

NATIONAL Assessment Centre Services. [part 1 Jan 05]

Date In: 19/02/21	Job description	Date & Time Completed	Done by
Ref No NA/PWD21002364/13	SAS e-filing		
Veh No FV6121H	E-mail (within 3hrs, AIC 2hrs)		
DDA 17/02/21 1120	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksn		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SKQ8037B 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	INC / Non-INC	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: _____

Date/Time	Action

NA2101489

Client/Particulars	Invoice Description	Amount	Abil (S)	Abil (B)
Driver/Owner:	1) AIR: Accident Reporting (\$30);		20	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)			
Damaged Portion:	3) TP: Towing Fee \$40/\$45			
QC Checked by (Bngr-In-Charge):	4) FT: Follow-Through Survey \$120			
	5) PT: Follow-Through Survey (Resurvey) \$30			
	For claimant against INC Only (wef 19 Jan 2005)			
	6) TR: Re-Inspection \$75			
	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*NS: Courtesy Car / Tpt Allowance \$5			
	*NG: Repair Co-ordination \$10			
	*NF: Post Repair Inspection \$25			
	*NB: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Inc-INC) against INC \$20			
	9) N12: Idao 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 19/02/2021 12:42 (SGT)
Date of Accident 17/02/2021 11:20 (SGT)
Exact Location of Accident Orchard Rd, Singapore
Additional Location Information L/P 100
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FV6121H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MOHAMAD HISHAM BIN ROSLAN
NRIC No SXXXX975B
Email Address HAMIZANNN21@GMAIL.COM
Mobile Phone No (Phone) +65-98157887
Alternative Phone No +65-98157887

VEHICLE PARTICULARS

Manufacturer Yamaha
Model RXZ
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 FWD
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number PNMC2020-00002923
Cover Note Number -

DRIVER

Name of Driver MOHAMAD HAMIZAN BIN MOHAMAD HISHAM
NRIC No TXXXX961Z
Date Of Birth 10/01/2001
Occupation Indoor

Date Of Driving Pass	07/06/2019
Driving experience	1 YEAR AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97124969
Alt. Phone Number	-
Email Address	HAMIZANN21@GMAIL.COM
Address	BLK 798 YISHUN RING ROAD
Address complement	#12-3342
Postcode	760798
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
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?	No
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	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210218/2032

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ8027B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN WAH TECK SIMON
NRIC No	SXXXX116H

Contact Number	(Phone) +65-96252352
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	MOHAMAD HAMIZAN BIN MOHAMAD HISHAM
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION ON MY ANKLE,KNEE,HAND & SHOULDER.
Injured person in which vehicle?	FV6121H
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

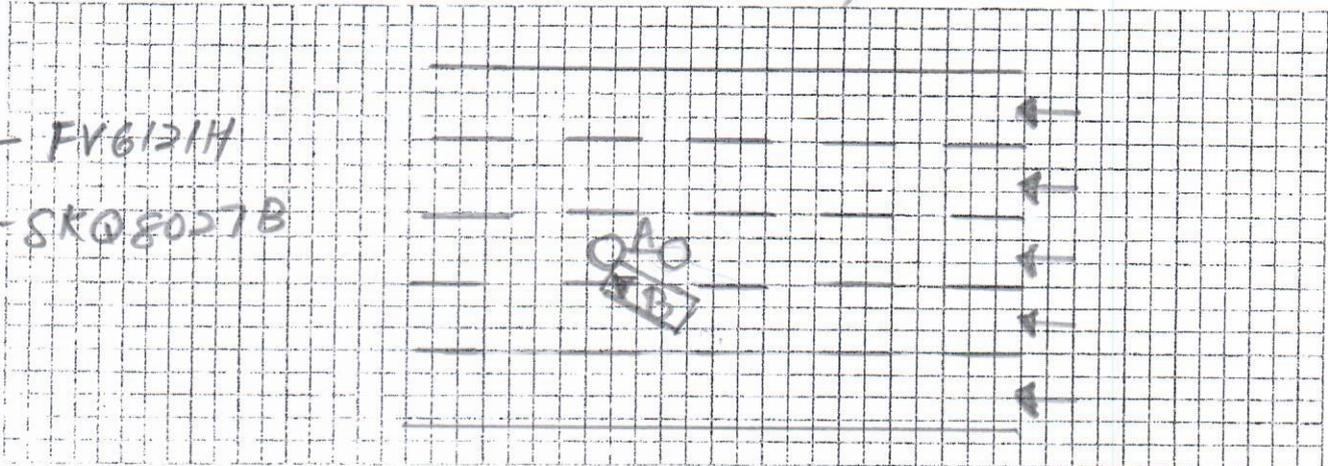
Heizer 18/2/21

[Signature] 19/02/21

Sketch Plan

ORCHARD RD L/P 100

A - FV6121H
B - SK08027B



Describe Circumstances of the Accident

P/s refer to the police report: T/20210218/2032

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Alison 18/2/24

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

[Signature] 19/02/24

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20210218/2032

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T/20210218/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2021 12:17	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars

Name of Informant: MOHAMAD HAMIZAN BIN MOHAMAD HISHAM		Address: APT BLK 798 YISHUN RING ROAD #12-3342 SINGAPORE 760798	
ID Type / ID No.: NRIC NO / T0100961Z		Contact No.:	Mobile: 97124969
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 20	Date of Birth: 10/01/2001	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Student		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: 17/02/2021 11:20	Type of Location: Straight Road
Location: ORCHARD ROAD Lamp Post Number: 100				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV6121H	Motorcycle				Seriously Damaged	0
SKQ8027B	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20210218/2032

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20210218/2032

CONTINUATION OF REPORT

Rider			
Name	MOHAMAD HAMIZAN BIN MOHAMAD HISHAM	ID No.	T0100961Z
Related Vehicle	NIL	Contact No.	97124969
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	17/02/2021	Date Discharge	17/02/2021
No. of Days granted Medical Leave	NIL 5	Degree of Injury	NIL
Driver			
Name	CHAN WAH TECK, SIMON (ZENG HUADE, SIMON)	ID No.	S8097116H
Related Vehicle	NIL	Contact No.	96252352
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 17/02/2021 at about 11.20am I was riding along Orchard road on lane 3 towards Istana. Subsequently one vehicle bearing plate number SKQ8027B driving on lane 4, switch lane and hit the left side of my vehicle causing me to fall down on the road together with my motorbike. The said driver alighted from his vehicle to assist to call the ambulance for me. Traffic police did come to scene too. I was not conveyed but in the afternoon, I decided to go to Khoo Teck Huat Hospital. I was given 5 days MC. I sustained abrasion on my ankle, knee, hand and shoulder. There is a video of the accident that was provided by the driver who had hit me.



**SINGAPORE
POLICE FORCE**



T/20210218/2032

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 3

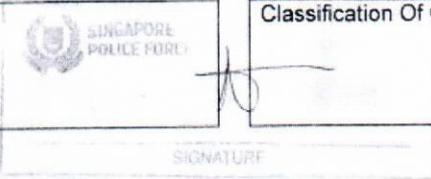
Report No. T/20210218/2032

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: G / Sgt 3 ANWAR MUSHADAD BIN ABDUL RAHMAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2021 12:17
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp NP168	



Khoo Teck Puat Hospital
 90 Yishun Central
 Singapore 768828
 Tel: (65) 6555 8000
 Fax: (65) 6602 3700
 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KHANE211957010

NAME : MOHAMAD HAMIZAN BIN MOHAMAD, HISHAM
 NRIC : T0100961Z

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 17 Feb 2021 14:52 to 17 Feb 2021 16:28

The above named is unfit for duty for a period of 5 day(s), from 17 Feb 2021 to 21 Feb 2021 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks :

17 Feb 2021 Dr Wong, Say Wei Joseph (64943J)
 Date Issuing Doctor

A&E
 Location


 Doctor's Signature

Reg No. : 200717564H

..... Tear Along Here



Khoo Teck Puat Hospital
 90 Yishun Central
 Singapore 768828
 Tel: (65) 6555 8000
 Fax: (65) 6602 3700
 Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KHANE211957010

NAME : MOHAMAD HAMIZAN BIN MOHAMAD, HISHAM
 NRIC : T0100961Z

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

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The Certificate is not valid for absence from court attendance.

Remarks :

17 Feb 2021 Dr Wong, Say Wei Joseph (64943J)
 Date Issuing Doctor

A&E
 Location


 Doctor's Signature

Reg No. : 200717564H

ACCIDENT STATEMENT

ACCIDENT DATE: (17/02/21) (DD/MM/YYYY), TIME: (11:30) (HH:MM)

LOCATION: ORCHARD RD L/P 100

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV61214
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA RXZ 135
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: MOHAMAD HISHAM BIN ROSLAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 58902975B CONTACT: 98157887
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMAD HAMIZAN BIN MOHAMAD HISHAM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 70100961Z CONTACT: 97124969
c) ADDRESS:

*d) DATE OF BIRTH: (10/01/2001) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 07/06/2019

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

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:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKQ8027B MODEL:

b) DRIVER'S NAME: CHAN WAH TECK, SIMON

c) NRIC/FIN/PASSPORT: 88097116H CONTACT: 96252352

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)
()

Mr CHIA

18/02/21

waiting for police report

Email = hamizannn21@gmail.com

fax =

video =

sales@smc - Pos, com



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: PNMC2020-00002923

Plan Name: Third Party Fire & Theft

Motorcycle plate number: FV6121H

Your name (As the policyholder): Mohamad Hisham Bin Roslan

Coverage start date: 23/07/2020

Coverage end date: 22/07/2021

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: 23/07/2020

Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details in
this Certificate of Insurance needs to be changed.