

NATIONAL Assessment Centre Services

[Ref: 28100]

MNA/20012289

Date In: 28/01/2020 16:13	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/00120001534/PL4P	E-mail (e-filing 3hrs, AIC 3hrs)		
Veh No: FBQ47620	I-Motor Claim Form		
IP No: 2201/2020 14:45	I-Motor W/O (within OD 2hrs, TP 4hrs)		
IP: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
IP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
IP Particulars:	Veh No: SHB 761SA	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 repoter.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	INC () / Non-INC ()	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	Action

Claimant's Particulars:	Invoice Preparation Checklist:	AM (5)	AM (5)
Driver/Owner:	1) AR: Accident Reporting (\$30):	30.20	
Contact No:	2) DA: Damage Assessment (\$100):	INC (\$100)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming assist: INC Only (wef 10 Jan 2020)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (5% INC) against INC \$20		
	9) N12: Idao 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	28/01/2020 16:13
Date Of Accident	22/01/2020 14:45
Exact Location Of Accident	ALONG RD 1 NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4762U
Insured/Policyholder	
Name Of Registered Owner	YAT YUEN HONG CO LTD
Co Reg No	1XXXXX067E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96385641
Alternative Phone No	OFFICE-62928181

Vehicle Particulars

Manufacturer	YAMAHA
Model	YS 125
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110170931900
Cover Note Number	

Driver

Name of Driver	ZAINI BIN SABAN
NRIC No	SXXXX791G
Date Of Birth	12/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1994
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96385641
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 268 BUKIT BATOK EAST AVE 4 #08-246
Postcode	650268
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20200123/2045

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	SHB7615A
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	ZAINI BIN SABAN
Approximate Age	62
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBQ4762U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 268 BUKIT BATOK EAST AVE 4 #08-246 S650268
Postcode	650268

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.

YAT YUEN HON'S COMPANY LIMITED
300 BEACH ROAD #41-00
THE CONCOURSE
SINGAPORE 199555

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

Along Road 1
Newton CIRCUS.

AS per attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. T/20200123/2045. attached.

DECLARATION

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

YAT YUEN HONG COMPANY LIMITED
300 BEACH ROAD #41-00
THE CONCOURSE
SINGAPORE 199555

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.:

