

NATIONAL Assessment Centre Services

Date In: 25/03/21	Job description	Date & Time Completed	Done by
Ref No: NA/WD31003850/13	SAS e-filing		
Veh No: FW6P62K	E-mail (within 8hrs. APC 2hrs)		
D.O.A: 16/03/21 0955	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-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: SLS28972	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%; F: 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 hotline: 6788 6616)	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	Actions

NA3102482	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	25/03/2021 15:59 (SGT)
Date of Accident	16/03/2021 09:55 (SGT)
Exact Location of Accident	Jurong West Street 71, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW4862K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AZMAN BIN GANI
NRIC No	SXXXX398B
Email Address	dpassionimage@icloud.com
Mobile Phone No	(Phone) +65-98533713
Alternative Phone No	+65-98533713

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400
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
Transmission	Manual
CC	400

INSURANCE COMPANY

Name of Insurance Company	FWD Singapore Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	PNMC2019-00002616-01
Cover Note Number	-

DRIVER

Name of Driver	AZMAN BIN GANI
NRIC No	SXXXX398B

Date Of Birth	28/05/1964
Occupation	Outdoor
Date Of Driving Pass	03/01/1994
Driving experience	27 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98533713
Alt. Phone Number	+65-98533713
Email Address	dpassionimage@icloud.com
Address	BLK 713 JURONG WEST ST 71
Address complement	#05-25
Postcode	640713
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	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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MUSYATI BTE MUSTAPHA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210317/2008

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	SLS2897Z
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	AZMAN BIN GANI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FW4862K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	MUSYATI BTE MUSTAPHA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FW4862K
Were seat belts worn?	-
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.
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

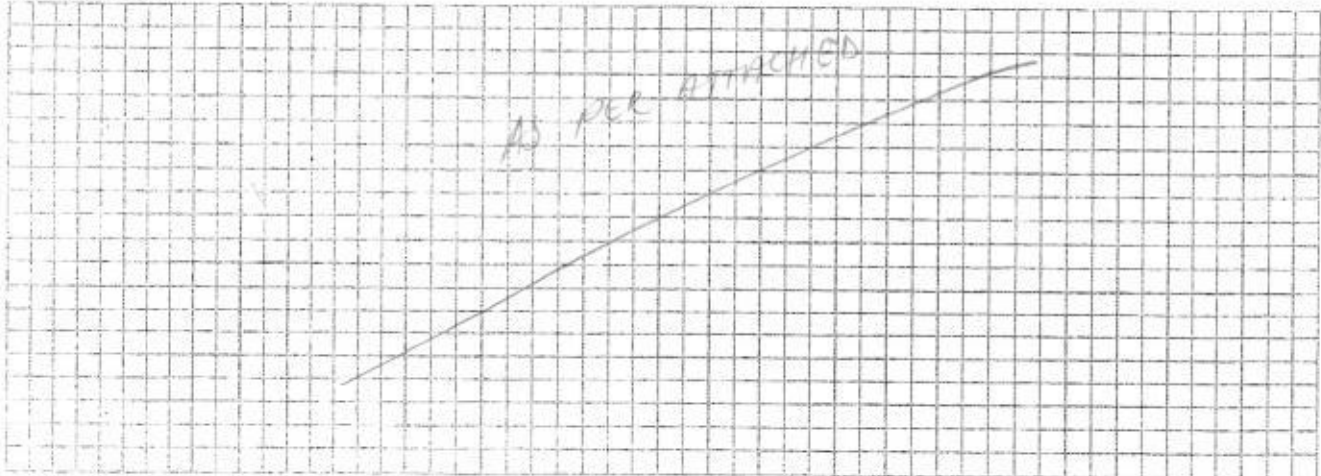
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

