

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 21/10/19	Job description	Date & Time Completed	Done by
Ref No NA/PWD/19018490/13	SAS e-filing		
Veh No: FBE58344	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/10/19 1730	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: ( MOTO 51 Tel: Fax: )

TP Particulars: Veh No: SML 2696 L 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



## 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	21/10/2019 10:03
Date Of Accident	15/10/2019 17:30
Exact Location Of Accident	ALONG YISHUN AVE 7/YISHUN AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF5834Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSMAN BIN ABDUL SAWI
NRIC No	S6922974C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90582770
Alternative Phone No	OTHERS-90582770

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2019-00003666
Cover Note Number	

### Driver

Name of Driver	NUR RADIYANA BINTE MOHD ISMAIL
NRIC No	S9740125Z
Date Of Birth	12/11/1997
Occupation	INDOOR
Date Of Driving Pass	02/01/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-87957632
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 103 LOR 1 TOA PAYAH #07-325
Postcode	310103
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FRIEND'S PARENT
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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191016/2033

#### 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	SML2696L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHAH
NRIC/Passport Number	
Contact Number	83594135
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NUR RADIYANA BINTE MOHD ISMAIL
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBF5834Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	




## 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:

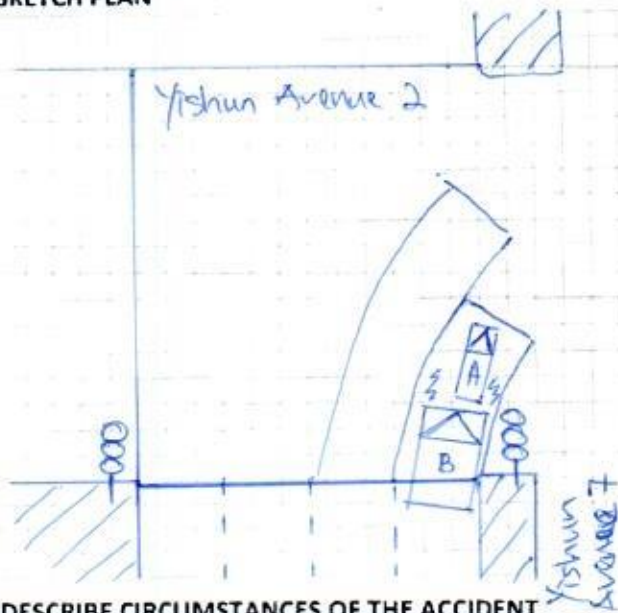
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

 21/10/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



Vehicle A: FBF5834Y  
Vehicle B: SML2696L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Report No: T/20191016/2033

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:

 21/10/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20191016/2033

1 of 4

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20191016/2033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/10/2019 10:00		Vide Report No.: F/20191015/0105		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: NUR RADYANA BINTE MOHD ISMAIL			Address: APT BLK 103 LORONG 1 TOA PAYOH #07-325 SINGAPORE 310103		
ID Type / ID No.: NRIC NO / S9740125Z			Contact No.: Home/Office: Mobile: 87957632		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 21	Date of Birth: 12/11/1997	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name: Nanyang Polytechnic
Occupation: Student			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/10/2019 17:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 YISHUN AVENUE 7 YISHUN AVENUE 2 Along Road 1, junction (right) to Road 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF5834Y	Motorcycle	YAMAHA	T135	Black	Slightly Damaged	0
SML2696L	Car	HONDA	EDIX 2.0 A	Silver	Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20191016/2033

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	NUR RADIYANA BINTE MOHD ISMAIL	ID No.	S9740125Z
Related Vehicle	FBF5834Y (Motorcycle)	Contact No.	87957632
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/10/2019	Date Discharge	15/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	SHAH	ID No.	-
Related Vehicle	SML2696L (Car)	Contact No.	83594135
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 15/10/2019 at about 1730hrs, I was riding my motorcycle FBF5834Y along the left most lane of Yishun Avenue 7. At the junction of Yishun Avenue 2, the traffic light was green and traffic was heavy as there was an accident that had occurred nearby. At the same time, I was about to turn right towards Yishun Avenue 2 and stopped behind a bus. After the bus move off, I move forward and stop at the turning pocket to watch the oncoming traffic from the other side.

Suddenly a car bearing registration, SML2696L came from the rear and hit my motorcycle rear side. I applied my brakes and subsequently fell on the right side. Next I recall, I was under the front undercarriage and the car was slightly inching forward before coming to a stop. Afterwhich the car reverse and I manage to get up on my feet. A traffic police officer nearby came to assist me and ambulance came after.

The driver claimed that he did not see me and claimed that I recklessly applied my brakes to stop. I was later assisted by paramedics and given a police case number by the traffic police officers. My vehicle was also towed and brought back to Traffic Police HQ.

I was advised to lodge a report after seeking medical treatments. I was subsequently conveyed to Khoo Teck Puat Hospital by ambulance and given 5 days MC. I am not sure of the condition of my motorcycle and the vehicle that hit mine. I manage to get the contact number of the driver and will be reporting the matter to my insurance.





**SINGAPORE  
POLICE FORCE**



T/20191016/2033

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Report No. T/20191016/2033

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

<b>Vehicle No.</b>	FBF5834Y	Model / Make	Yamaha T135
Date of Accident	15/10/2019		
Time of Accident	1730	HRS	
Location of Accident	Along Yishun Avenue 7 / Yishun Avenue 2		
Exact purpose use during accident	Private use		
<b>Name of Owner</b>	Rosman Bin Abdul Sawi		
Telephone No.	H/P : 9058 2770	Home :	Office :
NRIC	S6922974C		
Address	BLK 130 Marsiling Rise #03-340 S(730130)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	FWD		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	PNMC 2019 - 00003666		
<b>Name of Driver</b>	As Above If No, Nur Radiyana Binte Mohd Ismail		
NRIC	S9740125Z	Any Passengers : -	
Date of birth	12/11/1997		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	2/1/2019		
Gender	Male / Female		
Contact No.	H/P : 87957632	Home :	Office :
Address	BLK 103 Lorong 1 Tan Payoh #07-3258 (310107)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state friend's parent	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	(If Yes, Who?)	
Name And Contact No.	Nur Radiyana Binte Mohd Ismail 87957632		
Name And Contact No.			
Police Report	No,	(If Yes, Where? Tan Payoh NPC	
<b>Vehicle B No.</b>	SML2696L	Any Passengers : 2	
Name of Driver	Shah	Contact No. : 83594135	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
Witness Name		Witness Contact :	
<b>Accident Portion</b>	Hit on the rear, fall to the right		
<b>Camera Recorder</b>	Yes / (No)		
<b>Email Address</b>	nurradiyana@hotmail.com		
<b>PARTICULAR WORKSHOP</b>	Moto 51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Jacky		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		





## 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: PNMC2019-00003666**

Plan Name: Third Party

Motorcycle plate number: FBF5834Y

Your name (As the policyholder): Rosman Bin Abdul Sawi

Coverage start date: 01/09/2019

Coverage end date: 31/08/2020

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 use 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: 06/08/2019

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