrs, I came to Nanyang NPC again to lodge a police report instead as I needed it for insurances purposes as I felt that the damage on my motorcycle was more than I expected.



**SINGAPORE
POLICE FORCE**



T/20190912/2166

3 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No: T/20190912/2166

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 /

LAY JUN YAN *[Signature]*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

[Signature]

Date/Time:

12/09/2019 20:50

Classification Of Case:

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: (10/09/2019) (DD/MM/YYYY), TIME: (18:15) (HH:MM)

LOCATION: Pioneer Road - Roundabout (Jalan Ahmad Ibrahim / Pioneer Rd North)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE3924P
 b) INSURANCE COMPANY: FWD
 c) POLICY NUMBER: PNMC2018-0000464263
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Yamaha T135 Spark
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: On the way home
 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: MOHAMMED HASIE BEN MD SHAKHAWAT HOSSAIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 594174352 CONTACT: -
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NADIAH BINTE KHALID (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 59404642F CONTACT: 90717774
 c) ADDRESS: JURONG WEST ST 61 RIK 864 #05-523 (640864)

* d) DATE OF BIRTH: (07/02/1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 25/03/2019

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: FRIEND

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: SKP3701P MODEL: _____
 b) DRIVER'S NAME: WONG CHEE CHONG
 c) NRIC/FIN/PASSPORT: 57901528H CONTACT: 9768 3371

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)
(1)

* No of passengers
 (including driver)
(1)

Email = nadiahbintekhalid@gmail.com

VIDEO



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: PNMCM2018-00004263

Plan Name: Third Party

Motorcycle plate number: FBE3924P

Your name (As the policyholder): MOHAMMED HASIF BIN MD SHAKHAWAT HOSSAIN

Coverage start date: 01/10/2018

Coverage end date: 30/09/2019

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.

Finance company: Albert Motors

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

Issued on: 01/10/2018

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA419/20680 Vehicle Registration No: FRE 3928P
Name (as shown in NRIC) : NADIAH BINTA KHALID NRIC/FIN/Passport No : S9404681F
(*Vehicle Driver / Vehicle ☒ Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 90717724
Email Address : _____
Date of Accident : 10/09/2018 Time of Accident : 18:15
Place of Accident : PONKAR Rd Roundabout Towards Ponkar Rd North
Insurance Company: FWD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① T/P Vehicle number To SEP 3701B
- ② To Insure Police Report 1/20180912/2166

[Signature]
Policyholder / Driver's Signature
Date:

[Signature] 18/09/2018
Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.:
Date: