

NATIONAL Assessment Centre Services.

Part 1 Jan 03

SN 09211N 000 C

Date In: 23/1/21 17:06	Job description	Date & Time Completed	Done by
Ref No MA/INC 2100 1109/14	SAS e-illing		
Veh No FBE 2778 B	E-mail (within 3hrs, AIC 2hrs)		
IP A 20/1/21 22:00	I-Motor Claim Form	6MT/1118489-001	23/1/21 17:15
(1) IP: 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/Wksn		

Preferred Wksp / INC Assign Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: SMX 4525X	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 repolier.
() 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:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

NA2101294	1) AL: Accident Reporting (\$30);	
	2) DA: Damage Assessment (\$100); INC (\$30)	
	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (wef 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idno DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OP:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (N11): TP (N11 INC) against INC \$20	
	9) N12: Idno Mobile \$0	
	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	23/01/2021 17:06 (SGT)
Date of Accident	20/01/2021 22:00 (SGT)
Exact Location of Accident	Old Tampines Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2778B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SUPERBIKE MOTORS
Company Reg No	5XXXX606K
Email Address	IKFIRR@GMAIL.COM
Mobile Phone No	(Phone) +65-96203689
Alternative Phone No	+65-96203689

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	X1R
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	5114188470-01
Cover Note Number	-

DRIVER

Name of Driver	ABDURRIFKI BIN ABDULLAH
NRIC No	SXXXX415D
Date Of Birth	15/11/1998
Occupation	Outdoor

Date Of Driving Pass	19/04/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96203689
Alt. Phone Number	-
Email Address	IKFIRR@GMAIL.COM
Address	204 TAMPINES ST 21 #06-1213
Address complement	-
Postcode	520204
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	Collision - Major/Minor Rd
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/21210121/7000

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	SMX4525X
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	ABDURRIFKI BIN ABDULLAH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	FBE2778B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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.



Rifer

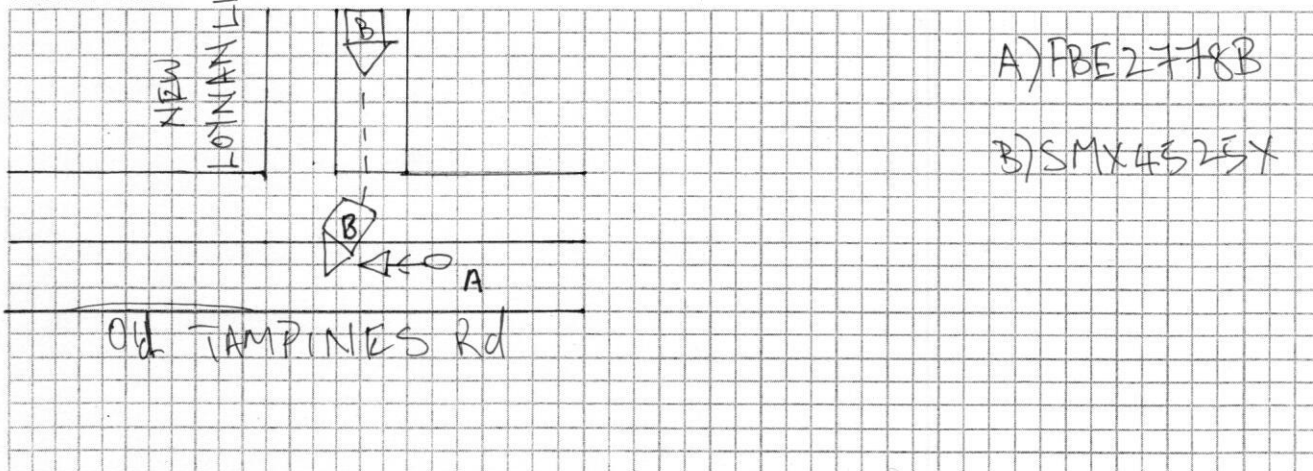
H

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER Police REPORT

7/20210121 / 7000

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Ruth

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

HA

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20210121/7000

1 of 3

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

Report No. T/20210121/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2021 00:12		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDURRIFKI BIN ABDULLAH			Address: 204 TAMPINES STREET 21 #06-1213 SINGAPORE 520204		
ID Type / ID No.: NRIC NO / S9838415D			Contact No.: Home/Office: Mobile: 96203689		
Nationality: SINGAPORE CITIZEN			Email: IKFIRR@GMAIL.COM		
Sex: Male	Age: 22	Date of Birth: 15/11/1998	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,3 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 20/01/2021 22:00	Type of Location: T-Junction
Location: OLD TAMPINES ROAD				
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
FBE2778B	Motorcycle	YAMAHA	X1R	Red	Totally Damaged	0
SMX4525X	Car	VOLKSWAGO N		Grey	Slightly Damaged	3



**SINGAPORE
POLICE FORCE**



T/20210121/7000

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

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Report No. T/20210121/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDURRIFKI BIN ABDULLAH	ID No.	S9838415D
Related Vehicle	FBE2778B (Motorcycle)	Contact No.	96203689
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	20/01/2021	Date	20/01/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	AMINUDDIN B ABU BAKAR	ID No.	S8300395B
Related Vehicle	SMX4525X (Car)	Contact No.	93394719
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I was trying to make a right turn into New Loyang Link, other vehicle was from Ne Loyang Link making a right turn into Old Tampines Rd, other vehicle did not notice me making a right turn and proceeded and hit me afterwards.



