

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MLA 19N7368-a

Date In: 7/11/19-10:51	Job description	Date & Time Completed	Done by
Ref No: 16/FWD921920124	SAS e-filing		
Veh No: FSP97996	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 4/11/19-19:12	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: (

Tel:

Fax:

TP Particulars:

Veh No: J66939J

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

NA 190881	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QN*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	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 10:51
Date Of Accident	04/11/2019 19:10
Exact Location Of Accident	JUNC CLEMENCEAU AVE & MERCHANT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP9799L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AZFAR BIN AZMI
NRIC No	S9212289A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92316790
Alternative Phone No	OFFICE-92316790

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A CVT ABS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2019-00003141
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AZFAR BIN AZMI
NRIC No	S9212289A
Date Of Birth	09/04/1992
Occupation	INDOOR
Date Of Driving Pass	16/01/2014
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92316790
Fax Number	
Contact Number	OFFICE-92316790
EMail Address	NOEMAIL

Address	BLK 738 WOODLANDS CRICLE #04-385
Postcode	730738
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : HELENA BTE IDRIS GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191105/2120.

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	SLE6939J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD AZFAR BIN AZMI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBP9799L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name HELENA BTE IDRIS

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBP9799L

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.

X 

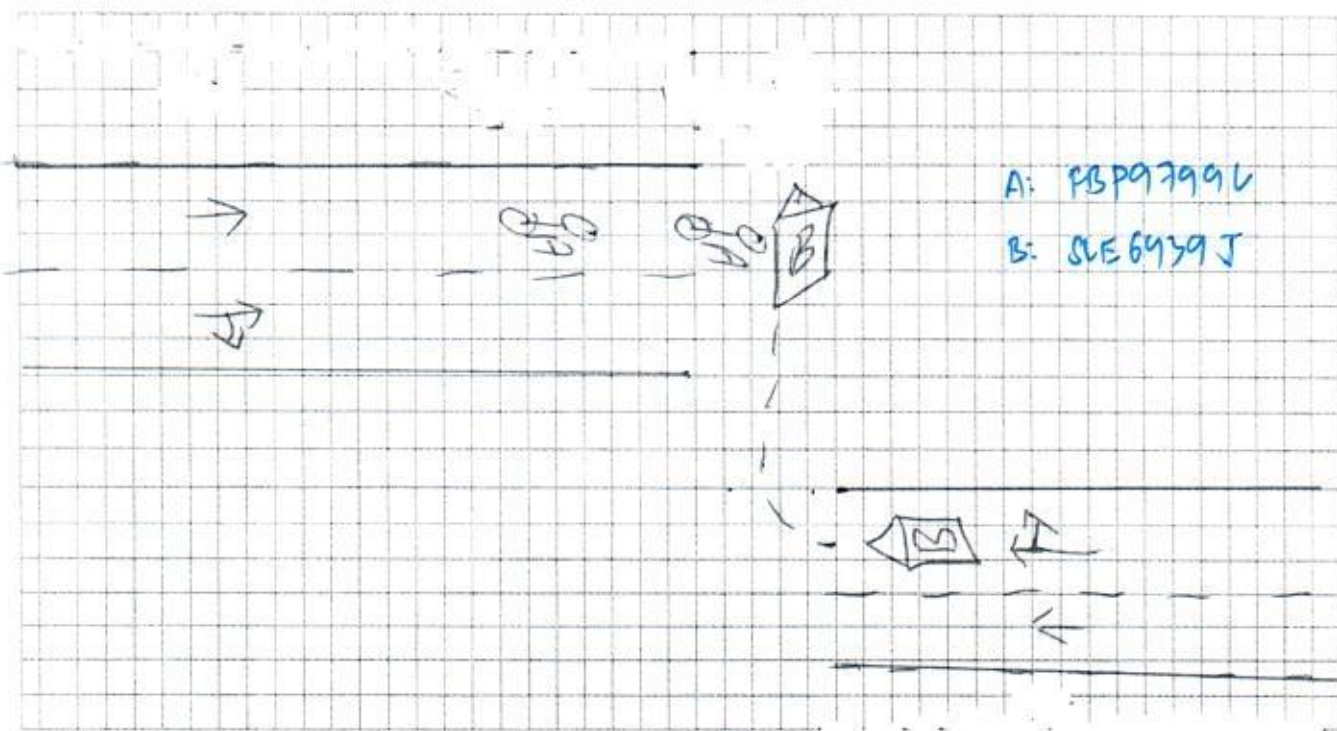
Policyholder's Signature
Date & Time :

X 

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



Reporting Centre Personnel's Signature
Name :
NRIC / Fin No :



A: PBP9799L
B: SE6939J

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/2019/105/2/20

DECLARATION

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

x *Ask*
Policyholder's Signature Date
& Time:

