

# NATIONAL Assessment Centre Services.

Ref: JAN05

NA0925V0003

Date In: 31/05/2021 14:23	Job description	Date & Time Completed	Done by
Ref No: N/A/80m210062444	SAS e-filing		
Veh No: FBA 24742	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 17/05/2021 11:00	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't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

GBF 1830J

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 repairer.

( ) 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: ( )

Date/Time	Location	Details

NA2102998

Claimant / Assessor:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Ref: 1:

2 / 3:

Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	For claiming against INC Only (wef 10 Jan 2005)
7) NI: Idas DA + EMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
• NS: Courtesy Car / Tpl Allowance	\$3	
• N6: Repairs Co-ordination	\$10	
• N7: Post Repair Inspection	\$25	
• N8: DV / Collect Excess Coordination	\$3	
• TP (NIU) : TP (Non INC) against INC	\$20	
9) N12: Idas 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	31/05/2021 14:23 (SGT)
Date of Accident	12/05/2021 11:00 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	LAMPOST 440F
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA2474Z
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDHUL RAHMAN BIN MOHAMED FARID
NRIC No	SXXXX931H
Email Address	abdulrahman02@gmail.com
Mobile Phone No	(Phone) +65-81007423
Alternative Phone No	+65-81007423

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400sf
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
Transmission	Manual
CC	399

### INSURANCE COMPANY

Name of Insurance Company	Sompo Insurance Singapore Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D20MTMC01004157
Cover Note Number	-

### DRIVER

Name of Driver	ABDHUL RAHMAN BIN MOHAMED FARID
NRIC No	SXXXX931H

Date Of Birth	02/03/1995
Occupation	Indoor
Date Of Driving Pass	05/02/2021
Driving experience	3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81007423
Alt. Phone Number	+65-81007423
Email Address	abdulrahman02@gmail.com
Address	BLK 92 HENDERSON ROAD #13-180
Address complement	-
Postcode	150092
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	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?	Yes

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT D/20210531/7019

#### 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	GBF1830J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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	ABDHUL RAHMAN BIN MOHAMED FARID
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBA2474Z
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

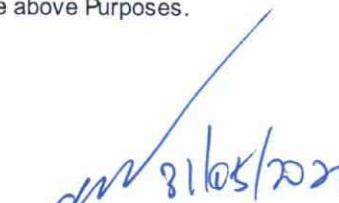
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



31/05/2021  
12:10 PM

Policyholder's Signature / Date & Time

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



31/05/2021  
Witnessed by Reporting Centre Personnel

### Sketch Plan

ECF Highway IP 470F


B ✓ 4BF 18305  
A ✓ FBA 24742

Describe Circumstances of the Accident


REFER TO POLICE REPORT D/20210531/2019

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 21/05/2021 12:10pm

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

  
Witnessed by Reporting Centre  
Personnel 31/05/2021

## ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 05 / 2021) (DD/MM/YYYY), TIME: (11 : 00) (HH:MM)

LOCATION: ECP Highway LP 440 F

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 2474 Z  
b) INSURANCE COMPANY: Sompo  
c) POLICY NUMBER: D20MTM C01004157  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda CB 400 SF Spec 3  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
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: ABDHUL RAHMAN BIN MOHAMED FARID (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9507931H CONTACT: 81007423  
c) ADDRESS: 92, Henderson Road, #13-180, 150092

\* 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) DATE OF DRIVING PASS 2021/05 Feb 2021

### 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) Clear

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

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

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

IF YES, PLEASE STATE WHICH POLICE STATION: online

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBF 1830 J 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 = abdulrahman 02@gmail.com

VIDEO



**SINGAPORE  
POLICE FORCE**



D/20210531/7019

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20210531/7019

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 31/05/2021 11:58	Vide Report No.	Station Diary No.
Name Of Informant ABDHUL RAHMAN BIN MOHAMED FARID	Address 92 HENDERSON ROAD #13-180 SINGAPORE 150092	
ID Type / ID No. NRIC NO / S9507931H	Contact No. Home/Office:	Mobile: 81007423
Nationality SINGAPORE CITIZEN	Email Address ABDHULRAHMAN02@GMAIL.COM	
Occupation Supervisor/General foreman (building and related trades)	Sex Male	Age 26
	Date of Birth 02/03/1995	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 12/05/2021 11:00 - 13/05/2021 00:00	Location Of Incident 92 HENDERSON ROAD #13-180 SINGAPORE 150092	

