

NATIONAL Assessment Centre Services

(wef 1 Jan 2005) **MAHAR 0083976**

Date In: 26/9/2005	Job description	Date & Time Completed	Done by
Ref No: NA/2005/0333/24	SAS e-filing		
Veh No: PBEY 224E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/9/2005	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: P3R3312L	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

MAHAR 0083976	Invoice Preparation Checklist		Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP : Towing Fee \$40/\$45			
Damaged Portion:	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:-			
QC Checked by (Engr-In-Charge):	OD*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11) : TP (N-in INC) against INC \$20			
Lat 1:	9) N12: Idac Mobile 30			
Lat 2 / 3:	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	26/09/2020 14:56
Date Of Accident	20/09/2020 22:20
Exact Location Of Accident	EAST COAST PARK SERVICE RD TWDS EAST COAST PARKWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4024E
Insured/Policyholder	
Name Of Registered Owner	NURLIYANA BINTE MUHAMAD ZAIN
NRIC No	SXXXX294C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98599942
Alternative Phone No	OFFICE-98599942

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	PNMC2020-00003747
Cover Note Number	

Driver

Name of Driver	NURLIYANA BINTE MUHAMAD ZAIN
NRIC No	SXXXX294C
Date Of Birth	03/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	09/11/2017
Driving Experience	2 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98599942
Fax Number	
Contact Number	OFFICE-98599942
EEmail Address	NOEMAIL

Address	BLK 467 PASIR RIS DRIVE 6 #08-422
Postcode	510467
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 - 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?	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200921/2078.

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	FBR3312L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	NURLIYANA BINTE MUHAMAD ZAIN
Approximate Age	
Injuries Sustain	ABRASIONS LEFT KNEE & LEFT SHOULDER
Injured person in which vehicle?	FBE4024E
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 : 26/09/2020 12pm

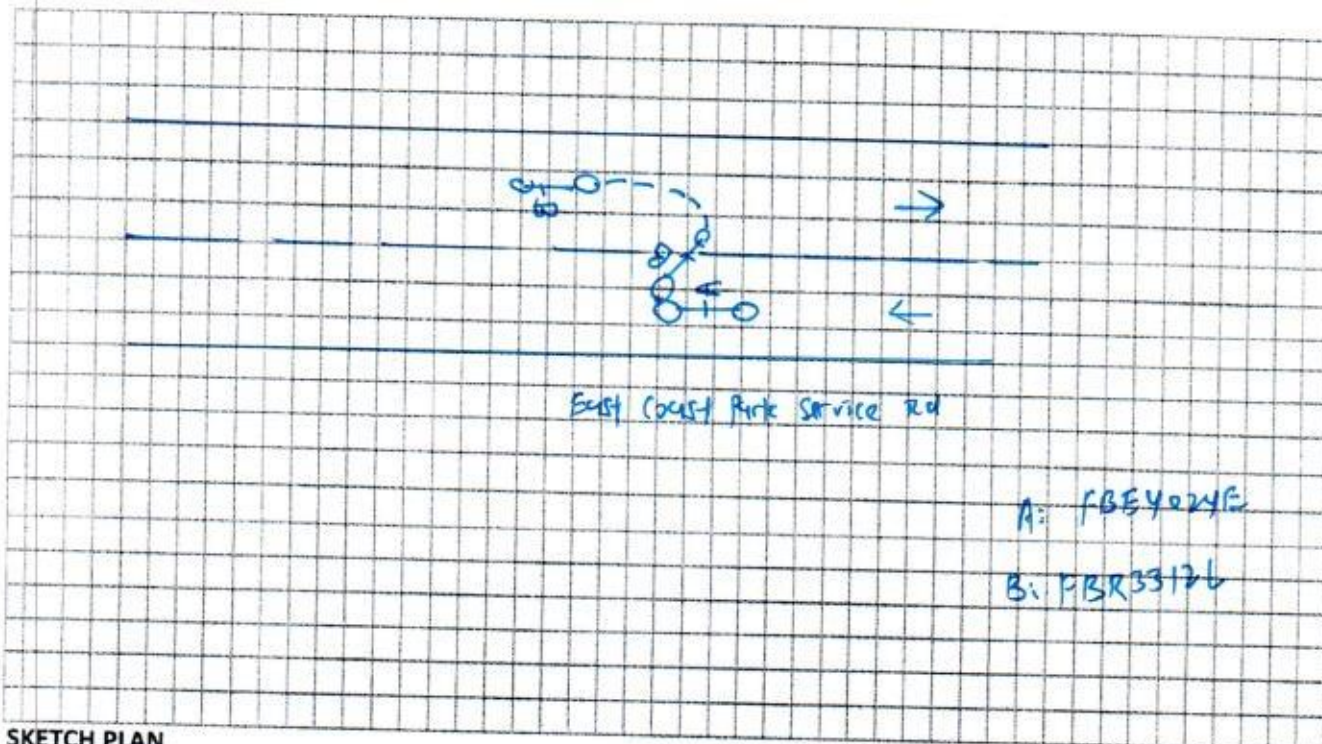
Driver's Signature

(If driver is not the policyholder) Date & Time:


