

# NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MHAN008462

Date In: 27/9/2005-18:04	Job description	Date & Time Completed	Done by
Ref No: NM/INC2001039/124	SAS e-filing		
Veh No: FRA50675	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 27/9/2005-13:40	i-Motor Claim Form	27/11/04 855-021	27/9/2005 18:22
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: JH62PE	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

Claimant's Particulars : Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments : Sat. 1: Sat. 2 / 3:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR : Accident Reporting (\$30);		Int Bill	Add Bill
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TF : Towing Fee \$40/\$45			
	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:-			
*N5: Courtesy Car / Tpl Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11) : TP (Non INC) against INC \$20 9) N12: Idac 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	28/09/2020 18:09
Date Of Accident	27/09/2020 13:40
Exact Location Of Accident	JUNC EUNOS RD 5 & EUNOS AVE 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA5065B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD MUHSIN BIN ABDUL HAMZAH
NRIC No	SXXXX406J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87537076
Alternative Phone No	OFFICE-87537076

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5115865038
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD MUHSIN BIN ABDUL HAMZAH
NRIC No	SXXXX406J
Date Of Birth	05/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	15/10/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87537076
Fax Number	
Contact Number	OFFICE-87537076
Email Address	NOEMAIL

Address	BLK 605C TAMPINES STREET 61 #09-340
Postcode	523605
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 - MAJOR/MINOR RD
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200928/7011.

#### 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 Witness 1

Name	SHAWAU
Phone Number	91888638
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG210E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 MUHSIN BIN ABDUL HAMZAH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBA5065B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## SKETCH PLAN

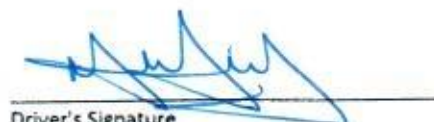
### IMPORTANT NOTICE

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:

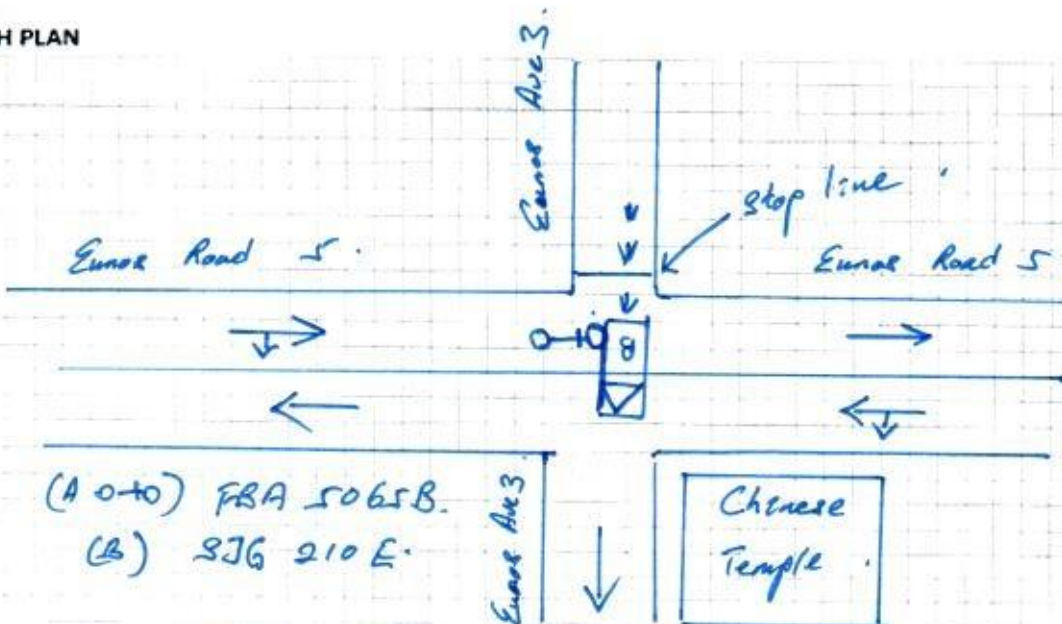
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to Police Report