**Brief details.**

On the 12th Of May 2021 at around 11pm, I was involved in a Road traffic accident with vehicle number GBF1830J a van black in colour. I rear end the vehicle at East Coast park highway at lamp post number 440F. Before the accident I was drinking with my friends at around 7pm having three cans of beer and a few cups of unidentified alcohol and left at about 10:45pm. I was conveyed to CGH for my injuries and given 5 days of MC. The case is being investigated at Traffic Police and the IO name is Mr Philip Lee. I was given a bail bond of \$15,000. My motorbike bearing number plate FBA2474Z was towed to traffic police vehicle pound. I got the permission letter from traffic police on the 27th May 2021 and towed the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 31/05/2021 11:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20210531/7019

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. D/20210531/7019

vehicle to my motorbike shop at 1006 Bukit Merah Lane 2 shop name AA Motor Pte Ltd.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:

31/05/2021 11:58

Classification Of Case:

**Certificate of Insurance****ROAD TRAFFIC ACT (CHAPTER 276) (REPUBLIC OF SINGAPORE)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
ROAD TRANSPORT ACT 1987 (MALAYSIA)  
ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (MALAYSIA)**

**Cert No./Policy No.** : D20MTMC01004157  
**Insured** : ABDHUL RAHMAN BIN MOHAMED FARID  
**Motor Vehicle (Regn No.)** : FBA2474Z  
**Cover** : Third Party, Fire & Theft  
**Policy Commencement Date** : 08 JUNE 2020 12:29  
**Policy Expiry Date** : 23 SEPTEMBER 2021 23:59  
**Maximum Liability (Section I)** : Market value at time of loss  
**Excess\*** : \$500 - Section I  
**Named Driver 1** : M JAISHANKAR  
**Named Driver 2** : ABDHUL RAHMAN BIN MOHAMED FARID  
**HIRE PURCHASE OWNER** : YEW HENG CREDIT ENTERPRISE PTE LTD

\* Subject to GST wherever applicable

**Persons or Classes of Persons entitled to drive\***

M JAISHANKAR, ABDHUL RAHMAN BIN MOHAMED FARID

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act (Chapter 276) and its registration under the Road Traffic Act (Chapter 276) has not been cancelled at the time of the accident, loss or damage.

**Limitations As To Use**

Use only for social, domestic and pleasure purposes and

- (a) by the Insured in person in connection with his business or profession or
- (b) in connection with the Insured's business or profession

The Policy does not cover

- (i) Use for hire or reward
- (ii) Use for racing pacemaking, reliability trial or speed-testing
- (iii) Use for the carriage of goods (other than samples) in connection with any trade or business
- (iv) Use for any purpose in connection with the Motor Trade

**Accident Reporting**

It is a condition precedent to liability that the Insured shall call at the Company's Accident Reporting Center with the Motor Vehicle within 24 hours of the accident or by the next working day thereof.

For list of Accident Reporting Centres, please visit our website at [www.sompo.com.sg](http://www.sompo.com.sg) or call our Emergency Hotline: (65) 6461 6555.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with (1) the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Transport Act, 1987 (Malaysia); and (2) the policy terms, conditions and exceptions of the Motorcycle Policy (Ref:MCY-MTMC.03)

**Sompo Insurance Singapore Pte. Ltd.**



Authorised Signatory

Date/Time of Issue : 08 JUNE 2020 12:29

**IMPORTANT NOTICE**

- o Keep the Certificate in your Motor Vehicle;
- o Under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189), it shall be unlawful for any person to use or cause to permit any other person to use a motor vehicle without a valid policy of insurance under the Act;
- o On the sale of the Motor Vehicle or if for any reason the Insurance is terminated during its currency, the Insured must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed, a statutory declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189);
- o This Policy will cease to be valid once the Motor Vehicle has been sold to another person. The Policy is not transferable to the new owner of the Motor Vehicle.

Intermediary Code & Name : 11E07901 & ENSURE PTE. LTD. (MOTORCYCLE) CI Code: MY3 JJ4DBMH4KL11MHPA