Reporting Centre Personnel's Signature

Name :

NRIC / Fin No :



SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Due to the accident, I suffer injuries such as serious abrasions on my left knee and left shoulder, light abrasions on my right hand and right knee. I am unable to work for a week due to the injuries and had to cancel several client appointments.

DECLARATION

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

Policyholder's Signature Date
& Time: 26/09/2020 12pm

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

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

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/09/2020 (dd/mm/yy) Time of Accident: 22:20 (24-HR-FORMAT)

Vehicle No.: FBE4024E Vehicle Make & Model: Yamaha RXZ

Exact location of Accident: East Coast Park Service Road towards East Coast Parkway

Policyholder's Name / IC No.: Nurliyana Binte Muhamad Zain/ S9522294C

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 98599942 Company Contact No (Company Veh Only): _____

Driver's Address: Blk 467 Pasir Ris Drive 6 #08-422 S510467

Email address: Nurliyanaz_95@hotmail.com Insurance Company: _____

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

**Exact purpose for which the vehicle
Was being used at time of accident?**

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor/ ☐ Outdoor

***No. of Passengers (Including Driver):** 01

*Passanger Name: _____ Gender: **Male / Female** *Passanger
Name: _____ Gender: **Male / Female**

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Nurliyana Binte Muhamad Zain

Injuries Sustain: Serious abrasions on left knee Injured Person in Which Vehicle: _____
and left shoulder

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Pasir Ris NPC

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: FBR3312L

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____



SINGAPORE POLICE FORCE



T/20200921/2078

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200921/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2020 14:40		Vide Report No.: G/20200920/0281		Station Diary No.: 48	
Informant's Particulars					
Name of Informant: NURLIYANA BINTE MUHAMAD ZAIN			Address: APT BLK 467 PASIR RIS DRIVE 6 #08-422 SINGAPORE 510467		
ID Type / ID No.: NRIC NO / S9522294C			Contact No.: Home/Office:		Mobile: 98599942
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 25	Date of Birth: 03/07/1995	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: INSURANCE AGENT			Driving Licence Information: Class: 2B,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/09/2020 22:30	Type of Location: Bend
Location: EAST COAST PARK SERVICE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4024E	Motorcycle	YAMAHA	RXZ	Black	Seriously Damaged	0
FBR3312L	Motorcycle			Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBE4024E	FWD Singapore Pte. Ltd	PNMC2020- 00003747	14/09/2020	13/09/2021



SINGAPORE POLICE FORCE



T/20200921/2078

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20200921/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NURLIYANA BINTE MUHAMAD ZAIN	ID No.	S9522294C
Related Vehicle	FBE4024E (Motorcycle)	Contact No.	98599942
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 20/09/2020 at about 10.30pm, I was riding my motorcycle (FBE4024E) along East Coast Park Service Road. It was a one lane road and it was quite dark at that time. I noticed that there was one female motorcyclist (FBR3312L) who looks to be stationary along the left side of the road. As such, I just ride as per normal heading straight. However when I approached her, she suddenly made a right turn, as if she wanted to make a U-turn. I could not stop in time, and ended up hitting her directly on her right side. Both of us suffered injury and passers-by assisted to call for Traffic Police and ambulance. Both of us were conveyed, and I was sent to Singapore General Hospital. I was subsequently given 3 days MC.

Due to the accident, my watch was damaged.



**SINGAPORE
POLICE FORCE**



T/20200921/2078

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20200921/2078

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:

G /

Staff Sgt PATRICIA LOH YING YU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt JOFILIANO BIN MOHAMED ALI

Contact No.: 65476960

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

21/09/2020 14:40

Classification Of Case:



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 or by the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER: PNMC2020-00003747

Plan Name: Third Party

Motorcycle plate number: FBE4024E

Your name (As the policyholder): Nurliyana Binte Muhamad Zain

Coverage start date: 14/09/2020

Coverage end date: 13/09/2021

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

Finance company:

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 ride 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.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

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

Issued on: 14/09/2020

Khor Kee Eng
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 needs to be changed.