

NATIONAL Assessment Centre Services

[wef 1 Jan 05] MNA 20008507

Date In: 15/12/04 15:57	Job description	Date & Time Completed	Done by
Ref No: NA/ 9A2200012674	SAS e-filing		
Veh No: FBK5603X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 16/12/04 18:50	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: 60369310E	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 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

NA2000626

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	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:-			
	Q1)*			
	*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-on INC) against INC \$20			
	9) N12: Idac Mobile 30			
	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		

Auditors' Comments:-

Lat. 1:

Lat. 2 / 3:

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	18/01/2020 15:57
Date Of Accident	16/01/2020 18:50
Exact Location Of Accident	KAKI BUKIT RD 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5603X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAHMI BIN AZMI
NRIC No	SXXXX507F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84187825
Alternative Phone No	OFFICE-84187825

Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZX636F
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVM00002741-01-000
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAHMI BIN AZMI
NRIC No	SXXXX507F
Date Of Birth	21/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	11/04/2018
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84187825
Fax Number	
Contact Number	OFFICE-84187825
Email Address	NOEMAIL

Address	BLK 368 TAMPINES STREET 34 #01-59
Postcode	520368
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 ON COLLISION
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: : NUR ATIKA BINTE LEMAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20200117/7032.

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	GBG9310K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HLA NAING OO
NRIC/Passport Number	GXXXX775R
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FAHMI BIN AZMI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBK5603X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NUR ATIKA BINTE LEMAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBK5603X

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:

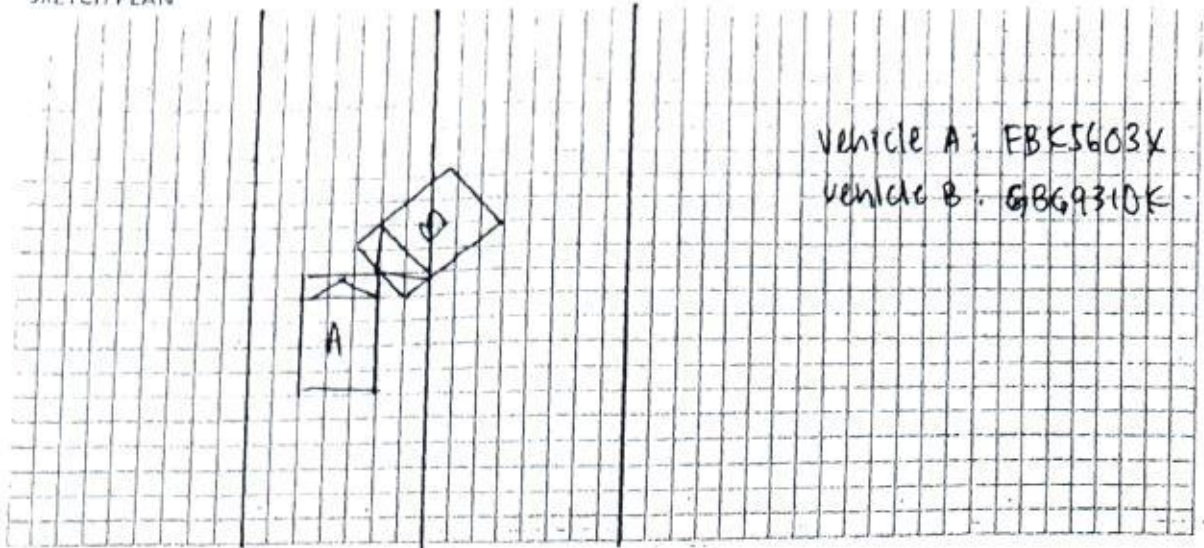
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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


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

SKETCH PLAN



Vehicle A: FBK5603X

Vehicle B: GBG9310E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT ATTACHED.

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.:

Date of Accident: 16/01/2020 Accident Time: 1850 (24-HR-Format)
 Accident Place: KALI BUKIT ROAD 3
 Vehicle Reg. No. (Car Plate No.): FBK 5603 X
 Vehicle Make/Model: KAWASAKI NINJA
 Insurance Company: _____ Policy No.: _____
 Owner or Company Name / IC No.: MUHAMMAD FAHMI BIN AZMI S9039507F
 Owner or Company Contact No.: 348 7325 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No.: AS ABOVE
 DRIVER'S Date Of Birth: 21/10/1990 DRIVER'S License Pass Date _____
 Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address: BK 360 TAMPINES ST 34 #01-59
570360
 DRIVER'S Contact No. / Alt No.: 1) _____ 2) _____
 DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address: ADMIN@MY CAR . SG
 Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 02 01 X FEMALE
NU2 AFKA BINTI IRMAN.
 Was there any video Captured by car camera: YES NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No.: 6B6 9310K
 Vehicle Make/Model: VAI
 Name Driver: HLA NAI NG OO
 IC No. Driver: 9817677R
 Driver's Contact & Add: _____

Vehicle Reg. No.: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____



**SINGAPORE
POLICE FORCE**



G/20200117/7032

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POLICE REPORT (NP299)

Report No. G/20200117/7032

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 17/01/2020 14:17	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD FAHMI BIN AZMI	Address APT BLK 368 TAMPINES STREET 34 #01-59 SINGAPORE 520368	
ID Type / ID No. NRIC NO / S9039507F	Contact No. Home/Office: Mobile: 84187825	
Nationality SINGAPORE CITIZEN	Email Address ikaahmy@hotmail.com	
Occupation Logistic Driver	Sex Male	Age 29
Institution/School Name	Date of Birth 21/10/1990	Race Malay
Date/Time Of Incident 16/01/2020 18:20 - 16/01/2020 18:50	Location Of Incident KAKI BUKIT ROAD 3	

Brief details.

Was riding my motorcycle (FBK5603X) along kaki bukit road 3, a van (GBG9310K) from oncoming traffic suddenly turn into the yellow box without stopping to check if the road is clear before proceeding. I tried to avoid upon the van's sudden appearance from the yellow box, but failed and the van hit directly onto my wife's right leg (pillion). I quickly pulled over to the side as my wife was groaning in pain. I quickly called the ambulance as my wife could not move her leg at the moment. Passerby who was there approached and I immediately ask them to help to find the van driver as I was attending to my wife, as the driver did not pull over immediately after hitting my wife. He continued to drive into the industrial

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2020 14:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20200117/7032

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200117/7032

building. Due to shock, I did not manage to exchange contact with the witness but manage to exchange particulars with the van driver. However there is a footage that the Traffic police officer took from the van's camera. Traffic Case report no. is G/20200116/0169, TP IO Rizwan.

Subjects Involved				
Suspect				
Person Name	HLA NAING OO			
ID Type	FIN NO	ID No	G8176775R	
Gender	Male	Age	40-42	
Language	English	Attire Last Worn	Daikin uniform	
Victim				
Person Name	MUHAMMAD FAHMI BIN AZMI			
ID Type	NRIC NO	ID No	S9039507F	
Gender	Male	Age	29	
Race	Malay	Language	English	
Occupation	Logistic Driver	Address Type		
Address	APT BLK 368 TAMPINES STREET 34 #01-59 SINGAPORE 520368		Mobile No	84187825
Is Informant A Victim?	Yes			
Person Name Nur Atika Binte Leman				
ID Type	NRIC NO	ID No	S9322987H	
Gender	Female	Age	27	
Signature Of Officer Recording The Report:		Signature Of Informant:		
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter:		Date/Time:		
Not applicable		17/01/2020 14:17		
Officer In-Charge Of Case:		Classification Of Case:		
Authentication Stamp				



**SINGAPORE
POLICE FORCE**



G/20200117/7032

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200117/7032

Race	Malay	Language	English
Occupation	Other administrative and related associate professionals nec	Address	368 Tampines street 34 ##01- 59 SINGAPORE 520368
Mobile No	88235209	Relation To Informant	Spouse
Person Name	MUHAMMAD FAHMI BIN AZMI (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:
The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:
17/01/2020 14:17

Classification Of Case:

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) Road Transport (Amendment) Act, 2019 (Malaysia)

Policy Details

Certificate Number	: MOMVM000002741-01-000	Cover	: Motor Cycle (Third Party Fire & Theft)
Policyholder Name	: Muhammad Fahmi Bin Azmi	Chassis Number	: JKBZX636EFA014894
NCD Entitlement	: 10% No Claim Discount	Engine Number	: ZX636EE012477
Hire Purchase	: DE XING MOTOR PTE. LTD.	Registration Number	: FBK5603X
Period of Insurance	: From 09/10/2019 (00:00) To 08/10/2020 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Primary Rider
- b) Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade of business
- d) Use for any purpose in connection with Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

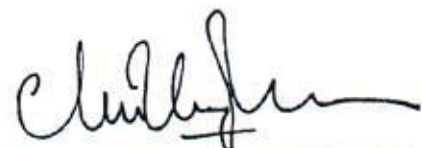
Excess (Section 1)	: SGD 500.00 - including Fire & Theft outside Singapore
Excess (Section 2)	: N/A

Driver Details

Primary Rider	: Muhammad Fahmi Bin Azmi
Named Rider 1	: N/A
Named Rider 2	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	: 05/11/2019

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of
Great American Insurance Company



Authorised Signatory
pong