

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MHA119 159270**

Date In: 21/11/05	Job description	Date & Time Completed	Done by
Ref No: NA1508989	SAS e-filing		
Veh No: 62646VR	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/11/05-07:15	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: 62646VR	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

Invoice Preparation Checklist

Am't (\$)

Inc Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Date 1:

Date 2/3:

- 1) AR : Accident Reporting (\$30);
- 2) DA : Damage Assessment (\$100); INC (\$80)
- 3) TP : Towing Fee \$40/\$45
- 4) FT : Follow-Through Survey \$120
- 5) FT : Follow-Through Survey (Resurvey) \$30
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:-
- 9) N12 : Idac 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	02/12/2019 17:41
Date Of Accident	29/11/2019 07:15
Exact Location Of Accident	WOODLANDS AVE 12 TWDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9672A
Insured/Policyholder	
Name Of Registered Owner	ABDUL SAHAR BIN ABU BAKAR
NRIC No	S6804266F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82283308
Alternative Phone No	OFFICE-82283308

Vehicle Particulars

Manufacturer	HONDA
Model	CBR600RR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNMC2019-00000055
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AIMAN BIN ABDUL SAHAR
NRIC No	S9542051F
Date Of Birth	21/11/1995
Occupation	INDOOR
Date Of Driving Pass	24/08/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82283308
Fax Number	
Contact Number	OFFICE-82283308
EMail Address	NOEMAIL

Address	BLK 788 WOODLANDS AVENUE 6 #04-619
Postcode	730788
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	3
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191129/2116.

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	GZ6462R
Vehicle Make/Model/Colour	
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLJ8355D
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 AIMAN BIN ABDUL SAHAR
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBJ9672A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
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

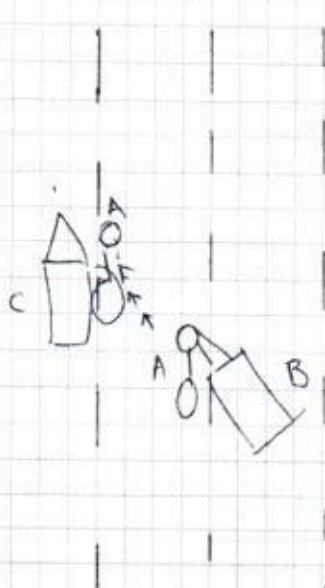
Policyholder's Signature
Date & Time :

x

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



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



A) FBJ9672A

B) GZ6462R

C) SLJ 8355D

Woodlands Avenue is Towards SLE
(Before SLE EXIT)

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report T/20191129/2116

DECLARATION

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

X

Policyholder's Signature Date
& Time:

X *As*

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: 29 / 11 / 2019 (dd/mm/yy) Time of Accident: 07 : 15 (24-HR-FORMAT)
Vehicle No.: FBJ 9672A Vehicle Make & Model: Honda CBR600E
Exact location of Accident: Woodlands Ave 12 Towards SLE (Before SLE Exit)
Policyholder's Name / IC No.: Abdul Sahar Bin Abu Bakar 36804266F
Driver's Name / IC No.: Muhammad Aiman Bin Abdul Sahar 89542051F (As Above) ☐
Driver's Contact No.: 82283308 Company Contact No (Company Veh Only): _____
Driver's Address: _____
Email address: msgroupoffice@gmail.com 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?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

***No. of Passengers (Including Driver):** 1

☒ Private use / ☐ Work purpose

***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: Muhammad Aiman Bin Abdul Sahar

Injuries Sustain: Whole Body

Injured Person in Which Vehicle: FBJ 9672A

Police Report filed:

☒ Yes / ☐ No

(If YES) Which Police Station: Ang Mo Kio North N.P.C

The Other Party(s) Details:

1. Driver's Name / IC No: _____

Vehicle No: G2646JR

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/20191129/2116

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 4

Report No. T/20191129/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2019 15:56	Vide Report No.:	Station Diary No.: 37
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Informant's Particulars

Name of Informant: MUHAMMAD AIMAN BIN ABDUL SAHAR			Address: APT BLK 788 WOODLANDS AVENUE 6 #04-619 SINGAPORE 730788		
ID Type / ID No.: NRIC NO / S9542051F			Contact No.: Home/Office: Mobile: 82283308		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 21/11/1995	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/11/2019 07:15	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 12 towards SLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBJ9672A	Motorcycle				Slightly Damaged	0
GZ6462R	Lorry				Slightly Damaged	4
SLJ8355D	Car				Slightly Damaged	0



Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AIMAN BIN ABDUL SAHAR	ID No.	S9542051F
Related Vehicle	FBJ9672A (Motorcycle)	Contact No.	82283308
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	29/11/2019	Date Discharge	29/11/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Driver			
Name	Vijayaragavan Mahadevan	ID No.	G8259203U
Related Vehicle	GZ6462R (Lorry)	Contact No.	NIL
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
Driver			
Name	Chew Siong Kiat	ID No.	S0146614C
Related Vehicle	SLJ8355D (Car)	Contact No.	NIL
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 29/11/2019 at about 0715hrs, I was riding my bike (FBJ967A) in the centre lane of Woodlands Avenue 12 towards SLE when suddenly I was hit by the lorry (GZ6462R) who was coming into my lane from my right lane. The hit made me swerve to the left and hit onto the car (SLJ8355D) who was driving on my left. Upon hitting the car, I dropped from my bike and my bike went further eventually coming to a stop. After a while, I was able to stand up and move to the pavement. Thereafter, ambulance came and treated me. The ambulance did not convey me and told me to seek medical attention. Then, we exchanged particulars with each other and asses the damages. My bike suffered scratches on both sides and as well as a crack on my faring on the right side. The car suffered a dent on the right side of the



**SINGAPORE
POLICE FORCE**



T/20191129/2116

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20191129/2116

CONTINUATION OF REPORT

passenger door. The lorry had its left footrest damaged.



**SINGAPORE
POLICE FORCE**



T/20191129/2116

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Report No. T/20191129/2116

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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:

F /

SC2 MOHAMED ABDUL RAHMAN S/O
SULTAN KABEER

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

29/11/2019 15:56

Classification Of Case:

Authentication Stamp

NP168



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: PNMC2019-00000055

Plan Name: Comprehensive

Motorcycle plate number: FBJ9672A

Your name (As the policyholder): Abdul Sahar Bin Abu Bakar

Coverage start date: 14/01/2019

Coverage end date: 13/01/2020

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: 08/12/2018

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