

NATIONAL Assessment Centre Services.

(ver 1 Jan'06)

MANAY/147321

Date In: 07/11/2019 10:07	Job description	Date & Time Completed	Done by
Ref No: N/A/942/9019695/4	SAS e-filing		
Veh No: BP 2657J	E-mail (e-filing 2hrs, AIC 2hrs)		
DOA: 03/10/2019 08:30	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:

SLX 3471M

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: ()

Repairer: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date of Report: ()

Signature: ()

Signature: ()

Signature: ()

Signature: ()

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Signature: ()

MANAY/147322

Driver/Owner:	1) AIL: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect License Coordination \$5	
	TP (NI): TP (NI) INC against INC \$20	
	9) NI: Idea Mobile \$30	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

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	07/11/2019 10:07
Date Of Accident	03/11/2019 08:30
Exact Location Of Accident	ALONG ORCHARD RD IN FRONT OF FAR EAST SHOPPING CTR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP2657J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAHRIL BIN DENIYAL
NRIC No	S9028962D
Email Address	SHAHRIL.DENIYAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91126023
Alternative Phone No	OTHERS-91126023

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF4J-399CC
Exact Purpose for which vehicle was being used at time of accident	HEADING HOME
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

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2019TR00800

Driver

Name of Driver	MUHAMMAD SHAHRIL BIN DENIYAL
NRIC No	S9028962D
Date Of Birth	15/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91126023
Fax Number	
Contact Number	OTHERS-91126023
Email Address	SHAHRIL.DENIYAL@GMAIL.COM

Address	BLK 346 CLEMENTI AVENUE 5 #02-28
Postcode	120346
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

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)	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 SKETCH PLAN

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	SLN3471M
Vehicle Make/Model/Colour	MERCEDES BENZ CLA180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HUANG YILUN
NRIC/Passport Number	S8315825E
Contact Number	98360264
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: 6/4/14 1730

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/4/14 1730

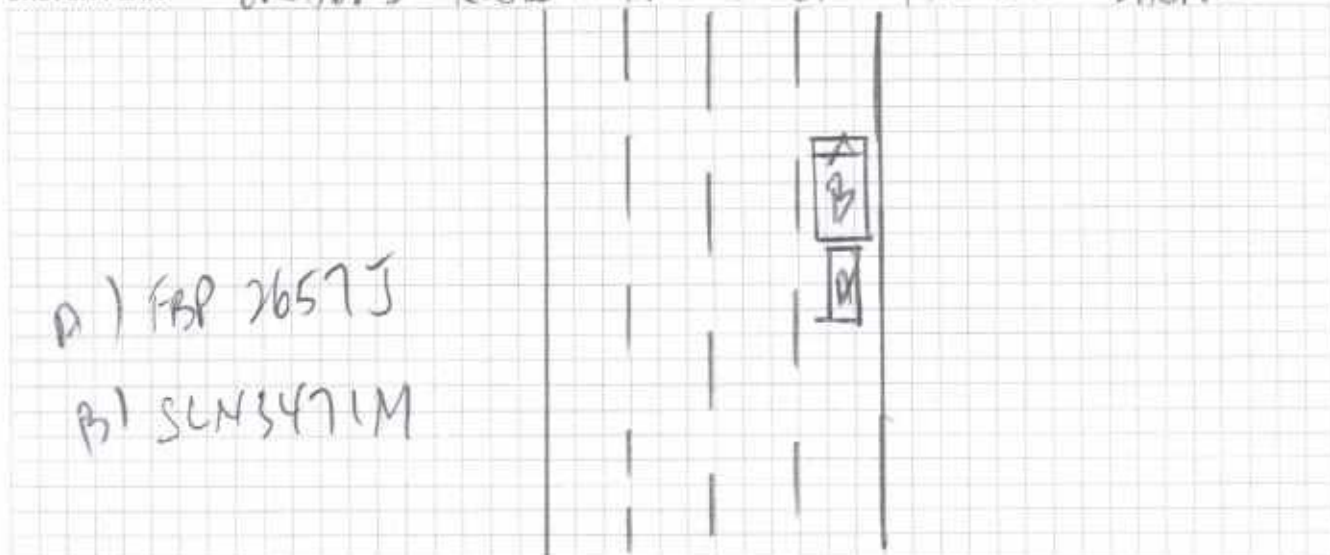
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ORCHARD ROAD IN FRONT OF FAR EAST SHOPPING CENTRE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MORNING OF 3/11/19, WAS HEADING HOME FROM BREAKFAST @ McDONALDS. I WAS RIDING ALONG ORCHARD ROAD FROM FORUM. I WAS RIDING AT 60-65 KM/H, AS I WAS RIDING, THE TRAFFIC LIGHT TURN EMERALD AND I HAD TROUBLE STOPPING THE BIKE AS THE ROAD SURFACE WAS KINDA SANDY. I ONLY MANAGE TO STOP THE BIKE WHEN IT HIT THE REAR BUMPER OF VEHICLE SLN3471M. PICTURES WERE TAKEN AND THE REAR BUMPER WASN'T DENTED.

