

NATIONAL Assessment Centre Services. [ver 1 Jan'00]

Date In: 29/12/2020 14:47	Job description	Date & Time Completed	Done by
Ref No: N88/MC200/4986/4	SAS e-filing		
Veh No: 16F 94TR	E-mail (to John Sims, AIC 2hrs)		
O.O.A: 23/12/2020 19:00	1-Motor Claims Form	29/12/2020 15:00	
OD: (T) Reporting Only	1-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Ref: () Vch No: 840263Z	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%; R: 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 raparor.
() 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: ()
Damage: ()
Other: ()

N/A 2100510	1) All Incident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (210)
Contact No:	3) TP: Towing Fee	\$40/243
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection	\$75
	7) NI: IDao DA + SMRT Survey	\$160
	8) NTUC Additional Services	
	9) NI: IDao DA + SMRT Survey	\$30
	10) NI: IDao DA + SMRT Survey	\$30
	11) NI: IDao DA + SMRT Survey	\$30
	12) NI: IDao DA + SMRT Survey	\$30
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	99) NI: IDao DA + SMRT Survey	\$30
	100) NI: IDao DA + SMRT Survey	\$30

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	29/12/2020 14:47 (SGT)
Date of Accident	23/12/2020 19:00 (SGT)
Exact Location of Accident	Martin Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF9247R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ALORIDE PTE. LTD.
Company Reg No	2XXXXX994W
Email Address	misterain94@gmail.com
Mobile Phone No	(Phone) +65-88915214
Alternative Phone No	+65-88915214

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	YBR
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 - Claiming third party
Vehicle Category	Motorcycle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5113531735-01
Cover Note Number	-

DRIVER

Name of Driver	NURUDDIN BIN ZAINAL
NRIC No	SXXXX121D

Date Of Driving Pass	15/09/2020
*Driving experience	3 MONTHS
Gender	Male
*Mobile Number	(Phone) +65-88915214
Alt. Phone Number	-
Email Address	misterain94@gmail.com
Address	BLK 557 WOODLANDS DRIVE 53
Address complement	#10-71
Postcode	730557
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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	Tiong Bahru Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007759999
Alt. Police Station Phone No	(Fax) +65-67764246
Police Station Address	Blk 128 Kim Tian Road #01-123/ 125 Singapore 160128
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201225/2071

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	SHD2623Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	

Address	-
*Address complement	-
Postcode	-
*Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NURUDDIN BIN ZAINAL
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBF9247R
Were seat belts worn?	-
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 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 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

for 28/12/2020
1224hrs
Driver's Signature (If driver is not the policyholder) / Date & Time

29/12/2020
Witnessed by Reporting Centre Personnel

Sketch Plan



A) FB 9247 R

B) SHD 2623Z

Describe Circumstances of the Accident

REFER to POLICE REPORT 7/2020/225/2071 & 7/2020/226/7020

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Jan
28/12/2020
1224hrs

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

W 29/12/2020
Witnessed by Reporting Centre Personnel

P/HW H/KL

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 12 / 2020) (DD/MM/YYYY), TIME: (19 : 30) (HH:MM)

LOCATION: Martin Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF9247R
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA YBR 125
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: ALORION (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NURUDDIN BIN ZAINAL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SA414121D CONTACT: 88915214
c) ADDRESS: 557 WOODLANDS DRIVE 53 #10-71 SINGAPORE 730557

* d) DATE OF BIRTH: (27 / 04 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15/09/2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIRER

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

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: TIONG SAHRU

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 2623Z 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: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = misterain94@gmail.com

VIDEO



SINGAPORE POLICE FORCE



T/20201225/2071

1 of 3

Report No. T/20201225/2071

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/12/2020 20:26		Vide Report No.: E/20201223/0153		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: NURUDDIN BIN ZAINAL			Address: 31 JALAN MOLEK 3/17, TAMAN MOLEK 81100 JOHOR, MALAYSIA		
ID Type / ID No.: NRIC NO / S9414121D			Contact No.: Home/Office:		Mobile: 88915214
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 27/04/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/12/2020 19:00	Type of Location: Straight Road
Location: MARTIN ROAD				
Weather: night		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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
FBF9247R	Motorcycle				Seriously Damaged	0
SHD2623Z	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201225/2071

Police Station Of Origin:

Tiong Bahru NPP

128 Kim Tian Road #01-123 SINGAPORE

160128

Tel No: 1800-2739999

2 of 3

Report No. T/20201225/2071

CONTINUATION OF REPORT

Rider			
Name	NURUDDIN BIN ZAINAL	ID No.	S9414121D
Related Vehicle	FBF9247R (Motorcycle)	Contact No.	88915214
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/12/2020	Date Discharge	25/12/2020
No. of Days granted Medical Leave	10	Degree of Injury	Serious

Brief Details.

I was driving my motorcycle V1 (FBF9247R) along Martin Road towards River valley Close on the right lane. There was a Taxi V2(SHD2623Z) who was in the middle of two lane. Without any signal, V2 suddenly turn to the right and came into my lane. I could not react to the incident and got into an accident with V2.

V1 front hit onto V2 right side. I was seriously injured and was conveyed to Singapore General Hospital. I do not have any in car camera.



**SINGAPORE
POLICE FORCE**



T/20201225/2071

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No. T/20201225/2071

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 2 WAYNE LIM CHEE KIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD SYARIFUDDIN

MUHAMMAD AJMAIN

Contact No.: 65476367

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/12/2020 20:26

Classification Of Case:



SINGAPORE POLICE FORCE



T/20201226/7020

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

1 of 3

Report No. T/20201226/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/12/2020 16:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NURUDDIN BIN ZAINAL			Address:		
ID Type / ID No.: NRIC NO / S9414121D			Contact No.: Home/Office:		Mobile: 88915214
Nationality: SINGAPORE CITIZEN			Email: MISTERAIN94@GMAIL.COM		
Sex: Male	Age: 26	Date of Birth: 27/04/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/12/2020 19:30	Type of Location: Straight Road
Location: MARTIN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBF9247R	Motorcycle	YAMAHA	YBR125	Red	Seriously Damaged	0
SHD2623Z	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20201226/7020

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

2 of 3

Report No. T/20201226/7020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NURUDDIN BIN ZAINAL	ID No.	S9414121D
Related Vehicle	FBF9247R (Motorcycle)	Contact No.	88915214
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	23/12/2020	Date	25/12/2020
No. of Days granted Medical Leave	10	Degree of	Slight

Brief Details.

Amendment of the Police Report:E/20201223/0153

On 23/12/2020 at about 1930 Hrs i FBF9247R was riding along Martin Road towards River Valley Close on the most Right Lane of 2 Lane Road.Infront of me there is a Taxi SHD2623Z who traveling at middle of 2 Lane(more on the left Lane)As i was riding straight on my Lane,out of sudden the Taxi make a sharp Right turn from the left and come across to my Lane.Due to sudden movement of the Taxi,i got no time to react and collided with the Taxi.My body was thrown out from my bike and landed on the ground.My front portion hit onto the Taxi Right side portion.I wish to state that the Taxi did not signal and with out check his blind spot and recklessly making a Right turn and cause the accident.After the accident some passes by call for Ambulance and Police and i was conveyed to SGH Hospital and was given 10 days MC from 23/12/2020 to 1/1 2021.



**SINGAPORE
POLICE FORCE**



T/20201226/7020

3 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201226/7020

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 / TPHQ /
NUR ADELINA BINTE MOHAMMAD FUAT
Contact No.: 65476066

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:
26/12/2020 16:30

Classification Of Case:

Claim Handling

Accident MT/1115425

Policy No.	5113531735-01	Vehicle No.	FBF9247R	GST Registration No.
Certificate No.	5113531735-01-000100			
Policyholder Name	ALORIDE PTE. LTD.			Policyholder NRIC
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	88915214	Contact No.(Office)		Contact No.(Home)
Email Address		Special Remark		eCode
KPK	<input type="radio"/> No <input checked="" type="radio"/> Yes	TCA	<input type="radio"/> No <input checked="" type="radio"/> Yes	eCode Reason
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

▼ Accident Details

Report Date	29/12/2020 14:48	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	23/12/2020	Time of Accident hh:mm	19:30	Country of Accident
Reporting Centre		Orange Force		ICM No.
Accident Location	MARTIN ROAD			

▼ Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess		
OD Standard Excess		TP Standard Excess	1,500.00	
YIED OD Excess	0.00	YIED TP Excess	1,500.00	Driver is Covered?
Additional Excess				
Total OD Excess Applicable	0.00	Total TP Excess Applicable	3,000.00	

▼ Benefits

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	29/12/2020 14:55:51 System changed GST Status Verified from No to Yes		

▼ Policyholder Mailing Address

Address 1	31 ALEXANDRA ROAD	Address 2	#05-05 ALESSANDREA	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	04-08	Related Policy Number	5113531735-01	

▼ O1 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	
Unnamed driver Name	NURUDDIN BIN ZAINAL	Driver NRIC	S9414121D	Driver DOB
Register Date of Driver License	15/09/2020	Driver Age	26	Driving Experience
Contact No.(Mobile)	88915214	Contact No.(Office)		Contact No.(Home)
Address 1	BLK 128 #10-71	Address 2	KIM TIAN ROAD	Address 3
Address 4	SINGAPORE 160128	Address Type	Foreign address	Post Code
Unit No.	10-71			
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.	FBF9247R	Driver Insurer Com

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any Injury?	Yes <input type="radio"/> No <input checked="" type="radio"/>
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Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	ALORIDE
Contact No.(Mobile)		Contact No. (Home)	
Email Address		O1 Vehicle Number	FBF924
Claim Description	FBF9247R / SHD26232 ON 23 Dec 2020		
Preferred Workshop		Insured Liability	Not at Fault
Contact No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name: unknown
Date Registered		GIA report	Received
			29/12/2020 14:57
		Claim Close Date	



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Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="23/12/2020 10:59"/>
Vehicle No.(For Motor)	<input type="text" value="FBF9247R"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5113531735-01	5113531735-01-000100	ALORIDE PTE. LTD.	201629994W	GFM	Third Party	FBF9247R	FBF9247R	16/12/2020	01/11/2021