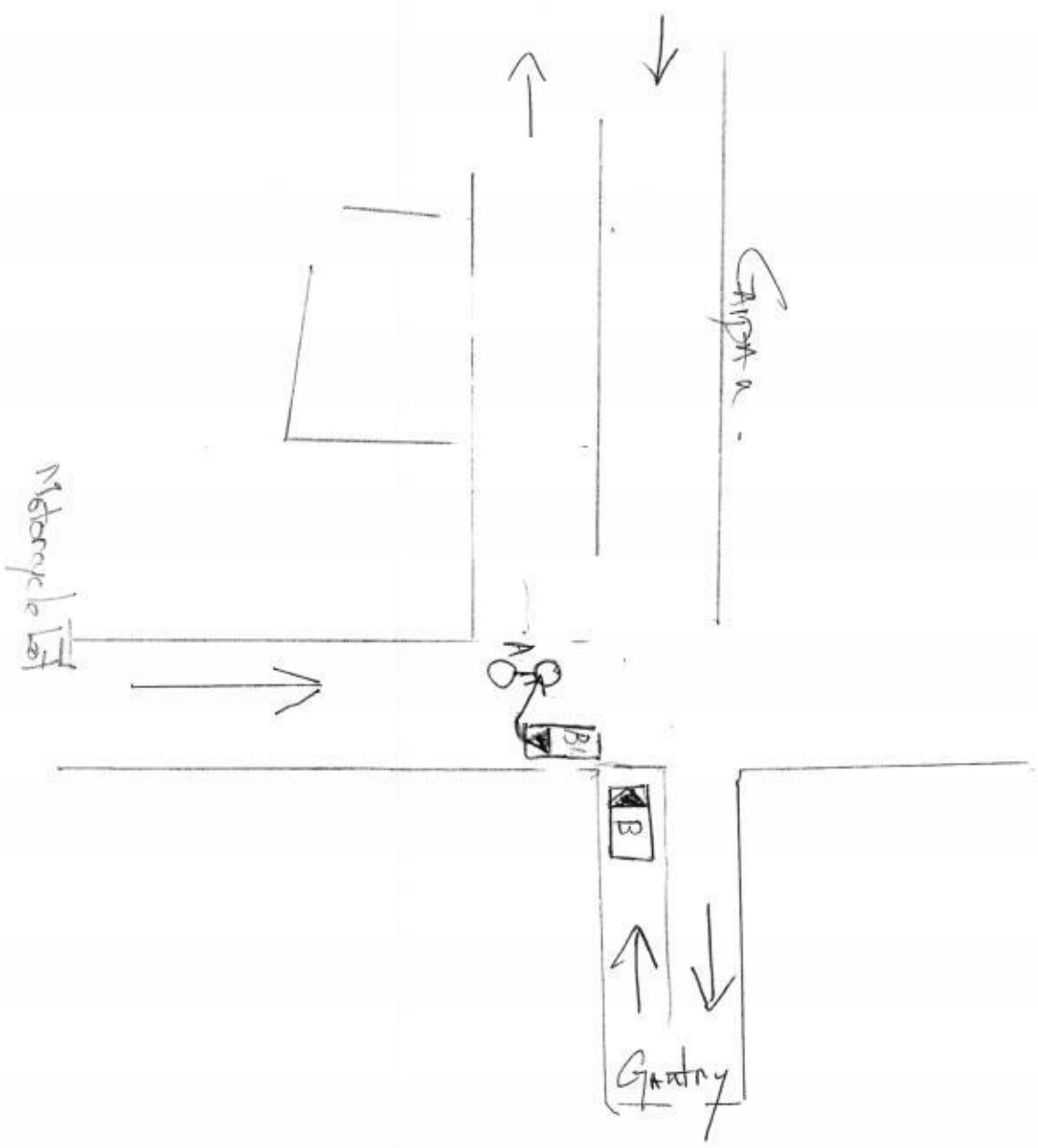
Witnessed by Reporting Centre Personnel

Sketch Plan



JURONG WEST ST 71

A - PW 4862K
B - SL52897Z



P/s refer to the police report: T/20210317/2008

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210317/2008

1 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20210317/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/03/2021 01:35	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: AZMAN BIN GANI			Address: APT BLK 713 JURONG WEST STREET 71 #05-25 SINGAPORE 640713		
ID Type / ID No.: NRIC NO / S1659398B			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/03/2021 09:55	Type of Location: Car Park
Location: JURONG WEST STREET 71				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: No Traffic
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
FW4862K	Motorcycle	HONDA	CB400S.F.H. V	Black	Seriously Damaged	1
SLS2897Z	Car	TOYOTA	WISH 1.8 CVT			1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW4862K	FWD Singapore Pte. Ltd	PNMC2019- 00002616-01	26/05/2020	25/05/2021

S1659398B1964



SINGAPORE POLICE FORCE



T/20210317/2008

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210317/2008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AZMAN BIN GANI	ID No.	S1659398B
Related Vehicle	FW4862K (Motorcycle)	Contact No.	98533713
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/03/2021	Date Discharge	16/03/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Pillion			
Name	MUSYATI BTE MUSTAPHA	ID No.	S6900312E
Related Vehicle	FW4862K (Motorcycle)	Contact No.	91050276
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/03/2021	Date Discharge	16/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 16/03/2021 at about 0955hrs, I am the rider of motorcycle FW4862K together with my wife namely Musyati Bte Mustapha. I was heading to send my wife for work. I left the parking lot and was travelling at about 20km/h behind a car. There was a car (SLS2897Z) just turned left into the carpark from the gantry and he stopped at the side as he wants to turn right. SLS2897Z gave way to the car in front of me. The car in front of me turn out to the carpark and I followed behind, the car (SLS2897Z) just changed from heading straight to turn right immediately as it was a junction which causes his front right to collide onto my right.

We lost balance and both of us fell to the left. He stopped and attended to us. He even tried to pull out the bike as it was stucked under his vehicle. The driver called for ambulance and traffic police. The paramedics attended to me and conveyed both of us to Ng Teng Fong General hospital. Traffic police was also at scene and given me a case card J/20210316/0074.