DECLARATION

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

Policyholder's Signature
Date & Time: 11/11/19 1730

Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/11/19 1730

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

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 11 / 19) (DD/MM/YYYY), TIME: (08:30) (HH:MM)

LOCATION: Along Orchard Rd, in front of Far East Shopping Centre

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F8P 2657J
 b) INSURANCE COMPANY: GREAT AMERICAN Insurance Company
 c) POLICY NUMBER: MT 2019TR 00800
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CB400SF4J M
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING HOUR
 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: MUHAMMAD SHAHRIAL BIN DENYAL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: E10289620 CONTACT: 91126023
 c) ADDRESS: BLK 346 CLEMENT AVE S #02-28
SC120346

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (15/08/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 21.10.17

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 CLEAR)

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: SGM 8N 3471 M MODEL: CLA 180 MBR

b) DRIVER'S NAME: HUANG YILIN

c) NRIC/FIN/PASSPORT: S8315825 B CONTACT: 98360264

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = shahri. denyal@gmail.com

VIDEO



GREAT AMERICAN INSURANCE COMPANY
 UEN: T15FC0229B GST REG. NO.: M90070081T
 3 TEMASEK AVENUE, #15-01 CENTENNIAL TOWER
 SINGAPORE 039190
 TEL: +65 6804 6000
 FAX: +65 6235 2616

MOTOR COVER NOTE: MT2019TR00800

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: MUHAMMAD SHAHRIL BIN DENYAL
Insured NRIC/Passport No/ Roc	: S60286620
Named Rider	: N/A
Policy Coverage	: THIRD PARTY ONLY
Make And Description Of Vehicle	: HONDA / CB400SF4 J-M
Vehicle Registration No.	: FBP2657J
Year Of Manufacture	: 2004
Engine No.	: NC23E2066849
Chassis No.	: NC391056601
Engine Capacity	: 399
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 01/08/2019 TO: 31/07/2020
Excess (S\$)	: Section I N/A
Optional Benefits	: N/A
Authorised Workshop	: BAN HOCK HIN CO. PTE LTD 2ND & DEER LANE 4 SINGAPORE 536410

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
 Authorised Signatory

Date of Issue : 01/08/2019 18:04 hrs

Intermediary : TENA RISK SOLUTIONS PTE LTD

MTRC COVER NOTE/V01/15

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 : MAY19147331 Vehicle Registration No: FBP2657J

Name (as shown in NRIC) MUHAMMAD SHAHRIL BIN DEAN/02 NRIC/FIN/Passport No : S902P9620

(*Vehicle Driver / Vehicle ☒ Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : 91126023

Email Address : _____

Date of Accident : 03/11/2019 Time of Accident : 08:30

Place of Accident : March Cleared Rd Infront of FAR EAST SPRAY CR

Insurance Company : General American

(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:

DATE OF ACCIDENT TO 03/11/2019

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.: 123456789
Date: 07/11/2019