**SINGAPORE
POLICE FORCE**



T/20210121/7000

3 of 3

Report No. T/20210121/7000

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

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 /
MOHAMED SUFIAN BIN MOHAMED JUNID
Contact No.: 65476247

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:
21/01/2021 00:12

Classification Of Case:

SuperBike Motors

MOTORCYCLE RENTAL AGREEMENT

(UEN: 53405606K)

Hirer's Name:	ABDURRIFI B ABDULLAH		
Hirer's Address:	204 TAMPAJES ST 21 #06-1213		
NRIC / Passport No:	S98584150		
Contact No:	90609075		
Email Address:	ikfirr@gmail.com		
Emergency Contact Person:	Relationship:	Contact No.:	
NOOR AISAH BTA ISMAIL	MOTHER	87996244	

DETAILS OF RENTAL

License Plate:	FBE2778B	Start Date / Time:	12/12/2020
Make / Model:	Yamaha XJR		6:40pm
Package Rate:	\$ 90	End Date / Time:	18/12/2020
Package Type (Daily / Weekly / Monthly) *Circle		*Tentatively	
Petrol Balance:	1/4	End Date / Time:	Confirmation through WhatsApp
(Full / 1/2 / 3/4 / Red Zone)		Extension Request	
Remarks:			

Our Company's Key Terms & Conditions for Hirer:

- Singapore NRIC & Valid Singapore Driving License must be presented before our Company representatives. The Company has the rights to reject any defaced identification card that is required upon coming to any agreement.
- Only the Registered Hirer of this agreement is authorized to ride/use the vehicle at any point of time during the period of Rental only in The Republic of Singapore and West of Malaysia.
- The Hirer is solely responsible for any damages, loss or fines incurred by the assigned rental bike that is during the period of agreement and deemed not covered by The Company.
- No form of modification of the Rental Bike is allowed without the consent of The Company, failure to do so will result in immediate termination of this Agreement and a fee will be imposed onto Hirer depending on the severity.
- In an event of any accident involvement, be it you are in the right or wrong, Hirer is responsible to pay first for 3rd party section 2 excess of \$3000 and the full cost of repairs of the damaged components/parts of the hired motorbike. Once the case is resolved and Hirer was not a fault, the sum of \$3000 excess will be returned to Hirer.
- Hirer is to immediately inform The Company in the event of an accident occurrence within 24 hours of the accident and lodge a Police Report immediately after the accident and provide The Company with the Police Report, a charge of \$5,000 or more depending on the claim amount made towards The Hirer by any 3rd Party will be issued to the Hirer for evasion of such reporting and causing disruption to The Company's operations.
- It is the Hirer's Responsibility to make payment in advance (1 day before last day of Rental Period) if there is a need to extend the period of rental, late payment fee charges are at \$20 per day accumulatively.
- Servicing and maintenance of vehicle will be done only at authorized workshops of The Company. All wear and tear cost will be covered by the company except: Tyre Punctured (Hirer to replace with new tyre or working at the advice of Company), Self-Started/Accident Damages and Engine Overhaul or any other form of damages due to the delayed and non-compliance of servicing of the issued vehicle when informed by The Company.
- Collection and return location of issued vehicle will be at 3012 Bedok Industrial Park East (5489978) unless other arrangements is agreed upon; timing will be advised accordingly prior collection & returning of issued vehicle.
- Any Traffic, Accident & Rental related issues is only to be handled by our Company and no other unauthorized personnel/agent/workshops should be involved without The Company's approval.
- In the event of an accident / collision involving a third party, immediately contact our Agent or The Company, an administrative fee will be charged to Hirer at \$150; Hirer will be charged \$500 for false declaration of accident information provided to our Agent or The Company.
- The Company Reserves the Right to terminate this Agreement without notice period if any of the above Terms set out is breached or at The Company's discretion deemed inappropriate, requiring immediate repossession of issued vehicle with a chargeable fee of \$150. Hirer will be charged SGD \$500 per day for obstructing / non-compliance during repossession period upon being informed to return the issued Vehicle.
- Payment made To DBS (Current Account: 972-019678-3) OR Pay-Now UEN: 53405606K
- By signing this agreement form, I have read, understood and agree to all terms and conditions set out for me as well as The Company's Full terms and condition on page 2 to 4.
- Important contact number to note below:
a) The Company: +65 9095 4334



SUPERBIKE MOTORS / DATE

HIRER'S SIGNATURE / DATE

ACCIDENT STATEMENT

ACCIDENT DATE: (20/01/2021) (DD/MM/YYYY), TIME: (22:00) (HH:MM)

LOCATION: OLD TAMPINES RD X NEW LOYANG LINK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB629788
 b) INSURANCE COMPANY: NTUC INCOME
 c) POLICY NUMBER: 5114188470-01-000003
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA XIR
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work
 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: ABDURRIKFI B ABDULLAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S983845D CONTACT: 96203689
 c) ADDRESS: 204 TAMPINES ST 21 #06-1213 S(520204)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ABDURRIKFI B ABDULLAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S983845D CONTACT: 96203689
 c) ADDRESS: 204 TAMPINES ST 21 #06-1213 S(520204)

*d) DATE OF BIRTH: (15/11/1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: RIVER

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: TAMPINES NEIGHBOURHOOD POLICE CENTRE

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMx4525X 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)
 ()

* chop

* bike

Email = ikfir@gmail.com

fax =

video = No.