Both of us were in the Emergency department and I was granted 14 days of MC from 16/03/2021 to 29/03/2021 date inclusive. (MC Number: 1129512845) and my wife was granted 03 days of MC from 16/03/2021 to 18/03/2021. (MC Number: 1119253868). My right knee was fractured, bruises on right shoulder, fractured left toe, abrasions on the body and arm. My wife's upper lip was stitched with 03 stitches and suffered abrasion on the upper arm and leg.



**SINGAPORE
POLICE FORCE**



T/20210317/2008

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210317/2008

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20210317/2008

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20210317/2008

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:

J /

Sgt 2 LUI WENG SOON

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Signature Of Informant:

Date/Time:

17/03/2021 01:35

Classification Of Case:

Authentication Stamp

NP168



Signature :

Singapore Police Force

SN 126

ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 03 / 21) (DD/MM/YYYY), TIME: (09 : 55) (HH:MM)

LOCATION: JURONG WEST ST 71

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FW4862K
b) INSURANCE COMPANY: FWD
c) POLICY NUMBER: PNM0019-00002616-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA CRV00
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
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: AZMAN BIN GANI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S16593988 CONTACT: 94533713
c) ADDRESS: BLK 713 JURONG WEST ST 71
#105-25 (640713)

* 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: (28 / 05 / 1964) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 03/01/1990

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)

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

6. WAS ANYBODY INJURED (YES / NO) convey

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLS28972 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 =

fax =

video =



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: PNMC2019-00002616-01

Plan Name: Third Party

Motorcycle plate number: FW4862K

Your name (As the policyholder): Azman Bin Gani

Coverage start date: 26/05/2020

Coverage end date: 25/05/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You Only

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: 27/03/2020

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 if any details in
this Certificate of Insurance needs to be changed.