No: T/20200928/7011

## 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.:

<b>Vehicle No.</b>	FBA 5065B	<b>Model / Make</b>	Yamaha T135
<b>Date of Accident</b>	27/09/2020		
<b>Time of Accident</b>	1340 HRS		
<b>Location of Accident</b>	Eunos Road 5 junction Eunos Ave 3		
<b>Exact purpose use during accident</b>	Private Use		
<b>Name of Owner</b>	Muhammad Muhsin Bin Abdul Hamzah		
<b>Telephone No.</b>	H/P : 8753 7076	<b>Home :</b>	<b>Office :</b>
<b>NRIC</b>	S 9026 406J		
<b>Address</b>	BLK 605C Tampines St 61 #09-340 (S) 523605		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	NTUC		
<b>Type of Coverage</b>	Comprehensive	<b>Third Party</b>	Third Party / Fire / Theft
<b>Policy No.</b>	5115865038		
<b>Name of Driver</b>	As Above If No,		
<b>NRIC</b>		<b>Any Passengers :</b>	N.A.
<b>Date of birth</b>	05 / 07 / 1990		
<b>Occupation</b>	Outdoor / Indoor		
<b>Driving License Pass Date</b>	15 / 10 / 2009		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>
<b>Address</b>			
<b>Driver have any own vehicle</b>	No, If yes, Reg No.		
<b>Relationship</b>	Employee, If no, state	owner	
<b>Weather condition</b>	Clear Raining Other		
<b>Road Surface</b>	Dry Wet Other		
<b>Any Injuries</b>	No, If Yes, Who?		
<b>Name And Contact No.</b>	Muhammad Muhsin Bin Abdul Hamzah (H/P: 8753 7076)		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No, If Yes, Where?	Traffic Police (Online)	
<b>Vehicle B No.</b>	SJG 210E	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	Shawal	<b>Witness Contact :</b>	9188 8638
<b>Accident Portion</b>	Front portion and left side		
<b>Camera Recorder</b>	Yes No		
<b>Email Address</b>	alphawolfmuhsin@gmail.com		
<b>PARTICULAR WORKSHOP</b>	mo70 51		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Jackie		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		



# SINGAPORE POLICE FORCE



T/20200928/7011

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20200928/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/09/2020 13:25		Vide Report No.: G/20200927/0141		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD MUHSIN BIN ABDUL HAMZAH			Address: 605C TAMPINES STREET 61 #09-340 SINGAPORE 523605		
ID Type / ID No.: NRIC NO / S9026406J			Contact No.: Home/Office: Mobile: 87537076		
Nationality: SINGAPORE CITIZEN			Email: alphawolfmuhsin@gmail.com		
Sex: Male	Age: 30	Date of Birth: 05/07/1990	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: SECURITY OFFICER			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2020 13:40	Type of Location: X-Junction
Location:  EUNOS AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
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	Conditio	No of
FBA5065B	Motorcycle	YAMAHA	T135	White	Seriously Damaged	0
SJG210E	Car	TOYOTA	Vios	Silver	Slightly Damaged	2



# SINGAPORE POLICE FORCE



T/20200928/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20200928/7011

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA5065B	NTUC Income Insurance Co-Operative Limited	5115865038	29/01/2020	28/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD MUHSIN BIN ABDUL HAMZAH	ID No.	S9026406J
Related Vehicle	FBA5065B (Motorcycle)	Contact No.	87537076
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A Date of Expiry: NIL
Date	27/09/2020	Date	27/09/2020
No. of Days granted Medical Leave	05	Degree of	Serious

### Brief Details.

On 27/09/2020 at @1340hrs, i was riding in my motorcycle (FBA5065B) along Eunos Road 5 towards the direction of Sims Ave. As i was crossing the junction of Eunos Ave 3, suddenly a car (SJG 210 E) on my left from Eunos Ave 3, did not stop at the stop line to give way to me, dashed out to the opposite side of Eunos Ave 3. As a result, my motorcycle front portion collided onto the right side of the said vehicle.



**SINGAPORE  
POLICE FORCE**



T/20200928/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20200928/7011

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD AFIQ BIN RAHMAT  
Contact No.: 65476171

Authentication Stamp  
NP168

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

Date/Time:  
28/09/2020 13:25

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)  
ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number** : 5115865038

**Cover** : Third Party

- |  |                                    |
|--|------------------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBA5065B                         |
| Chassis Number                                   | : SYP202999                        |
| 2. Name of Policyholder                          | : MUHAMMAD MUHSIN BIN ABDUL HAMZAH |
| 3. Effective Date of Insurance                   | : 29 Jan 2020                      |
| 4. Expiry Date of Insurance                      | : 28 Jan 2021                      |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving 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.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

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

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (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)	: N/A
EXCESS (SECTION 2)	: N/A
INSURE WITH COE	: N/A
NAMED DRIVER (1)	: MUHAMMAD MUHSIN BIN ABDUL HAMZAH
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

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)

Agency : LOO TZE KUEN (LU ZIKUN) (00000602244)

Date of Issue : 29 Jan 2020 15:03 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Chief Executive