

NATIONAL Assessment Centre Services. [part 1 Jan09] SN 0920C40003

| | | | |
|-----------------------------|--|-----------------------|---------------|
| Date In: 4/12/20 10:00 | Job description | Date & Time Completed | Done by |
| Ref No: MAL INC 20013343/64 | SAS e-filing | | |
| Veh No: FBH 5602P | E-mail (within 3hrs, A/C 2hrs) | | |
| TPA: 25/11/20 19:50 | 1-Motor Claim Form | M7/11/2341-001 | 4/12/20 10:12 |
| OD: TP / Repay Only | 1-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| | 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: SKD 905M | 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 repolrer. |
| () Total Loss Case: to e-mail Insurer URGENTLY. |
| Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: () |

| | | |
|---|---------------------------|---------------------------|
| Remarks: (INC/Non-INC/TP/CLON) | 1-Motor Claim Contingency | 2-Motor Claim Contingency |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| |
|------------|
| Documents: |
| |
| |
| |
| |

| | | | |
|---------------------------------|---|-------------|----------|
| WA2100165 | Invoice/Registration Checklist | Am (S) | RAAR (S) |
| Continued Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$30) | | |
| Contact No: | 3) TP: Towing Fee 540/545 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| QC Checked by (Engn-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors Comments: | For claiming against INC Only (wef 19 Jan 2005) | | |
| Cal. 1: | 6) TR: Re-Inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | TE (N11): TP (Non INC) against INC \$20 | | |
| | 9) N12: Idao 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 Submission | 04/12/2020 10:00 (SGT) |
| Date of Accident | 25/11/2020 19:50 (SGT) |
| Exact Location of Accident | Bendemeer Rd, Singapore |
| Additional Location Information | L/P 1 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBH5602P |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------------------|
| Is company? | No |
| Name Of Registered Owner | MOHAMED HASAN ALI BIN MOHAMED AMEEN |
| NRIC No | SXXXX510A |
| Email Address | MUHDHASANALI1@GMAIL.COM |
| Mobile Phone No | (Phone) +65-93294976 |
| Alternative Phone No | +65-93294976 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Yamaha |
| Model | Fz16 |
| Variant | - |
| 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 - Reporting only |
| Vehicle Category | Motorcycle |

INSURANCE COMPANY

| | |
|---------------------------|---------------|
| Name of Insurance Company | NTUC |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | 5100669131-02 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-------------------------------------|
| Name of Driver | MOHAMED HASAN ALI BIN MOHAMED AMEEN |
| NRIC No | SXXXX510A |
| Date Of Birth | 22/12/1996 |
| Occupation | Outdoor |

| | |
|--|---------------------------|
| Date Of Driving Pass | 24/08/2015 |
| Driving experience | 5 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93294976 |
| Alt. Phone Number | +65-93294976 |
| Email Address | MUHDHASANALI1@GMAIL.COM |
| Address | BLK 813 JELICOE RD #14-24 |
| Address complement | - |
| Postcode | 200813 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|--------------------------|
| Type of Accident | Collision - Head to Rear |
| Weather Conditions | DRIZZLING |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other material or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Rochor Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002949999 |
| Alt. Police Station Phone No | (Fax) +65-63918583 |
| Police Station Address | 11 Kampong Kapor Road Singapore 208678 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201128/2109

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 | SKD905M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |

Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------------------------------|
| Name of injured person | MOHAMED HASAN ALI BIN MOHAMED AMEEN |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | BODY |
| Injured person in which vehicle? | FBH5602P |
| Were seat belts worn? | No |
| Was this injured conveyed to hospital by ambulance? | Yes |

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 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. 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 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.

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.

Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

A = FBH 5602 P
B = SKD 905 M.

