

NATIONAL Assessment Centre Services

[Part 1 Jan 09]

MMA 120042894

Date In: 20/4/20 17:24	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 FWD 2000 5302164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: FBP 214 S	1-Motor Claim Form		
ICCA: 18/4/20 12:30	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OB: <input checked="" type="checkbox"/> Reporting Only	1-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:

SHD 4813 D

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 400 line 6700 6616)

Date Claim Completed:

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

MA2002665

Client's Particulars:
Driver/Owner:
Contact No:
Damaged Portion:
IC Checked by (Bug-In-Charge):
Verifiers Comments:

Invoice Item	Amount (\$)	Amount (\$)
1) AIR: Accident Reporting (\$30)	20.00	
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (w/c 10 Jan 2009)		
6) TR: Re-Inspection	\$75	
7) N1: Ideal 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 (N11): TP (N11 INC) against INC	\$20	
9) N12: Ideal 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 willful 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	20/04/2020 17:24
Date Of Accident	18/04/2020 12:30
Exact Location Of Accident	ZION RD OUTSIDE OF GREAT WORLD CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP214S
Insured/Policyholder	
Name Of Registered Owner	DYLAN LOU
NRIC No	SXXXX785B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98422702
Alternative Phone No	OFFICE-98422702

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2019-00002656
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HAFIZ BIN ARMAN
NRIC No	SXXXX185E
Date Of Birth	09/07/1997
Occupation	INDOOR
Date Of Driving Pass	22/01/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98949137
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 31 TANGLIN HALT RD #05-184
Postcode	141031
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 - 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	2
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	ALEXANDRA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 46-2 COMMONWEALTH DR , POSTCODE: 140462 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4739999 - FAX NO: 64713569
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200420/2024

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4813D
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)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD HAFIZ BIN ARMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBP214S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE


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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)

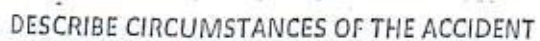
I understand, acknowledge, agree and consent that:

- (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.:



DECLARATION

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

Date & Time:

(II) driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature _____

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20200420/2024

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

1 of 3

Report No. T/20200420/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2020 13:21	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: MUHAMMAD HAFIZ BIN ARMAN			Address: APT BLK 31 TANGLIN HALT RD #05-184 SINGAPORE 141031		
ID Type / ID No.: NRIC NO / S9722185E			Contact No.: Home/Office: Mobile: 98949137		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 09/07/1997	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name: ITE College West	
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/04/2020 12:30	Type of Location: Straight Road
Location: Along Road 1 ZION ROAD Outside of Great World City				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBP214S	Motorcycle	PIAGGIO	Vespa	White	Slightly Damaged	0
SHD4813D	Car	HYUNDAI	Ioniq	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20200420/2024

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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Report No. T/20200420/2024

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD HAFIZ BIN ARMAN	ID No.	S9722185E
Related Vehicle	FBP214S (Motorcycle)	Contact No.	98949137
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	18/04/2020	Date Discharge	18/04/2020
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	Loh Wan Chong	ID No.	S7604614Z
Related Vehicle	NIL	Contact No.	92994954
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 18/04/2020, at 1230hrs, I was riding motorcycle (license plate number: FBP214S) along Zion Rd at the outer most lane closest to Great World City. A taxi (license plate number: SHD4813D) was on my left lane. Suddenly, the taxi just cut into my lane without signaling. The taxi collided into the left side of my motorcycle and I fell onto my left side. The taxi then stopped in front and a passerby came to assist me. The passerby also called for the police and ambulance.

I was not conveyed by the ambulance. I have abrasions on the left side of my arm and leg. The taxi driver is not injured. My motorcycle is scratched on the left side frame and the handle alignment is misaligned. The taxi is scratched on the right front wheel frame. The taxi driver said that he did not see me there thus he came into my lane.

After the incident, I then went to NUH to see a doctor and got 4 days MC (MC number: NUH20088822).

The motorcycle belongs to my friend namely Dylan Lou Zhi Jie, S9536785B.



**SINGAPORE
POLICE FORCE**



T/20200420/2024

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Report No. T/20200420/2024


Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

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: D / Sgt 2 TAN HONG CHI, SEAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/04/2020 13:21
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp NP168  SINGAPORE POLICE FORCE SIGNATURE	SN 47



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: PNMC2019-00002656

Plan Name: Third Party

Motorcycle plate number: FBP2145

Your name (As the policyholder): Dylan Lou

Coverage start date: 29/05/2019

Coverage end date: 28/05/2020

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:

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

Issued on: 29/05/2019

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.



Date of Accident : 18/4/2020 Accident Time: 1230 (24-HR-Format)
Accident Place : Along ZION Road Outside Great World City.
Vehicle Reg. No. (Car Plate No.) : FBP 2145
Vehicle Make/Model : PIAGGIO VESPA
Insurance Company : FWD Policy No. PNMC 2019-00002656
Owner or Company Name / IC No. : Dylan Low Zhi Jie S9536785 B
Owner or Company Contact No. : 9842 2702 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Muhd; Hafiz Bin Arman S9722185 E
DRIVER'S Date Of Birth : 09/07/1997 DRIVER'S License Pass Date 22/1/2019
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Friend
DRIVER'S Address : 31 Tanglin Halt Rd #05-184
DRIVER'S Contact No./ Alt No. : 1) 98949137 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : hafiz1697@gmail.com mycar
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): 1
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: Snd 4813 D
Vehicle Make/Model: Hyundai Ioniq
Name Driver: Loh Wan Chong
IC No. Driver: S 760 4614 Z
Driver's Contact & Add: 92994954

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