

NATIONAL Assessment Centre Services

Ref: JAN05/M420099863

Date In: 11/11/22-15:08	Job description	Date & Time Completed	Done by
Ref No: 10/11/22061237729	SAS e-filing		
Veh No: F0E5027R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/11/22-08:00	i-Motor Claim Form	M/1109802-02	11/11/22 15:21
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: ()	Fax: ()
TP Particulars:	Veh No: Ph 3377A	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	ON*		
	*N5: Courtesy Car / Tpt 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	11/11/2020 15:08
Date Of Accident	10/11/2020 08:00
Exact Location Of Accident	LOWER DELTA TWDS BUKIT MERAH BEFORE AYE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5027R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI
NRIC No	SXXXX214I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98441452
Alternative Phone No	OFFICE-98441452

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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5119664993
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI
NRIC No	SXXXX214I
Date Of Birth	24/09/1996
Occupation	OUTDOOR
Date Of Driving Pass	08/05/2017
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98441452
Fax Number	
Contact Number	OFFICE-98441452
Email Address	NOEMAIL

Address	BLK 125 HOUGANG AVENUE 1 #02-1486
Postcode	530125
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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 DRIVING TEST CENTRE
Police Station Address	ROAD: 815 BUKIT BATOK WEST AVE 4 , POSTCODE: 659085 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20201111/2062.

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	FG5321H
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA3115H

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 AFFIQ BIN MUHAMMAD ASMAWI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBE5027R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 / 11 / 20 (dd/mm/yy) Time of Accident: 08 : 00 (24-HR-FORMAT)
Vehicle No.: PBE 5027R Vehicle Make & Model: YAMAHA SPARK 135
Exact location of Accident: Lower Delta towards Bukit Merah Before AYE EXIT
Policyholder's Name/ IC No.: MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI
Driver's Name/ IC No.: _____ (As Above) ☒
Driver's Contact No.: 98441452 Company Contact No.: _____
Driver's Address: APT BLK 125 HOUBANG AVE 1
Insurance Company: NTUC Email address (if any): sales@garage13.com.sg

Relationship between Owner & Driver:

☒ Owner ☐ Spouse ☐ Children ☐ Friend ☐ Parent ☐ 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

Passenger Name: _____ Gender: _____
Passenger Name: _____ Gender: _____

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: MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI

Injuries Sustain: SERIOUS Injured Person's in which vehicle: PBE 5027R

Police Report filed: ☒ Yes/ ☐ No (If YES) Which Police Station: TP HQ

The Other Party(s) Details:


1. Driver's Name/ IC No.: _____ Vehicle No. FG 5321 H
Driver's Contact No.: _____ Insurance Company (if any): _____
 2. Driver's Name/ IC No.: _____ Vehicle No. SHA 311SH
Driver's Contact No.: _____ Insurance Company (if any): _____
- *Independent Witness (if Any): _____ Contact No.: _____
Preferred Workshop Name: _____ Contact No.: _____

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

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly the details of the accident to speed up the claims process.
- 2) This Form must be completely 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 fact 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 as 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 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:

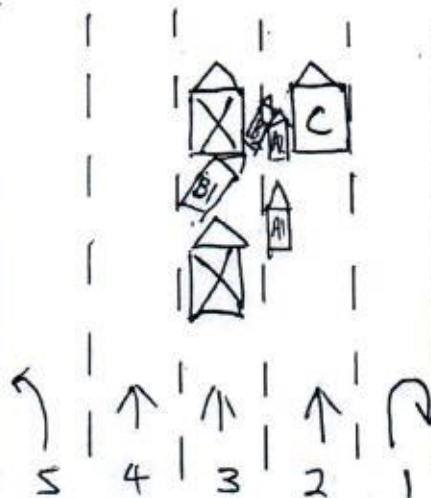
Driver's Signature
(If driver is not policyholder)
Date & Time:



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

Lower Delta > Bukit Merah before AYE

SKETCH PLAN



Vehicle:
 'A': FBE 5027 R
 'B': FG 5321 H
 'C': SHA 3115 H

Location:
 Lower Delta towards
 Bukit Merah before AYE
 Exit.

On the stated date & time, I vehicle 'A' was travelling along the stated venue. As I was approaching the red light, suddenly vehicle 'B' dashed out abruptly from lane 3. Causing me to collide onto him and hit on vehicle 'C' which is on my right. As I was in pain, I was conveyed by the ambulance to the hospital and was given 10 days of MC.

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/2020111/2062

1 of 3

Police Station Of Origin:
Bukit Batok Driving Test Centre
815 Bukit Batok West Avenue 4 SINGAPORE
659085
Tel No: 66653746

Report No. T/2020111/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2020 13:18	Vide Report No.:	Station Diary No.:
--------------------------------------------	------------------	--------------------

Informant's Particulars

Name of Informant: MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI			Address: APT BLK 125 HOUGANG AVENUE 1 #02-1486 SINGAPORE 530125	
ID Type / ID No.: NRIC NO / S9633214I			Contact No.: Home/Office: Mobile: 98441452	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 24/09/1996	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: OPERATION ASSISTANCE			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/11/2020 08:00	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: AFTER RAIN	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5027R	Motorcycle	YAMAHA	T135	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE5027R	NTUC Income Insurance Co-Operative Limited	5119664993	29/10/2020	29/10/2021



SINGAPORE
POLICE FORCE



T/20201111/2062

Police Station Of Origin:
Bukit Batok Driving Test Centre
815 Bukit Batok West Avenue 4 SINGAPORE
659085
Tel No: 66653746

2 of 3

Report No. T/20201111/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AFFIQ BIN MUHAMMAD ASMAWI	ID No.	S9633214I
Related Vehicle	FBE5027R (Motorcycle)	Contact No.	98441452
Hospital/Clinic	SGH SPECIALIST PRACTICE	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/11/2020	Date Discharge	10/11/2020
No. of Days granted Medical Leave	10	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION

I VEHICAL 'A' WAS TRAVELLING ALONG THE STATED VEANUE. AS I WAS APPROCHING THE RED LIGHT,SUDDENLY VEHICAL 'B'DASHED OUT ABRUPTLY FROM LANE 3,CAAUSING ME TO COLIDED ONTO HIM AND HIT ON VEHICAL 'C'WHICH IS ON MY RIGHT. AS I WAS IN PAIN, I WAS CONVEYED BY THE AMBULANCE TO THE HOSPITAL AND WAS GIVEN 10 DAYS MC.THEREFORE I AM MAKING THIS POLICE.



**SINGAPORE
POLICE FORCE**



T/20201111/2062

Police Station Of Origin:
Bukit Batok Driving Test Centre
815 Bukit Batok West Avenue 4 SINGAPORE
659085
Tel No: 66653746

3 of 3

Report No. T/20201111/2062

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:
TP /
SC MUHAMMAD SHAFFIY BIN ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No: 65476232

Authentication Stamp
HP/68

Signature Of Informant:

Date/Time:
11/11/2020 13:18

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: