

NATIONAL Assessment Centre Services. [ver 1 Jan'08] MURBY 2003227

Date In: 13/03/2020 18:00	Job description	Date & Time Completed	Done by
Ref No: N/A / FWD 200039814	SAS e-filing		
Veh No: FY 203D	E-mail (Adjusts 3hrs, AIC 2hrs)		
D.O.A: 12/03/2020 20:00	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wkep / INC Assign Wkep / QW: () Tel: () Fax: ()

TP Particulars: Vch No: ST/B 720P 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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: ()

Date/Time	Assessment

N/A 2007045

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT 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 (Nil) / TP (Nil INC) against INC \$20	
	9) NI2: Idea 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	13/03/2020 18:09
Date Of Accident	12/03/2020 20:00
Exact Location Of Accident	ALONG YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY203D
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ZAHRI BIN MOHAMED SALLEH
NRIC No	SXXXX924E
Email Address	IQRAM200097@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91713534
Alternative Phone No	OTHERS-90583171

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY

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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2018-00005325
Cover Note Number	

Driver

Name of Driver	MOHAMMAD IQRAM BIN SUKEMI
NRIC No	TXXXX127H
Date Of Birth	08/08/2000
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2019
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91713534
Fax Number	
Contact Number	OTHERS-90583171
Email Address	IQRAM200097@GMAIL.COM

Address BLK 223A SUMANG LANE
#02-213
Postcode 821223
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured FRIEND
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 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? NO
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 RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2789999 - FAX NO: 62786427
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200313/2104

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 SHB920P
Vehicle Make/Model/Colour
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)

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:

 13 March 2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

13/03/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT. 9/20200313/2104

DECLARATION

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

Policyholder's Signature
Date & Time:

Sepus 13 March 2020
Driver's Signature
(If driver is not the policyholder)
Date & Time:

13/03/2020
Reporting Centre Personnel's Signature
Name: Selvi
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (11/3/2020) (DD/MM/YYYY), TIME: (20:00) (HH:MM)

LOCATION: Yio Chu Kang Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FY 203 D
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: PNMC 2018-00005225
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Wave 125
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
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: Mohamed Zahri B. Mohammed Salleh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 57911924E CONTACT: 91713534
c) ADDRESS: 215 Bukit Batok Street 21 #02-319

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhal Iqram B. Sukemi (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: T0020127H CONTACT: 90583171
c) ADDRESS: 223A Sunang Line #02-213821223

* d) DATE OF BIRTH: 08/08/2000 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21 May 2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Friend

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

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: River Valley NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB920P 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: _____

* No of passenger
(including driver)

(1)

* No of passenger
(including driver)

()

* No of passenger
(including driver)

()

email = iqram200097@gmail.com
VIDEO



SINGAPORE POLICE FORCE



T/20200313/2104

1 of 3

Report No. T/20200313/2104

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
13/03/2020 15:55

Vide Report No.:

Station Diary No.:
32

Informant's Particulars

Name of Informant: MUHAMMAD IQRAM BIN SUKEMI			Address: APT BLK 106 JALAN BUKIT MERAH #07-1898 SINGAPORE 160106	
ID Type / ID No.: NRIC NO / T0028127H			Contact No.: Home/Office: Mobile: 90583171	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 19	Date of Birth: 08/08/2000	Type of Informant: Rider	
Race: Javanese			Language:	Institution / School Name:
Occupation: Delivery Rider			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 11/03/2020 20:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 YIO CHU KANG ROAD ANG MO KIO AVENUE 6 Main rd of Yio Chu Kang Rd				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY203D	Motorcycle				No Damage	0
SHB920P	Car				No Damage	1



**SINGAPORE
POLICE FORCE**



T/20200313/2104

2 of 3

Report No. T/20200313/2104

Police Station Of Origin:

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

CONTINUATION OF REPORT

Brief Details.

I am the abovementioned person riding a rented motorbike FY203D on 11/03/2020 at about 2000hrs at the Junction of Yio Chu Kang Rd and Ang Mo Kio Ave 6. I came to a complete stop in between two vehicles at the junction as the traffic light turned red.

When the light turned green, I inched forward and was about to move off when the vehicle on my left turned left into Ang Mo Kio Ave 6. While he was doing the turn, he had taken a wider turn as such I had to accommodate by shifting right a little.

As I did that, my front wheels collided onto the rear left bumper of the taxi (SHB920P) on my right. We then pulled over and since no one was injured nor were there any visible damages, I did not take his particulars but he had taken mine.

No government properties were damaged as well nor did any police attended to the incident. I do not possess a camera while riding.

I wish to state that I am lodging this report this as I only recently found out that I am supposed to be making a police report if the traffic accident involves a motorbike.



**SINGAPORE
POLICE FORCE**



T/20200313/2104

3 of 3

Report No. T/20200313/2104

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

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:

E /
Sgt 2 LIM HONG YE

Signature Of Informant:

Jeru

Signature Of Interpreter:
Not applicable

Date/Time:
13/03/2020 15:55

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

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: PNMC2018-00005325

Plan Name: Third Party

Motorcycle plate number: FY203D

Your name (As the policyholder): Mohamed Zahri Bin Mohamed Salleh

Coverage start date: 07/12/2018

Coverage end date: 06/05/2020

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: Nil

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

Issued on: 08/10/2019