Bendemeer Rd

Refer to Police Report T/20201128/2109

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20201128/2109

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20201128/2109

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|--|--|
| Date/Time Report Made: 28/11/2020 20:45 | Vide Report No.: A/20201125/0128 | Station Diary No.: 66 |
| Informant's Particulars | | |
| Name of Informant: MOHAMED HASAN ALI BIN MOHAMED AMEEN | | Address: APT BLK 813 JELICOE ROAD #14-24 SINGAPORE 200813 |
| ID Type / ID No.: NRIC NO / S9647510A | Contact No.: Home/Office: | Mobile: 93294976 |
| Nationality: SINGAPORE CITIZEN | Email: | |
| Sex: Male | Age: 23 | Date of Birth: 22/12/1996 |
| Type of Informant: Rider | | |
| Race: Indian | Language: | Institution / School Name: |
| Occupation: SCDF NSF | Driving Licence Information: Class: 2B,2A,2,3 | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------------|------------------------------|---|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 25/11/2020 19:50 | Type of Location: Straight Road |
| Location: BENDEMEER ROAD | | | | |
| Lamp Post Number: 1 | | | | |
| Weather: Drizzling | Road Surface: Wet | Road Speed Limit: 60 Km/h | | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | 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 |
|-------------|------------|--------|-------|-------|---------------------|-----------------|
| FBH5602P | Motorcycle | YAMAHA | FZ 16 | Red | Slightly Damaged | 0 |
| SKD905M | Car | | | | Slightly Damaged | 1 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---|---------------|------------|-------------|
| FBH5602P | NTUC Income Insurance Co-Operative Limited | 5100669131-02 | 18/07/2020 | 17/07/2021 |



**SINGAPORE
POLICE FORCE**



T/20201128/2109

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20201128/2109

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MOHAMED HASAN ALI BIN MOHAMED AMEEN | ID No. | S9647510A |
| Related Vehicle | FBH5602P (Motorcycle) | Contact No. | 93294976 |
| Hospital/Clinic | RAFFLES HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 26/11/2020 | Date Discharge | 27/11/2020 |
| No. of Days granted Medical Leave | 15 | Degree of Injury | Serious |
| Driver | | | |
| Name | SOO BOO HOE | ID No. | S0948523F |
| Related Vehicle | SKD905M (Car) | Contact No. | 98559438 |
| 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 25/11/2020, at about 1950hrs, I was riding my Singapore motorcycle FBH5602P along Bendemeer Road nearest to Blk 44 Bendemeer Rd. I was on the 3rd lane behind another Singapore vehicle SKD905M, about a car's length, when the traffic light turned amber. As the traffic light was already amber, I had expected him to brake, however I did not expect him to brake suddenly to a complete stop. Upon my brake, due to the wet weather, my motorcycle skidded to the left and then collided into his vehicle's rear left. I then fell off from my motorcycle. I then went forward to confront him about the sudden brake, which he then told me that he didn't noticed that I was riding behind him and as he only had "18 points" left, he decided to brake as he fear that he would beat a red light. Subsequently both of us went to the roadside and I called my friend for assistance. My friend then called for ambulance upon arriving.

Police and ambulance had attended to the accident and subsequently I was conveyed to TTSH. My motorcycle was also towed by the Traffic Police to their HQ. At TTSH, I had transferred to Raffles hospital and I had suffered deep cuts at my right hand's ring finger knuckle area and right elbow area.



**SINGAPORE
POLICE FORCE**



T/20201128/2109

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

3 of 3

Report No. T/20201128/2109

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:
A /
Sgt 3 ONG CINDY

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
28/11/2020 20:45

Classification Of Case:



SIGNATURE

Hello, NAC_PAYA_UBI_800601

[Change Language](#) [Change Password](#) [Log Out](#)

[My Desktop](#)
[Notice of Loss](#)

Policy Query

| | | | |
|------------------------|---------------------------------------|--------------------|---|
| Policy No. | <input type="text"/> | Date of Accident | <input type="text" value="02/12/2020 16:55"/> |
| Vehicle No.(For Motor) | <input type="text" value="FBH5602P"/> | Certificate Number | <input type="text"/> |

| Select | Policy No. | Certificate Number | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
|-----------------------|---------------|--------------------|-------------------------------------|-------------------|---------|-------------|-------------|----------------|---------------|-------------|
| <input type="radio"/> | 5100669131-02 | | MOHAMED HASAN ALI BIN MOHAMED AMEEN | S9647510A | GMC | Third Party | FBH5602P | FBH5602P | 18/07/2020 | 17/07/2021 |

ACCIDENT STATEMENT

ACCIDENT DATE: (25/11/20) (DD/MM/YYYY), TIME: (19:50) (HH:MM)

LOCATION: Bendemeer Rd L/p 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 5602 p.
b) INSURANCE COMPANY: JMC
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha FZ 16. 150 CC.
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Mohamed Hasan Ali Bin Mohamed Ameen.
b) NRIC/FIN/PASSPORT: (MALE / FEMALE)
c) ADDRESS: CONTACT: 93294976

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

*d) DATE OF BIRTH: (/ /) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzling)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) conveyed.

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Rochor NPC.

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKD 905 M MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = muhdhasanali1@gmail-com.

fax =

VIDEO = no.