

NATIONAL Assessment Centre Services

[ver 1 Jan 2019]

MMA 119170443

Date In: 27/12/19 17:11	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/ GAZ 19022797164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FBL 8281R	I-Motor Claim Form		
DATE: 2/12/19 19:30	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP / IP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: 5GJ 4000M	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: ()

Remarks: (INC Ref: 67886616)	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 2000014	Invoice Preparation Checklist	Amount (\$)	Added (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	20.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)	20.00	
Contact No:	3) TP: 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 (ver 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + EMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	27/12/2019 17:11
Date Of Accident	02/12/2019 19:30
Exact Location Of Accident	HILL STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8281R
Insured/Policyholder	
Name Of Registered Owner	ZOOLFADLY BIN MAHAT
NRIC No	SXXXX084J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97949325
Alternative Phone No	OFFICE-97949325

Vehicle Particulars

Manufacturer	HONDA
Model	CB400 SF MANUAL
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	-
Cover Note Number	MT2019TR00299

Driver

Name of Driver	ZOOLFADLY BIN MAHAT
NRIC No	SXXXX084J
Date Of Birth	06/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97949325
Fax Number	
Contact Number	OFFICE-97949325
Email Address	NOEMAIL

Address	BLK 102B CANBERRA ST #14-101
Postcode	752102
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	AFTER RAINED
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?	
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

REFER TO STATEMENT.

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	SGJ4000M
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)	

SKETCH PLAN

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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:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding my bike along Hill street on the 3rd lane ,

Suddenly veh B from the 2nd lane cut into my

lane and he jammed brake due to another bus

cut in from the 4th lane into 3rd lane. as the

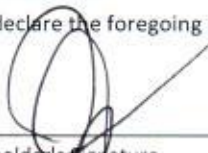
result , I brake my bike but due to wet road

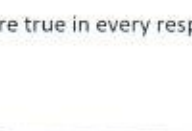
surface, my bike lightly slightly touch onto veh B

rear portion.

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:


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

ACCIDENT STATEMENT

ACCIDENT DATE: (2 / 12 / 19) (DD/MM/YYYY), TIME: (19 : 30) (HH:MM)

LOCATION: Hill Street

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB2829LR
b) INSURANCE COMPANY: Great American
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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: Zodfadly Bin Mahat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9794 9325
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

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

*d) DATE OF BIRTH: (____ / ____ / ____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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 After A Rain)
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: SGJ 4000 M. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

()
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

* CI

1) EMAIL : zodfadlymahat17@gmail.com
2) VIDEO : No.



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

Our Ref: CLMOMVM000000541
Your Ref: FBL8281R

17/12/2019

Zooifadly Bin Mahat
Blk 321 Sembawang Close
#08-275
Singapore 750321

ACCIDENT INVOLVING FBL8281R (OI) alleged to hit SGJ4000M ON 02/12/2019

Dear Sir/Mdm,

We have been informed that the above-mentioned accident (the "**Accident**") has occurred, and we have received a claim (the "**Claim**") for property damage ~~and/or personal injury~~ against you, the driver and/or the hirer of Vehicle No. FBL8281R which is insured with us (the "**Insured Vehicle**").

Our records show that you, the driver and/or the hirer of the Insured Vehicle have yet to report the Accident. Failure to report the Accident would be a breach of General Condition 3 of the Motor Policy which requires the Insured to report an accident within 24 hours or by the next working day. You may have good reasons for failing to report the Accident for which you may wish to provide an explanation for our review.

In order for us to handle the Claim on your behalf, please proceed to any of our authorized Accident Reporting Centres, a list of which can be found in your Certificate of Insurance, to complete the Singapore Accident Statement form and extend a copy to our office. If applicable, please also provide us with a copy of any police report that may have been made in connection with the Accident.

Unless you provide the Singapore Accident Statement form (and any police report) within 5 business days from the date of this letter, and render all necessary co-operation to our office in dealing with the Claim, we shall take it that you do not wish to be assisted by us, in which event the Claim and all other third party claims whatsoever arising from the Accident will be directed to you to handle. Further, if we are required by the relevant legislation to satisfy any judgment, we reserve the right to recover against you.

Pending receipt of the above-mentioned documents, we reserve all our rights under the policy and at common law. Please contact our office should you require any clarification.

Please note that a police report is required by law if the Accident resulted in personal injury, damage to government property or foreign vehicle(s) or if it was a 'Hit and Run' case.

Yours Sincerely,

Claims Department
Great American Insurance Company

CC Tena Risk Solutions Pte Ltd

This is a computer generated document. No signature is required.
sng2

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

MOTOR COVER NOTE: MT2019TR00299

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	: ZOOIFADLY BIN MAHAT
Insured NRIC/Passport No/ Roc	: S7677084J
Named Rider	: N/A
Policy Coverage	: THIRD PARTY, FIRE & THEFT (FOR FOOD DELIVERY SERVICE)
Make And Description Of Vehicle	: HONDA / CB400SF MANUAL
Vehicle Registration No.	: FBL8281R
Year Of Manufacture	: 2016
Engine No.	: NC42E1206010
Chassis No.	: NC421801462
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: 03/04/2019 TO: 02/04/2020
Excess (S\$)	: Section I S\$450.00
Optional Benefits	: N/A
Authorised Workshop	: DE XING MOTOR PTE LTD

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 : 25/03/2019 13:55 hrs

Intermediary : TENA RISK SOLUTIONS PTE LTD
MTR/COVERNOTE/V01/I5