Along Road 1

Google Maps

Newton Circus

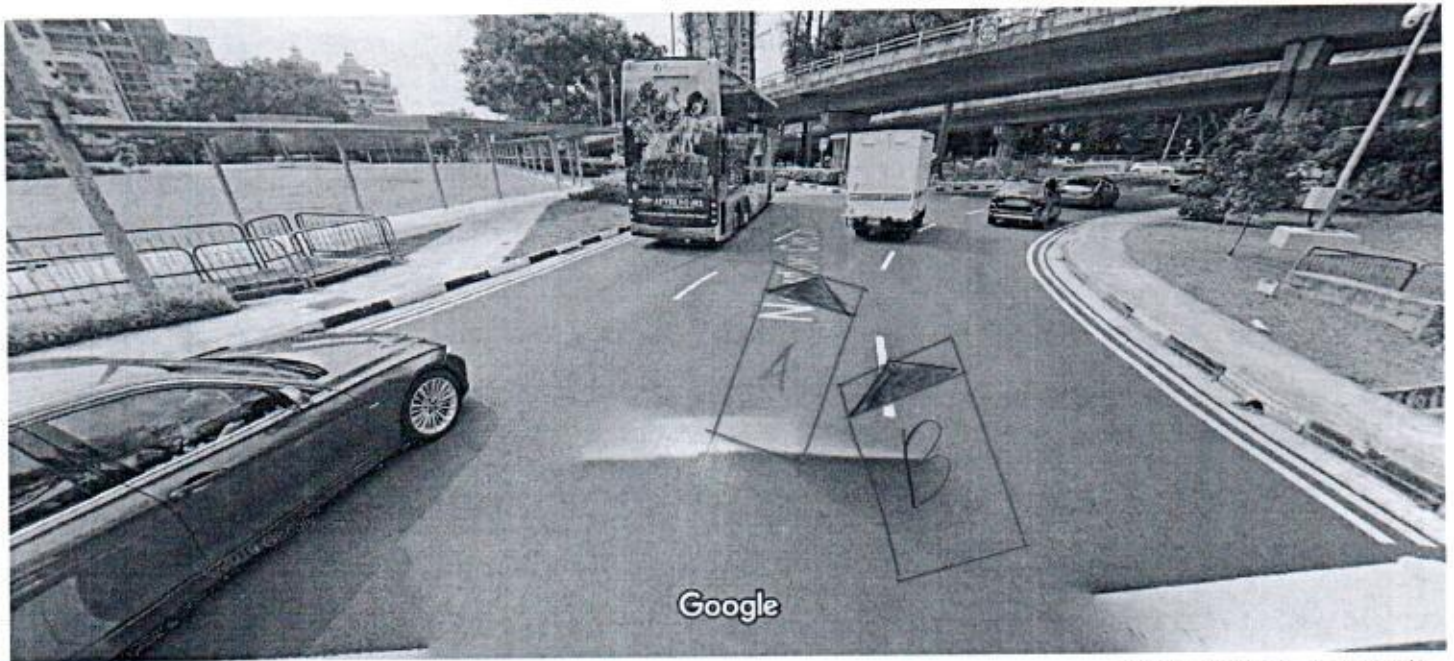


Image capture: May 2019 © 2020 Google

Singapore

Google

Street View



YAT YUEN HON'S COMPANY LIMITED
500 BEACH ROAD #41-00
THE CONCOURSE
SINGAPORE 199555



**SINGAPORE
POLICE FORCE**



T/20200123/2045

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20200123/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2020 11:49	Vide Report No.: E/20200122/0089	Station Diary No.: 58
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Informant's Particulars

Name of Informant: ZAINI BIN SABAN			Address: APT BLK 268 BUKIT BATOK EAST AVENUE 4 #08-246 SINGAPORE 650268		
ID Type / ID No.: NRIC NO / S1239791G			Contact No.: Home/Office: Mobile: 96385641		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 62	Date of Birth: 12/10/1957	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/01/2020 14:45	Type of Location: Roundabout
Location: Along Road 1 NEWTON CIRCUS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4762U	Motorcycle	YAMAHA	RS-125	Red		0
SHB7615A	Taxi	TOYOTA		Red		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200123/2045

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

2 of 3

Report No. T/20200123/2045

CONTINUATION OF REPORT

Rider			
Name	ZAINI BIN SABAN	ID No.	S1239791G
Related Vehicle	FBQ4762U (Motorcycle)	Contact No.	96385641
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	22/01/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 22/01/2020 at about 1445hrs, I was riding my company's motorbike, FBQ4762U, along Scott Road and I entered Newton Circus. While I was riding along Newton Circus, there was a taxi, SHB7615A, on my right side. I saw that the taxi was moving towards my lane. I then sounded the horn to inform him that I was on his left side and I slowed down. However, the taxi changed into my lane and collided with my motorbike.

Due to the accident, I fell to the left and the bike landed on my left leg. I was groggy and I felt people lifting the bike up and assisted me to the roadside. I feel pain on my left knee and right calve. Someone called for ambulance and paramedics came shortly. Traffic Police also came to attend to the accident. Paramedics made a check on me and conveyed me to Tan Tock Seng Hospital. I was then given 3 days of MC.

I did not manage to take photos of the accident and also did not manage to exchange particulars with the taxi driver.



**SINGAPORE
POLICE FORCE**



T/20200123/2045

3 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20200123/2045

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:

J /

Sgt 3 NG TYAN SOON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI

Contact No.: 65476904

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

23/01/2020 11:49

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)

ORIGINAL

CERTIFICATE NO. DH0M110170931900 **Excess:** \$200/- SECTION 1
Type of Cover COMPREHENSIVE
Vehicle Number FBQ4762U
Name of Insured YAT YUEN HONG CO LTD
Restricted Driver(s) NOT APPLICABLE

Period of Insurance 15 October 2019 to 14 October 2020

Engine# E3X6E019143
Chassis# LBPRES33100019158

Commercial Motor Cycle [MY 100]

AUTHORISED DRIVER

Any person provided he is in the Insured's employ and is driving on their order or with their permission

LIMITATIONS AS TO USE

- (1) Use only for the Insured's business or profession
- (2) Use for social domestic and pleasure purposes by any authorised employee of the Insured

THE POLICY DOES NOT COVER

Use for the carriage of passengers for hire or reward for racing pace-making reliability trial or speed-testing

Provided that the person is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so 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.

*Limitation 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.

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles(Third-Party Risks and Compensation) Act (Chapter 189) and part IV of the Road Transport Act, 1987 (Malaysia).

UNITED OVERSEAS INSURANCE LTD

FCADJ Date : 17/10/2019

For the Company