

# NATIONAL Assessment Centre Services.

[ver 1 Jan 08]

May 2010 103354

Date In: 20/10/2010 15:46	Job description	Date & Time Completed	Done by
Ref No: X168/IND800130734	SAS e-filing		
Veh No: FBP 87794	E-mail (by date time, A/C time)		
D.O.A. 20/10/2010 17:15	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (with/od 3hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whom		

Preferred Wkup / INC Assign Wkup / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SLK 981X	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 ( )	

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Driver/Owner:	1) A/L: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damage Portion:	3) TP: Towing Fee	\$110
QC Checked by (Engi-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PF: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$70
	7) NI: Also DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: Also Mobile	\$3
	10) NI: Courtesy Car / Tpl Allowance	\$10
	11) NI: Repairs Coordination	\$25
	12) NI: Post Repair Inspection	\$3
	13) NI: DV / Collect License Coordination	\$20
	14) NI: TP (OWN INC) against INC	\$0
	15) NI: Also Mobile	\$3
	Invoice dated	
	Invoice dated	

2/2

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 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	26/11/2020 15:46
Date Of Accident	20/11/2020 17:15
Exact Location Of Accident	SIMS AVENUE TOWARDS ALJUNIED ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP8179H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM BOON HOCK
NRIC No	SXXXX181A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92285661
Alternative Phone No	OTHERS-92285661

### Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2020-00001055
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SULAIMAN BIN MOHAMED AZIZ
NRIC No	SXXXX983D
Date Of Birth	07/04/1997
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2018
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92285661
Fax Number	
Contact Number	OTHERS 92285661

Address	BLK 113 YISHUN RING ROAD #05-477
Postcode	760113
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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20201123/7051

#### 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	SLK998X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SULAIMAN BIN MOHAMED AZIZ
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBP8179H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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 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:

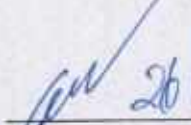
- a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/ are permitted to collect, use, disclose and/ or process my personal data/ personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively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

 26/11/2020  
Reporting Centre Personnel's Signature

Name:

NRIC/ FIN No:

SKETCH PLAN

Sims Ave towards Alameda.



VEH A:  
FBP 8179M

VEH B:  
SLK 948A

Refer to police report. 6/20201123/7051

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:

26/11/2020



**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 20 / 11 / 20 (dd/mm/yy) Time of Accident: 17 : 15 (24-HR-FORMAT)  
Vehicle No.: FDP 8179H Vehicle Make & Model: Yamaha Aerox  
Exact location of Accident: Sims Ave towards Aljunied  
Policyholder's Name/ IC No.: Lim Boon Hock / S9503181A  
Driver's Name/ IC No.: Muhammad Sulaiman / S9710983D (As Above) ☐  
Driver's Contact No.: 9228 5661 BIN MOHAMED AZIZ Company Contact No.: \_\_\_\_\_  
Driver's Address: Blk 113 Yishun Ring Road #05-477 (760113)  
Insurance Company: FWD Email address (if any): \_\_\_\_\_  
Relationship between Owner & Driver: 07/04/1997 19/07/2008  
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):** \_\_\_\_\_

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: \_\_\_\_\_

Injuries Sustain: Multiple injuries

Injured Person's in which vehicle: FDP 8179H

**Police Report filed:** ☒ Yes/ ☐ No (If YES) Which Police Station: Online

**The Other Party(s) Details:**

1. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No. SLK 998 X  
Driver's Contact No.: \_\_\_\_\_ Insurance Company (if any): \_\_\_\_\_
2. Driver's Name/ IC No.: \_\_\_\_\_ Vehicle No.: \_\_\_\_\_  
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.



**SINGAPORE  
POLICE FORCE**



G/20201123/7051

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20201123/7051

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 23/11/2020 16:23	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD SULAIMAN BIN MOHAMED AZIZ	Address 113 YISHUN RING ROAD #05-477 SINGAPORE 760113	
ID Type / ID No. NRIC NO / S9710983D	Contact No. Home/Office: Mobile: 92285661	
Nationality SINGAPORE CITIZEN	Email Address MANISDUMB97@GMAIL.COM	
Occupation delivery	Sex Male	Age 23
Institution/School Name	Date of Birth 07/04/1997	Race Malay
Date/Time Of Incident 20/11/2020 17:15	Location Of Incident SIMS AVENUE	

**Brief details.**

On the above mentioned date and time I was riding my bike FBP8179H.

I was travelling straight on the first lane from the left along sims ave towards Aljunied.

Suddenly, a vehicle SLK998X from the right cut across 4 lanes at a high speed and I tried to swerve to avoid collision but to no avail.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2020 16:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





**SINGAPORE  
POLICE FORCE**



G/20201123/7051

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20201123/7051

As such, the left front portion of vehicle SLK998X had collided on to my bike's front right portion and caused me to fall hard on my right.

Later that evening, I went to Khoo Teck Puat Hospital to seek treatment due to the multiple injuries I suffered from the accident.

I was admitted 1 day in Khoo Teck Puat Hospital and discharged with 5 days HL.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/11/2020 16:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

## 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:** PNMC2020-00001055

**Plan Name:** Third Party Fire & Theft

**Motorcycle plate number:** FBP8179H

**Your name (As the policyholder):** Lim Boon Hock

**Coverage start date:** 08/03/2020

**Coverage end date:** 07/03/2021

**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:** 08/03/2020



**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](mailto:contact.sg@fwd.com) if any details in  
this Certificate of Insurance needs to be changed.