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

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

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 04 / 11 / 2019 (dd/mm/yy) Time of Accident: 19 : 10 (24-HR-FORMAT)

Vehicle No.: FBP 9799L Vehicle Make & Model: _____

Exact location of Accident: CLEMENCEAU AVE X MERCHANT RD

Policyholder's Name / IC No.: MUHAMMAD AZFAR BIN AZMI S 9212289A

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 92316790 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: FWD

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 02

***Passanger Name:** _____ **Gender:** Male / Female ***Passanger Name:** _____
Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: FBP 9799L

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: TP - 10 UBI AVE 3

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SLE 6939L

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



SINGAPORE POLICE FORCE



T/20191105/2120

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20191105/2120

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/11/2019 16:51	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD AZFAR BIN AZMI			Address: 738 WOODLANDS CIRCLE #04-385 SINGAPORE 730738	
ID Type / ID No.: NRIC NO / S9212289A			Contact No.: Home/Office: Mobile: 92316790	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 27	Date of Birth: 09/04/1992	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: PROCESS TECHNICIAN			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/11/2019 19:10	Type of Location: T-Junction
Location: Along Road 1 CLEMENCEAU AVENUE CLEMENCEAU AVE X MERCHANT RD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP9799L	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Black		0
SLE6939J	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191105/2120

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP9799L	FWD Singapore Pte. Ltd	PNMC2019-00003141	08/07/2019	07/07/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	CHEW HENG SONG		ID No.	S6831463A
Related Vehicle	NIL		Contact No.	90041770
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	
Rider				
Name	MUHAMMAD AZFAR BIN AZMI		ID No.	S9212289A
Related Vehicle	NIL		Contact No.	92316790
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/11/2019	Date Discharge	05/11/2019	
No. of Days granted Medical Leave	07	Degree of Injury	NIL	
Pillion				
Name	HELENA BTE IDRIS		ID No.	S9544230G
Related Vehicle	NIL		Contact No.	88213305
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/11/2019	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	



**SINGAPORE
POLICE FORCE**



T/20191105/2120

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 4

Report No. T/20191105/2120

CONTINUATION OF REPORT

Brief Details.

ON STATED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG CLEMENCEAU AVE TOWARDS CTE. I WAS ON THE EXTREME LEFT LANE, SPEED AT 50KM/HR UPON APPROACHING THE T-JUNCTION OF MERCHANT RD THE LIGHT WAS IN MY FAVOUR, GREEN. SUDDENLY A CAR FROM THE OPPOSITE SIDE AT THE POCKET SAW ME APPROACHING. HE ACCELERATE. I APPLY E-BRAKE AND HORN TO WARN HIM BUT FAIL TO GET DRIVER ATTENTION AND COLLISION IS OCCURRED. I GOT MULTIPLE INJURY, HEAD SMASH ON THE LEFT WINDSHIELD OF THE CAR, RIGHT ARM, LEFT CALF, RIGHT KNEE, IMPACT TO LEFT LOWER RIB, WHIPLASH OF THE NECK AND IMPACT TO THE LOWER BACK. PILLION WAS FLUNG FORWARD ON THE RIGHT SIDE OF THE CAR BOOT. THE IMPACT WAS TOO HARD THE KNEE FRACTURE, WHIPLASH OF THE NECK AND IMPACT TO THE LOWER BACK.



**SINGAPORE
POLICE FORCE**



T/20191105/2120

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

4 of 4

Report No. T/20191105/2120

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:

TP /

MUHAMMAD SYUKRI BIN ZAINI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

05/11/2019 16:51

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 

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 : MNA 119147362 Vehicle Registration No: FBP 9799L
Name(as shown in NRIC) : Muhammad Azfar Bin Azmi NRIC/FIN/Passport No : S9212289A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Bic 732 Woodlands Circle #04-385 Singapore(730738)
Contact (Tel) : 92316790 Mobile No. : _____
Email Address : _____
Date of Accident : 4/1/2019 Time of Accident : 19:10
Place of Accident : Junc Clemeanceau Ave & Marchant rd
Insurance Company: FWD Singapore Pte Ltd

(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:

Amend 3rd party car plate prefix to SLE 6939J
according to police report

Azfar
Policyholder / Driver's Signature
Date:

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



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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: PNM2019-00003141

Plan Name: Third Party Fire & Theft

Motorcycle plate number: FBP9799L

Your name (As the policyholder): Muhammad Azfar Bin Azmi

Coverage start date: 08/07/2019

Coverage end date: 07/07/2020

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.

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

Issued on: 07/07/2019

A. Bhatia

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.

FWD Singapore Pte. Ltd. 6 Temasek Boulevard, # 18-01 Suntec Tower A, Singapore 038996. T: (65) 6820 8888. Company Registration No. 200506737H | www.fwd.com.sg
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YOUR THIRD PARTY FIRE & THEFT MOTORCYCLE INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.

